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**LEGACY STATEMENT - AUGUST 2015**

**Purpose**

The purpose of this paper is to;

* Set out the background to the previous USC Steering Board and reasons for the establishment of revised arrangements
* Highlight the continuity of the work to be taken forward by the revised Board including on-going workstreams, and
* Specify the changes in governance and organisational arrangements.

**Background**

The Improving USC Steering Board met for the first time 25 October 2013, chaired by Dr Andrew Goodall, CEO Aneurin Bevan LHB. With an expected duration of 2 years, the USC programme aimed to provide support to LHBs on improving local emergency and urgent care systems. All Wales support would be directed towards facilitating LHBs to;

* Support self care
* Provide rapid, reliable advice when needed
* Ensure services are easy to access
* Provide specialised care for the most sick patients
* Prioritise care of older people
* Be underpinned by enhance information systems and care networks that transcend organisations

The key deliverables from the programme were;

* A free 24/7 telephone and information service for those needing advice on non emergency health care issues
* A new clinical model to enable the ambulance service to respond to emergencies
* Enhanced support and intervention to create flow through hospitals
* New arrangements to integrate care services more effectively between hospital, community health services and social services
* A new set of performance and information measures across USC.

By July 2014, significant progress had been made on each of the deliverables and therefore a review of the programme was instigated by the new chair – Professor Adam Cairns CEO Cardiff and Vale LHB. Barriers and challenges experienced by LHBs were sought via individual meetings with LHB teams to gain their support for the forward work plan. An all Wales workshop brought together all the responses and changes proposed.

In June 2015, Dr Andrew Goodall, Director General WG and CEO NHS Wales took over as Chair with Adam Cairns continuing to be the CEO lead. The first meeting of the reformed USC Programme Board met 14 July 2015 and changes made to the terms of reference and membership, see Appendix 1 for revised programme arrangements.

**Workstream areas**

The following workstreams were established during 2013/14

* 111/OOH
* Integrated Care
* Measurement and information
* Support and Intervention
* Emergency Response/Clinical model (led by the Ambulance Reform Project and WAST. Did not form a separate workstream)

Cross cutting themes included; service user experience and engagement; workforce; IT, finance and communications.

**Transition work to the reformed USC programme**

* 111/OOH has a separate Project Board and implementation arrangements. The Project Director is a member of the USC Programme Board to maintain the alignment.
* The integrated care workstream will be expanded and co-chaired by a Director of Primary and Community Care. Core membership will remain to ensure continuity. The change in title to Integrated Community and Social care would help to focus activities. Work is ongoing in relation to developing all Wales guidance on choice of nursing/residential home and on implementing the discharge planning process guidance. These areas will be continued by the new workstream.
* An emphasis on Measurement and Information will continue with the expected outcomes reported via the Delivery and Support workstream to the USC Steering Group and Programme Board. Work will continue on the USC dashboard and alternative measures for USC.
* The Support and Intervention workstream will become the Delivery and Support Workstream focussed on producing all Wales guidance and Welsh Health Circulars as appropriate. All Wales guidance on handover of patients at hospital was issued February 2015 and was reviewed August reporting back to the reformed workstream. Core membership will continue to maintain continuity.
* WAST will continue to lead the Ambulance Transformation Programme. WAST CEO remains a member of the USC Programme Board.
* Cross cutting themes will need to be taken forward by the new arrangements with priority given to communications. A stakeholder conference was held in June 2014 and clinical input sought via existing clinical reference groups. Public engagement and co-production activities were progressed as part of 111/OOH and shared with the USC Steering Board.

**Programme Governance**

The USC Steering Board reported directly to the CEOs. Performance monitoring remained the responsibility of WG.

Within the new arrangements the USC Programme Board will report directly to the NHS Wales Executive Leadership Board in WG and to the CEOs. A separate Steering Group has been established which replaces the former USC Steering Board sub group which met November 2014 – March 2015. Performance monitoring will remain the responsibility of WG.

**Conclusion**

A summary of the activities and deliverables of the USC Steering Board and workstreams July 2014 – June 2015 was considered at the first USC Programme Board, see Appendix 2.

Core membership of the organisational structures of the new USC Programme remain similar to the previous programme to ensure continuity. Membership of the new structures will ensure alignment with the Planned Care Programme and the Primary Care National Network activities.

**Next steps**

Ongoing work to be taken forward via the new arrangements includes;

* Further development of the USC Dashboard
* Collection of data from LAs to inform DToC
* Review of the Flow Collaborative with a focus on primary care and the role of 1000 lives in USC
* The development of a guidance tool regarding choice of care home placement
* The development of a guidance tool to manage the discharge process.
* Alignment with the work programme of PHW
* A wider systems approach aligning with planned care and primary care national work and integration of health and social care
* The need for greater focus on communications with the public.

**Appendix 1**

**USC PROGRAMME BOARD**

**TERMS OF REFRENCE**

**PURPOSE**

The purpose of the Unscheduled Care Programme Board (USCP) is to:

* Agree, monitor and own a programme of work that facilitates and enables change and improvement for unscheduled care services; and
* Provide strategic direction and advice to Welsh Government and NHS Wales on unscheduled care services.

**METHODOLOGY**

The USCP Board will be responsible for the following:

* Designing , directing and monitoring a national work programme to achieve change and improvement for unscheduled care services;
* Facilitating and enabling the development of improvement tools and guidance based on a ‘once for Wales’ approach where appropriate;
* Linking to other key programmes (e.g. planned and primary care programmes); and,
* Establishing a Steering Group to ensure programme delivery.

This will be achieved by:

* Adopting a whole system approach to the management of unscheduled care, focussed on the patient, which ensures the right expectations are agreed for quality and safety across the whole patient pathway i.e. pre hospital (community) / in-hospital/ post-hospital.
* Utilising and expanding forums and networks across Wales to ensure that professional expertise informs the programme; staff are encouraged to modernise in line with requirements; and involve patients (the public) where appropriate to shape change and improvement; and
* Commissioning the collection and analysis of data and intelligence to ensure the right capacity is available to meet the right demand for all parts of the patient pathway.

**BOARD ACCOUNTABILITY**

The Board is accountable to the NHS Wales Executives Board.

The Programme Board will meet bi-monthly and will report directly to the NHS Executive Board.

All meetings will be minuted; actions recorded and monitored.

**MEMBERSHIP OF PROGRAMME BOARD**

|  |  |  |
| --- | --- | --- |
| Andrew Goodall (Chair) | CEO NHS Wales/Director General | Welsh Government |
| Adam Cairns | Chief Executive Lead | CV LHB |
| Grant Robinson | Director for USC /Clinical lead | NHS Wales/Welsh Government |
| Stephen Harrhy | Chief Ambulance Commissioner/USC Programme Director | EASC |
| Aiden Fowler | 1000 Lives Lead | PHW |
| Alan Lawrie | Work-stream lead Integrated Community and Social Care and  Lead for Primary Care | Powys tLHB |
| Albert Heaney | Director of Social Services and Integration | Welsh Government |
| Alice Casey | Chief Operating Officer | C & V UHB |
| Barbara Bale | Programme Support | NHS Wales Health Collaborative |
| Baroness Ilora Finlay | Ministerial Lead for Older people | External |
| Brendan Lloyd/  Richard Quirke | NHS Wales Medical Director | WAST  CTUHB |
| Chris DV Jones | Chair (Lead Chair for USC) | Cwm Taf LHB |
| Darren Mepham | Chief Executive | Bridgend County Borough Council |
| Emrys Elias | Director | Delivery Unit |
| Frances Duffy | Director of Digital, Change & Innovation | Welsh Government |
| Judith Paget | CEO lead 111/OOH, Planned Care and Primary Care | ABLHB |
| Lynda Williams | NHS Wales Nurse Director | CTUHB |
| Richard Bowen | Project Director 111/OOH | AB LHB |
| Richard Lewis | Primary Care Professional/Clinical lead | WG/NHS |
| Sue Evans | Work-stream lead Integrated Community and Social Care and  Chair ADSS | Torfaen CBC |
| Tracey Myhill | Chief Executive | WAST |
| Trish Harper | Head of Emergency Care | Welsh Government |
| Invite as required | Andrew Griffiths | NWIS |
| Invite as required | Julie Rogers HR Policy lead | WG |

**USC STEERING GROUP**

**TERMS OF REFERENCE**

**PURPOSE**

The Purpose of the Steering Group is to:

* Co-ordinate and deliver the USC programme; and
* Escalate issues and decisions to the USCP Board where appropriate / necessary.

**METHODOLOGY**

The Steering Group will:

* Collate and manage the programme plan;
* Coordinate the work;
* Monitor deliverables; and
* Delegate activity as appropriate.

This will be achieved by:

* Establishing delivery groups which may be bespoke and time bound
* Determining / identifying and agreeing products, and commissioning projects
* Ensuring arrangements are implemented for delivery of identified work areas
* Establishing a Clinical Reference Group to advise and support the programme

**ACCOUNTABILITY**

The Steering Group is directly accountable to the Unscheduled Care Programme Board.

The Group will meet monthly and all meetings will be minuted; actions recorded and monitored.

The Steering group will be responsible for the delivery of the work streams, projects and products, including identifying leads for each area of work and agreeing timescales.

**MEMBERSHIP OF STEERING GROUP**

|  |  |  |
| --- | --- | --- |
| Adam Cairns (Chair) | Chief Executive Lead | CV LHB |
| Grant Robinson | Director for USC /Clinical lead | NHS Wales/Welsh Government |
| Stephen Harrhy (co-chair) | Chief Ambulance Commissioner/USC Programme Director | EASC |
| Aiden Fowler | Director of Quality and Safety and 1000 lives | PHW |
| Alan Lawrie | Work-stream lead Integrated Community and Social Care and Lead for Primary Care | Powys tLHB |
| Barbara Bale | Programme Support | NHS Wales Health Collaborative |
| Gordon Roberts | Interim Operations Manager | WAST |
| Jacqui Collins | Assistant Director USC | Delivery Unit |
| Martin Semple | Nursing officer | Welsh Government |
| Nick Wood | Chief Operating Officer | ABUHB |
| Peter Jones | Deputy Director Digital Health and Care | Welsh Government |
| Richard Bowen | Project Director 111/OOH | AB LHB |
| Roger Perks | Head of Unscheduled Care | Welsh Government |
| Sue Evans | Work-stream lead Integrated Community and Social Care and Chair ADSS | Torfaen CBC |
| Trish Harper | Head of Emergency Care | Welsh Government |

**DELIVERY AND SUPPORT WORKSTREAM**

**PURPOSE**

To achieve alignment of on-going USC activities between WG, the Delivery Unit, the Flow Collaborative (1,000 lives), LHBs and WAST, and

To develop measurement frameworks for USC, including underlying information flows.

**METHODOLOGY**

The workstream will be responsible for the following;

* Developing products/deliverables as directed by the USC Steering Group
* Establishing time limited task groups
* Escalating risks and issues to the Steering Group

This will be achieved by;

* Delegating activities to named leads
* Developing comprehensive plans to deliver requirements
* Monitoring delivery of products according to timelines.
* Accessing advice from the USC Clinical Reference Group

**ACCOUNTABILITY**

The workstream is directly accountable to the USC Steering Group.

The workstream will meet monthly and all meetings will be minuted; actions recorded and monitored.

**MEMBERSHIP OF DELIVERY AND SUPPORT WORKSTREAM**

|  |  |  |
| --- | --- | --- |
| Grant Robinson (Chair) | Clinical/Professional Lead USC | ABUHB |
| Aled Brown | Senior Emg. Care Policy and Performance Manager | WG |
| Alistair Roeves | Clinical Director/ GP | ABUHB |
| Barbara Bale | Programme Support | NHS Wales Health Collaborative |
| Fiona Jenkins | Director of Therapies |  |
| Greg Lloyd/Grayham McLean | Locality Manager/USC lead | WAST |
| Jacqui Collins | Assistant Director USC | Delivery Unit |
| Kirsty Little | Consultant Public Health | PHW |
| Nicola Williams | Unit Nurse Director | ABMU |
| Paul Gimson | Primary Care lead | 1000 lives OHW |
| Roger Perks | Policy Lead Delivery and performance | WG |
| Sharon Rosser | Delivery and Performance Division | WG |
| Trish Harper | Head of Urgent Care | WG |
| Project manager USC |  | NWIS |
| Lead for Flow Collaborative |  | 1000 lives |

**INTEGRATED, COMMUNITY AND SOCIAL CARE WORKSTREAM**

**PURPOSE**

To co-ordinate activities supporting the integration of health and social care and the care of frail older people which have a potential impact on USC.

**METHODOLOGY**

The workstream will be responsible for the following;

* Developing products/deliverables as directed by the USC Steering Group
* Establishing time limited task groups
* Escalating risks and issues to the Steering Group

This will be achieved by;

* Delegating activities to named leads
* Developing comprehensive plans to deliver requirements
* Monitoring delivery of products according to timelines.
* Accessing advice from the USC Clinical Reference Group

**ACCOUNTABILITY**

The workstream is directly accountable to the USC Steering Group.

The workstream will meet monthly and all meetings will be minuted; actions recorded and monitored.

**MEMBERSHIP OF INTEGRATED, COMMUNITY AND SOCIAL CARE WORKSTEAM**

|  |  |  |
| --- | --- | --- |
| Alan Lawrie (Co-chair) | Director of Primary and Community Services | Powys tLHB |
| Sue Evans (Co-chair) | Chief Officer, Social Care and Housing | Torfaen CBC |
| Barbara Bale | Programme Support | NHS Wales Health Collaborative |
| Clare Lister | Head of Adult Services | Conwy LA |
| David Williams | South East Wales Improvement Collaborative | Torfaen CBC |
| Denise Shanahan | Consultant Nurse for Older Vulnerable Adults | Cardiff & Vale |
| Jackie Collins | Assistant Director USC | Delivery Unit |
| Kath Davies- | Director of Planning and Service Integration/Therapies & Health Science | Hywel Dda |
| Kath McGrath | Assistant Director of Operations | Cwm Taf LHB |
| Lisa Dunsford | Deputy Director for Integration | Welsh Government |
| Sharon Rosser | Urgent Care policy | WG |

**CLINICAL REFERENCE GROUP**

**TERMS OF REFERENCE**

**PURPOSE**

The purpose of the CRG is to:

Provide advice on professional standards for USC in Wales; and

Review evidence of best practice from the UK and beyond and to recommend changes for Wales.

**METHODOLOGY**

The CRG will develop a programme plan to take forward the following areas of focus;

* Team working and leadership
* Communication
* Recruitment and retention
* New workforce roles
* Models of USC acknowledging variation and rural versus urban opportunities
* Research, quality improvement and promotion of an evidence based culture
* Service user focus incorporating an integrated approach to care and services

This will be achieved by:

* Establishing small time bound task groups
* Agreeing the top 3 products for delivery at any one time and the development of the subsequent 3
* Sharing work with a wider group of stakeholders twice a year.

**ACCOUNTABILITY**

The CRG is directly accountable to the USC Steering Group.

The Group will meet bi-monthly and all meetings will be minuted; actions recorded and monitored.

The CRG will be responsible for providing clinical advice on the deliverables from the two workstreams.

**MEMBERSHIP OF THE CLINICAL REFERENCE GROUP**

|  |  |
| --- | --- |
| **NAME** | **REPRESENTING** |
| Grant Robinson (Chair) | USC Clinical/professional lead |
| Brendan Lloyd | WAST |
| Richard Quirke | CT LHB |
| Amanda Farrow  Sarah Spencer  Mark Poulden  Robin Roop | RCEM |
| Chris Hayes | Assistant Director of Nursing  HD |
| Fiona Reynolds | Unit Nurse Director ABMU |
| Elisabeth Bowen | PHW |
| Rebecca Payne | RCGP |
| Alan Rees | RCP |
| Fiona Jenkins | C&V ULHB |
| Alison Shakeshaft | ABLHB |
| Amanda Hall | ABMU |
| Karen Gully | WG |
| Mair Davies | Pharmacy |
| David Thomas | Dentistry |
| Andy Jones | Col of Paramedics |
| Barbara Bale | NHS Wales Health Collaborative |
| Steve Bassett (co-opt as required) | Chair OOH forum |

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**Appendix 2**

**Review of USC activities and deliverables July 2014 – June 2015**

***PAPER PREPARED FOR FIRST USC PROGRAMME BOARD MEETING July 2015***

1. **Background**

The USC Improvement Programme, Steering Board was established in October 2013. A report on progress between January 2014 – April 2014 was approved in May 2014.

Adam Cairns CEO lead was appointed as the new chair in July 2014, and Tracey Cooper nominated as Vice Chair in September 2014.

Actions to date have focussed on addressing areas of greatest need as well as the development of a forward work plan which would meet the needs of LHBs that are best taken forward on an all Wales basis.

1. **Overview**

The Steering Board have met on 5 occasions between July 2014 and March 2015. In addition, a sub group of the Steering Board was set up in October 2014, meeting weekly until December.

During the period January – March 2015, six LHB CEOs and USC teams were visited to discuss challenges and barriers which would best be addressed on an all Wales basis.

This was followed by an all Wales workshop to identify key priorities that would be taken forward by the Steering Board over the next 12 months. The workshop also focussed on how priorities would be achieved. Outcomes from the workshop were sent to USC Board members 24 June 2015, following comments from attendees.

Steering Board members have received regular Highlight Reports from each of the workstreams and have overseen the delivery of a number of products. A summary of products/deliverables is at Table 1, page 15.

1. **Workstreams**

Following the establishment of the 111/OOH Project Implementation team and appointment of a Project Director, the 111/OOH workstream stood down.

The remaining three workstreams have continued to meet during the year, as follows;

**3.1 Measurement and Information Workstream**

The aim of the workstream was to develop a common measurement framework for unscheduled care, including underlying information flows. It involved close working with stakeholders to ensure a joined up approach to collection and presentation. The workstream assured new and existing measures of USC across Wales and produced or oversaw a range of external outputs. Examples include, the Directory of USC Measures, the NHS Outcome Framework Indicators, the USC Dashboard, the Atlas of USC, and WAST clinical indicators.

**3.2 Support and Intervention Workstream**

The workstream was established to achieve alignment of ongoing USC activities between Welsh Government; the Delivery Unit; 1000 lives Improvement work relating to patient flow and LHB and WAST activities. It co-ordinated interventions to organisations and worked to ensure that the escalation process during times of pressure was properly supported with necessary information made available. The workstream produced several products, e.g. updated guidance on repatriation; changes to daily escalation process; guidance on Therapies/AHP contribution to USC pathway; a range of outputs and methods re patient flow; national guidance on ambulance handover; analysis of the use of GPs in Emergency Units.

**3.3 Integrated Care Workstream**

The workstream was established to coordinate activities supporting the integration of health and social care and the care of frail older people, which have a potential impact on USC.

Following the publication of the Community and Hospital Interface (CHI) Report in October 2014, a workshop was held to discuss how each of the recommendations could be taken forward.  The resulting plan proposed visits to LHB/LA areas to discuss the Discharge matrix and discharge planning process based upon self assessment and a re- visit of the Choice leaflet to consider all Wales guidance. Sharing of good practice has been ongoing including presentations on demand and capacity modelling in ABMU and Flow work in Cwm Taf.  Regular updates on the Integrated Care funded projects and the Joint Statements of Intent have enabled the workstream members to contribute to both initiatives.

111/OOH has been a standing item to ensure alignment with developments of SPOAs and the Citizens Portal.

In September 2014, the workstream set up a task and finish group to provide assurance to the Steering Board that service user experience and engagement activities to address WAO or PAC recommendations were being taken forward.  Subsequently, a report attempting to link the service user experience and engagement theme across USC Planned Care and Primary Care was drafted.

1. **Conclusion**

The work of the USC Steering Board over the past 12 months has focussed on addressing immediate issues e.g. development of all Wales handover guidance, updated guidance on repatriation, and comparisons of lengths of stay etc. At the same time a process was put in place to engage LHBs in identifying challenges and barriers that they could not address at the local level, in order to inform the forward work plan of the USC Board. Following a workshop event in June 2015, recommendations have been made to take the work of the USC Programme forward.

**Table 1: Summary of Products/Deliverables**

|  |  |
| --- | --- |
| **Date** | **Deliverables** |
| July/Aug/  Nov/Dec 2014 | CEO Papers x 4 |
| September 2014 | Updated guidance on repatriation |
| September 2014 | Guidance on therapies/HCS contribution to USC pathways |
| October 2014 | Publication of the Community and Hospital Interface Group (CHI) Report |
| October 2014 | CAT A suggestions collated |
| November 2014 | Handover guidance |
| November 2014 | Snapshot audit of LOS |
| November 2014 | GP OOH Paper for Medical Directors |
| November 2014 | Review of recommendations from the CHI report |
| November 2014 | Re-issue Discharge process map and discharge maturity matrix |
| November 2014 | Workstream Chairs reflections on USC Programme |
| November 2014 | Report to Steering Board re progress working towards WAO and PAC recommendations |
| December 2014 | Changes to daily escalation process |
| January/Feb 2015 | Visit report to 6 LHBs |
| January 2015 | Participation in PHW publication of   * What drives demand for USC services in Wales? * Pressures in USC * USC A Toolbox of actions * Deriving a HB ‘Demand Score’ and a Hospital ‘Pressure Score’ for version 2 of the integrated USC dashboard |
| February 2015 | Proposals for a nursing home pilot to support USC |

|  |  |
| --- | --- |
| **Date** | **Deliverables** |
| February 2015 | Revised documentation for an audit of patients in A&E |
| March 2015 | Service user engagement and experience paper re WAO and PAC recommendations |
| April 2015 | Summary report of supportive visits |
| April 2015 | Service user engagement and experience paper common theme across USC Planned care |
| June 2015 | All Wales workshop to discuss USC priorities |
| June 2015 | Summary paper following workshop |
| 2014/15 | Flow collaborative support and training |
| 2014/15 | Sharing of good practice/and expert opinion |
| 2014/15 | Quality assurance and/or development of;   * Directory of USC measures * USC Dashboard * Atlas of USC * WAST clinical indicators |

The early work of the USC Steering Board resulted in the publication of

***“The Way Ahead for Unscheduled Care in Wales (NHS Wales 2014)***