

# CONGENITAL HEART DISEASE NETWORK SOUTH WALES AND SOUTH WEST

## BOARD STRUCTURE AND TERMS OF REFERENCE

### 1. Overview

The key aim of the Congenital Heart Disease (CHD) Network is to support the provision of high quality care for CHD patients across South Wales and the South West, in line with the requirements of the [NHS England standards](#).

Its **vision** is to be a network whereby:

- Patients have equitable access to services regardless of geography
- Care is provided seamlessly across the network and its various stages of transition (between locations, services and where there are co-morbidities)
- High quality care is delivered and participating centres meet national standards of CHD care
- The provision of high quality information for patients, families, staff and commissioners is supported
- There is a strong and collective voice for network stakeholders<sup>1</sup>
- There is a strong culture of collaboration and action to continually improve services

The Network's key **objectives** are:

1. To provide strategic direction for CHD care across South Wales and the South West
2. To monitor and drive improvements in quality of care
3. To support the delivery of equitable, timely access for patients
4. To support improvements in patient and family experience
5. To support the education, training and development of the workforce within the network
6. To be a central point of information and communication for network stakeholders
7. To ensure it can demonstrate the value of the network and its activities

### 2. Responsibilities

University Hospitals Bristol NHS Foundation Trust is the host organisation for the Network. Responsibility for the performance management of the network is devolved to the Network Board and its relevant sub-groups.

The Network Board and sub-groups are responsible for ensuring the effective functioning of the Network working in conjunction with commissioners from England and Wales.

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<sup>1</sup> Including but not limited to: Professionals from participating Centres, Commissioners, Patient Representatives, Family Support Groups, Co-dependent services e.g. Palliative Care Teams, Primary Care; Other relevant Networks

The Network Board and its sub-groups will be responsible for the delivery of following areas of work, in line with the network's annual work plan and overarching objectives.

### **Network Board**

- Ensuring Trusts within the network are committed to the delivery of high quality CHD care, including striving to meet the NHS England standards
- Ensuring the network is strategically engaged with relevant bodies, groups, programmes of care and other networks on a national as well as local level
- Ensuring that the network delivers adequate support and leadership to Level 3 centres
- Providing assurance that action plans relevant to the network are being delivered
- Ensuring transparent and active management of network risks
- Implementing and monitoring an effective network governance structure
- Monitoring performance of centres within the network and addressing any areas of concern
- Ensuring the network can demonstrate its value by ensuring:
  - activities are planned and delivered in line with the views of stakeholders
  - effective use of existing resources
  - delivery of required outputs in a timely fashion
  - being a collective voice for network stakeholders on local, regional and national matters
  - creating a culture of collaboration, action and partnership working
- Ensuring any issues are escalated appropriately as needed

### **Clinical Governance Group**

- Developing, signing-off and implementing high quality clinical guidance for CHD care
- Ensuring incidents are managed effectively and learning is shared
- Delivery of an annual network M&M
- Delivery of the network audit programme and ensuring learning is shared
- Supporting improvements in image sharing
- Understanding and monitoring lost to follow-up rates
- Delivery of the training and education strategy
- Building relationships with research partners and developing a network programme of research

### **Service Delivery Group:**

- Supporting Centres within the network to understand and seek adequate funding for their services
- Supporting Centres to address gaps in standards
- Delivery of service improvement projects
- Delivery of the nursing strategy
- Undertaking actions required of the network by commissioners or reviews
- Promoting and evaluating any new network services
- Delivering improvements to transition care
- Developing relationships with charities and support groups

- Developing the role of patient representatives within the network and supporting the patient engagement agenda
- Identifying and addressing workforce issues within the network
- Responsibility for the network website
- Ensuring appropriate communications with network stakeholders

### **3. Accountability**

The Network Board is held to account by the host Senior Leadership Team and by commissioners in England and Wales through the following arrangements:

#### **3.1 Structures within University Hospitals Bristol**

The Network will be hosted by the Division of Women's and Children's at University Hospitals Bristol, the host Trust. It will be a member of the Joint Cardiac Board, to which it will provide regular updates, escalate risks and issues, and seek operational support as necessary. Board members are encouraged to support, check and challenge the Network on any of its activities, and may escalate any issues as deemed necessary through the Women's and Children's or Specialised Services Divisional Boards, or directly to the Trust's Senior Leadership Team as appropriate. The Network will report quarterly directly to the University Hospitals Bristol Senior Leadership Team.

#### **3.2 Structures within commissioning bodies**

##### NHS England

The Network reports to NHS England South. A representative from NHS England South will be part of the Network Board and the Network team along with members of the Level 1 centre will partake in quarterly meetings with the NHS England South team.

##### NHS Wales

The Network reports to the NHS Welsh Health Specialised Services Committee. Reporting will be through a quarterly report to WHSSC with attendance at WHSSC meetings as requested. The annual review will be presented at the WHSSC CHD audit day. This will include progress updates against the annual work plan, network risks and issue management, as well as escalation of emerging system-wide issues for which commissioner support may be required.

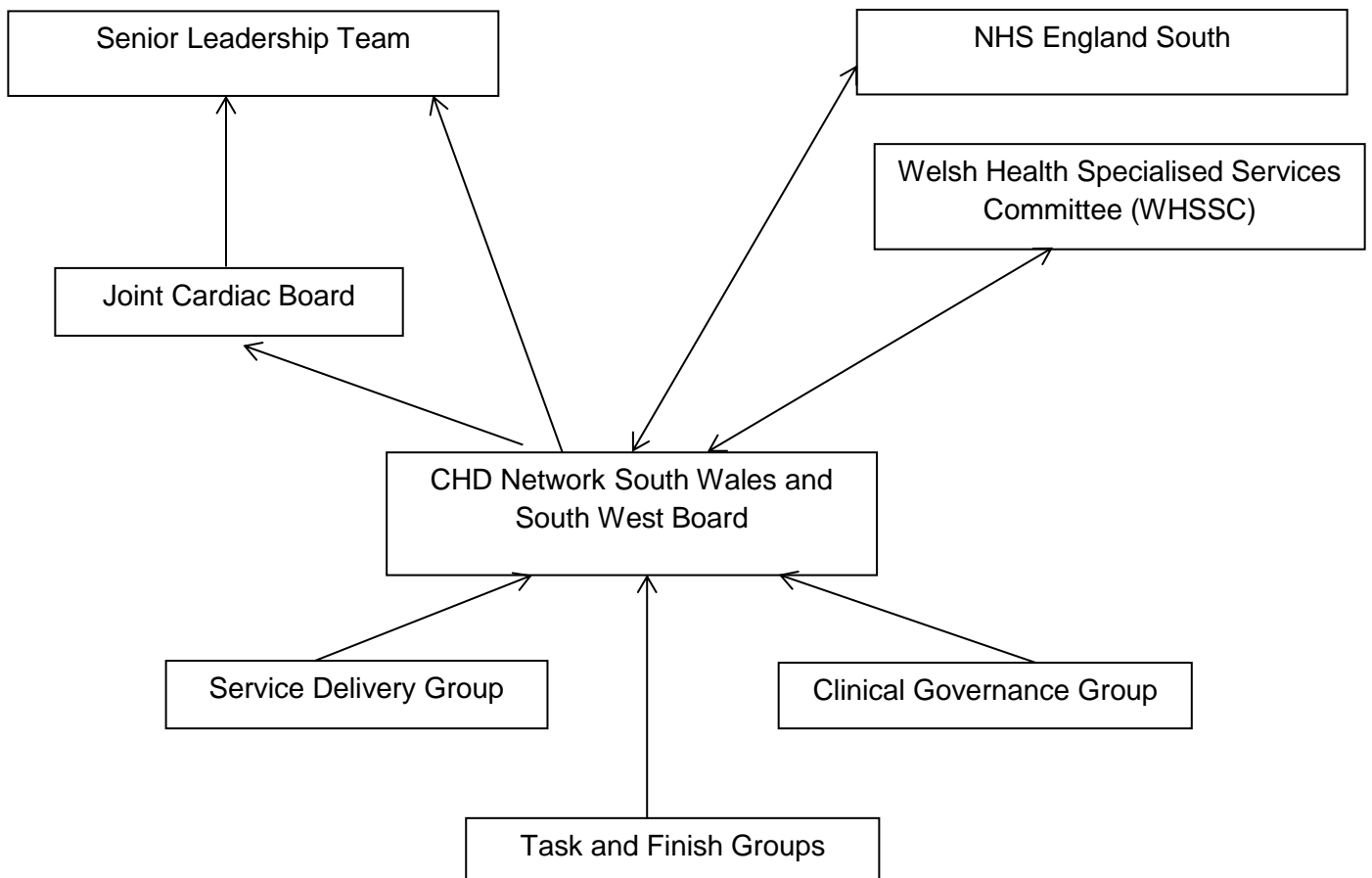
#### **3.3 Sub-group accountability**

The Board will oversee any sub-groups that form part of the network and is responsible for their progress and outputs.

### 3.4 Diagram representing accountability:

Host Trust: University Hospitals Bristol

Commissioners



## 4. Board and Sub-Group Membership

The following groups should be represented on the Network Board, Clinical Governance Group and Service Delivery Group:

### A. CHD Network Leads, adult and paediatric services, from around South Wales and the South West, specifically:

- At least 1 representative for the Level 1 Centre
- At least 1 representative for the Level 2 Centre
- At least 1 representative for adults and paediatrics from Level 3 Centres, ideally 1 for South West and 1 for South Wales (2- 4 individuals).

The Centres within the Network are:

Level 1 Centre

- University Hospitals Bristol NHS Foundation Trust (NHSFT) (Bristol Heart Institute and Bristol Royal Children's Hospital)

Level 2 Centre

- Cardiff and Vale University Health Board

Level 3 Centres:

- Royal Cornwall Hospital (Truro)
- Musgrove Park Hospital (Taunton)
- Gloucester Hospitals NHSFT
- Great Western Hospital NHSFT (Swindon)
- Royal United Hospital (Bath)
- North Devon Healthcare Trust (Barnstaple)
- Torbay and South Devon NHSFT
- Plymouth Hospitals NHS Trust
- Royal Devon and Exeter NHSFT
- Hywel Dda University Health Board
- Cwm Taf University Health Board
- Aneurin Bevan University Health Board
- Abertawe Bro Morgannwg University Health Board

**B. Non NHS Representatives**

- A representative from a support groups and/or charities
- A patient or family representative  
(Where appropriate, this could be the same individual)

**C. Network Management Team:**

At least one of the following:

- Network Clinical Director
- Network Manager
- Network Lead Nurse

**D. In addition, to the above, the Network Board should have **Commissioner Representatives** from:**

- NHS England
- WHSSC

#### **4.1 Frequency of Meetings**

Meetings of each of the groups shall be held no less than bi annually and otherwise as the Chair deems necessary.

## 4.2 Quorum

The quorum of the group will be:

- Network Chair or Deputy;
- The Network Manager, Clinical Director or Lead Nurse;
- A representative from at least 2 of the 16 Centres
- A commissioning, non-NHS organisation or patient/family representative.

## 4.3 Responsibility of Board or Sub-Group Members

A requirement for board membership is that all members attend a minimum of two meetings a year, although where possible all meetings should be prioritised. The ability to commit to meetings should form part of member's decision making process when nominating themselves to the board or a sub-group.

Members of boards and sub-groups are asked to take an active role in delivery of the network's work-plan. This may include delivery of tasks within the plan or participation in task and finish groups, as well as providing appropriate comment, guidance and challenge to matters arising.

It is the responsibility of Board members that they are fully prepared, and have reviewed the papers for each meeting. Board members must ensure recommendations are made in the best interests of the network as a whole and are not influenced by locality or personal bias.

The Chair must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn individual group members must demonstrate through their actions, that their contribution to the group's decision making is based upon the best interest of the network rather than of the individual organisations by which they are employed. For patient/family representatives, this means ensuring their voice represents the collective voice of patients and families. The network must feel that the Board exists to represent a collective view and that the nature of its membership therein must not be felt to disadvantage any single organisation from across the region.

## 4.4 Reporting

The core network team and Chair shall:

- Report to the host provider
- Report formally to specialised commissioning teams in England and Wales on the Board's activities. This includes updates on activity, the submission of minutes, written reports and an annual report.
- Submit a formal work plan and annual report to the UHB Trust Board and NHS Commissioners (England and Wales) as required.
- Provide details of any significant matters under consideration by the Board to the relevant commissioners.
- Ensure appropriate escalation arrangements are in place to alert both commissioners and Trusts of any urgent or critical matters that may compromise patient care and/or affect the operation or reputation of commissioning or CHD care services across the network.

## 5. Review

The constitution, membership and terms of reference of the Network Board and its subgroups will be formally reviewed every two years.

### Document Control

Author:		
Name:	Position:	Date:
Caitlin Marnell	Network Manager	13.07.16
Amendments:		
Name:	Details:	Date:
Caitlin Marnell	Inclusion of Feedback from Network Team	19.07.16
Caitlin Marnell	Update after thoughts from Joint Cardiac Board, UHB	28.07.16
Caitlin Marnell	Update after meeting with UHB Trust Secretary	04.08.16
James Dunn	Update following meeting with Clinical Director for NHS England Specialised Commissioning	13.09.16
James Dunn	Finalised draft prior to Network Board meeting	22.09.16
James Dunn	Update following Network Board meeting	14.11.16
James Dunn	Update following meeting with UHB, UHW, NHSE and WHSSC	23.11.16
Caitlin Moss	Update following Network Board meeting March 2018 and NHSE changes	15.06.18
Caitlin Moss	Update following Clinical Governance Group meeting (Sept.18)	19.11.18
Approved By:		
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Andrew Tometzki	Clinical Director CHD Network	06.12.16