

Terms of Reference for Stroke Programme Board:

PURPOSE

The Stroke Programme Board takes an overarching strategic view of the development of stroke services across the Birmingham, Solihull and Black Country to achieve a step change improvement in the quality of stroke services.

ACCOUNTABILITY

The Stroke Review Programme Board is accountable to the Birmingham, Solihull and Black Country CCGs.

Expected Outcomes

- To ensure that all people living in Birmingham, Solihull and Black Country who have had a Stroke have access to high quality Stroke Services at all stages in the pathway, including longer term quality of life
- To oversee the programme governance and structure to ensure that the overall purpose is achieved and to report progress to the Birmingham, Solihull and Black Country CCGs and Area Team
- Ensure equitable provision of services and a seamless transition in care across the whole patient journey.
- To ensure that cross boundary resources and patient flows are built in options for future delivery.
- To ensure that there is sufficient resource to support the communications and engagement implications of the project
- To proactively engage with commissioners
- To receive monthly updates from the Project Management Office and to resolve any issues causing delay in the set milestones.
- Identify and share common risks and ensure mitigation against these.
- To facilities dialogue with lead clinicians from network Stroke Advisory Groups at key times during the project
- To receive the recommendations of the Independent Clinical Advisory Group
- To agree the implementation plan to take forward the recommendations.

Clinical Outcomes of programme:

- Reduction mortality rates
- Reduction in average length of stay
- Reduction in Stroke re-admissions
- Achievement of 90% stay on Stroke Unit
- Achievement of diagnosis and treatment for high risk TIA within 24hrs
- Increase in % of patients receiving thrombolysis
- Increase in the number of patients discharged to their normal place of residency

Core Membership

- Programme Board Chair – SWB CCG Chair
- SWB CCG – Accountable Officer
- CCG Clinical leads
- A representative from CCG Accountable Officers/Directors of Commissioning /CCG Finance leads
- Area Team representative
- Public health leads
- West Midlands Cardiovascular Network Clinical Lead
- West Midlands Cardiovascular Network Director or nominated lead
- West Midlands Ambulance Trust lead
- Communication and engagement lead
- Project Director – SWB CCG
- Contracting and Procurement Adviser (to be confirmed)
- Stroke Association
- National Clinical Director for Stroke NHS England
- Local authority/ Social care
- Senior Research Associate – representative of the NIHR HS&DR national evaluation of stroke service reconfiguration (non-participating observer)
- Others as appropriate

The above list is not exhaustive and others may be invited or co-opted to attend the Board as required if applicable.

Invitations may be extended to any appropriate personnel to attend and provide evidence, information or expert advice to the Board.

Core/voting members may be asked to nominate a deputy, who has full authority to act on behalf of the core/voting member, to attend the Board in their place (if applicable)

Secretary:

The Stroke Programme Director with administrative support will be responsible for managing the Board and for drawing the Boards attention to best practice, national guidance and other relevant documents, as appropriate.

- The Board secretary will be responsible for
- Preparation of the agenda in conjunction with the Chairman and CCG Accountable Officer
- Minuting the proceedings and resolutions of all meetings of the Boards, including recording the names of those present and in attendance. Minutes shall be circulated promptly to all members of the Board
- Keeping a record of matters arising and issues to be carried forward
- Advising the Board on pertinent areas

Sub Groups

The following sub-groups will formally report to the Programme Board, and each chair will be a member of the Board supported by a dedicated clinical lead:

- Modelling Group
- Public Health and Primary Prevention Group
- Financial Modelling Group
- Clinical Advisory Group
- Communications and Engagement Group

Quorum

- The Programme Stroke Board will be considered quorate if the:
 - Chair/Vice Chair
 - Minimum of 3 clinicians across all 7 CCGs
 - Public health lead
 - Communication & Engagement lead
 - West Midlands Cardiovascular Network Clinical Lead
 - West Midlands Cardiovascular Network Director or nominated lead
 - Programme Director
- If a quorate member of the Board should be required to leave prior to the conclusion of the meeting, the chair should confirm that the meeting is still quorate or not. If the meeting is no longer quorate, it may continue but decisions will have to be ratified at the next meeting.
- A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Board.
- The Board may on occasion take a decision by email provided that:
 - The decision taken is by quorum of the Board as laid down in its Terms of Reference
 - If the decision is one which requires a vote, it shall be at the discretion of the Chair to decide whether use of email is appropriate
 - The decision is reported to the next meeting and is minuted
 - The e-mails reflecting the decision are copied to all members of the Board are printed, appended to the minutes and are retained on file.

Frequency and notice of meetings

- The Board shall meet on a bi-monthly basis on a minimum of 6 occasions per financial year. Additional formal or informal meetings may be arranged and convened by the Chair.

- Meeting papers will be sent out 7 days (5 working days) in advance of the meeting

Relationship with the CCG Governing Body

The will be directly accountable to the Birmingham, Solihull and Black Country CCG Governing Bodies.

- CCG representatives shall report formally to respective CCG Governing Bodies on the key points arising from its proceedings after each meeting.
- The Board shall make whatever recommendations it deems appropriate on any area within its remit where action or improvement is needed.
- The Board minutes shall be formally recorded and submitted to the CCG Governing Body according to the respective Boards reporting cycle.

Policy and best practice

- The Board will use best practice and policy guidance to inform the stroke transformation programme and to deliver its business.

Conduct of the Board

- If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, he/she must declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the matter has been completed.
- The Chair must invite members to declare any interests at the start of each meeting. This will be a specific agenda item. In addition, members may declare an interest at any time during the meeting.
- Any declarations will be recorded by the minute taker.
- If the Chair declares a conflict of interest, the Vice-Chair will chair that part of the meeting. If both the Chair and Vice-Chair declare an interest, an appropriate member will chair that part of the meeting.
- Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

- All members and those attending/participating in meetings will be expected to adhere to the Seven Principles of Public Life.

These Terms of reference were agreed by the Stroke Programme Board on the 17th December 2013 and approved by the CCG governing bodies (to be confirmed) they are due for review in March 2014.

Appendix 1

THE NOLAN SEVEN PRINCIPLES OF PUBLIC LIFE

SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.