



CONGENITAL HEART DISEASE NETWORK BOARD – SOUTH WALES AND SOUTH WEST

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.

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 stakeholders¹
- 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.

This Network Board will be responsible for ensuring the effective functioning of the Network working in conjunction with commissioners from England and Wales. The Network Board will be responsible for the delivery of following areas of work:

¹ 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



2.1 Strategic Direction and Planning

- Providing professional and clinical leadership across the Network
- Developing an annual work programme for the Network to deliver national strategy and outcomes
- Producing an annual report
- Ensuring transparent and active management of Network risks
- Ensuring effective links with national programmes of care
- Ensuring effective links with local, regional and national commissioners in both England and Wales
- Engaging with Clinical Reference Groups, Academic Health Science Networks, other relevant Networks and Senates

2.2 Improved Quality and Standards of Care

- Assessing and monitoring participating Centres against national standards of care
- Developing and implementing network best practice, protocols and guidance for CHD care
- Delivering effective clinical governance of the Network, including:
 - Network Mortality and Morbidity reviews
 - Risk analysis and risk management
 - Incident reporting with follow up action plans/shared learning
 - Delivery of an annual audit programme agreed with members, and reporting outcomes
 - Undertaking benchmarking activities as required
 - Peer review programme
- Driving ongoing service improvements, ensuring best practice models are embedded and contribute to improved quality performance
- Developing and monitoring any Network information systems (e.g. dashboard)
- Signposting to training and Continued Professional Development opportunities to support learning across the Network

2.3 Equitable, Timely Access for Patients

- Understanding and monitoring waiting times for access to care across the network
- Supporting improvement plans whereby waiting times or access to services (e.g. nursing, psychology) fall below expected standards
- Ensure equity of access across the Network
- To ensure consistency of pathways and care across the Network

2.4 Improved Patient and Family Experience

- To ensure the provision of high quality information for patients and families across the Network
- To create and implement a Network Communication and Engagement strategy
- To ensure the voice of patients and families is heard throughout Network activities
- To ensure the Network seeks, listens to and acts upon patient and family feedback
- To embrace the use of technology to support improve patient and family experience



- To engage with and support third sector partners including patient/family support groups and charities

2.5 Education, Training and Workforce

- To develop an Education and Training strategy for the Network, building on existing clinical network programmes of training and education
- To signpost/coordinate/deliver (as appropriate) opportunities for education, training and CPD for different professional groups within the Network
- To understand any trends in workforce issues and support collective solutions where possible
- To support programmes of research across the Network
- Linking into local Education and Training Boards (LETBs)

2.6 Information and Communication

- To be a central point of information for Network stakeholders
- To ensure the provision of high quality information for stakeholders
- To embrace different communication channels in order to communicate effectively with stakeholders
- To ensure regular and two way communication between stakeholders

2.7 Demonstrate Value Adding

- To ensure Network activities are planned and delivered in line with the views of stakeholders
- To ensure good use of existing resources
- To deliver on required outputs in a timely fashion
- To be a collective voice for Network stakeholders on local, regional and national matters
- To create a culture of collaboration, action and partnership working

3. Accountability

The Network Board is held to account by the host Chief Executive Officer and by commissioners in England and Wales through arrangements to be defined in the first year of operation.

3.1 Structures within University Hospitals Bristol

The Network will be a member of the Joint Cardiac Board at University Hospitals Bristol. It will provide regular updates to that Board, including progress updates, risk and issue management. 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 Boards respectively; both of which report into the Trust's Senior Leadership Team meeting, chaired by the Chief Executive Officer.



3.2 Structures within commissioning bodies

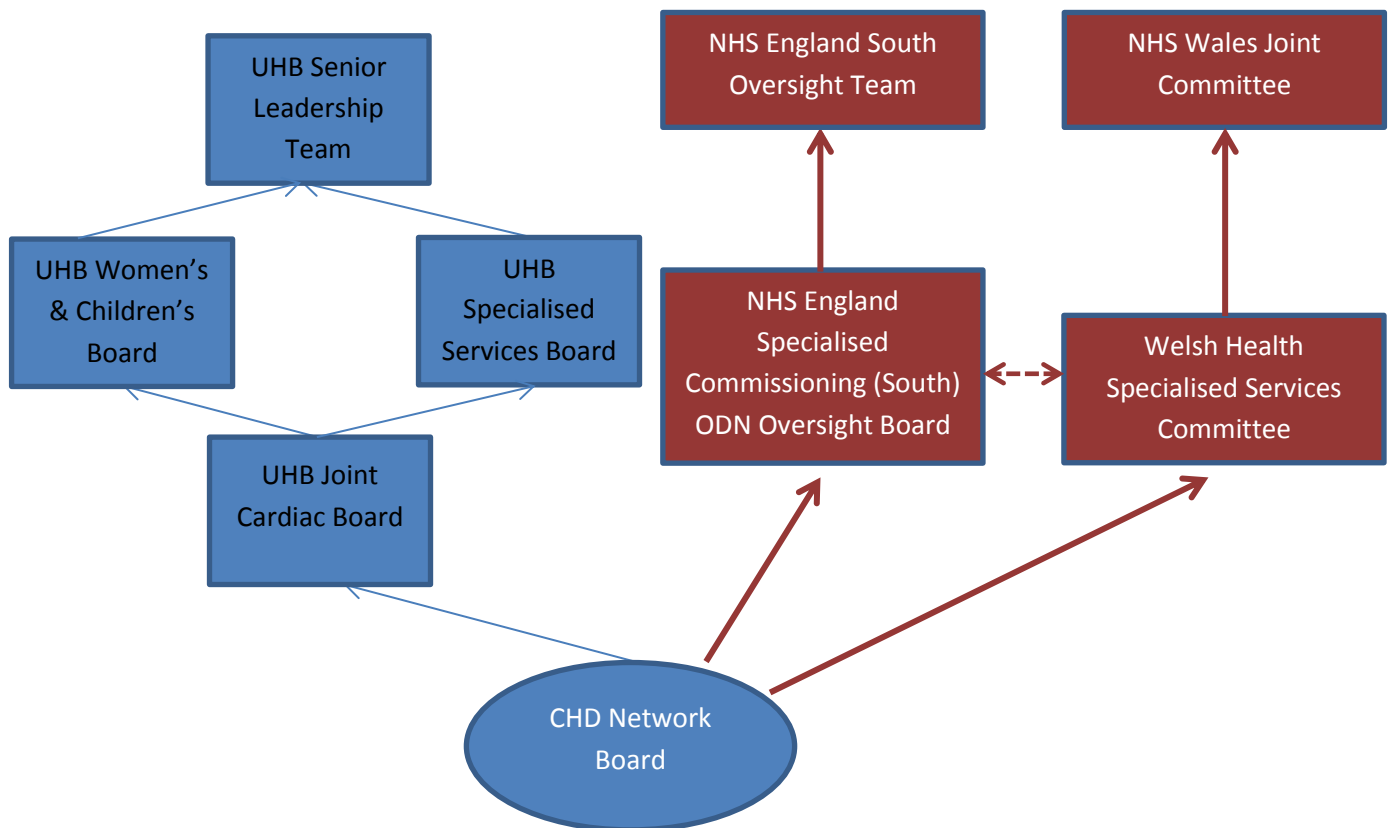
NHS England

The Network reports to the NHS England Operational Delivery Network Oversight Board quarterly. The Oversight Board will approve the Terms of Reference, Annual Work Plans, Non clinical Policies or guidelines, Network Patient & Public Involvement Strategy and Network Communications & Engagement Strategy. The Network will provide a quarterly Assurance Report and Annual Report.

NHS Wales

The Network reports to the NHS Welsh Health Specialised Services Committee. Reporting will be through a quarterly Assurance Report to the WHSSC Management Group 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 Diagram outlining accountabilities



4. Board Membership

The following groups should be represented on the Network Board:



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

- At least 1 representative from the Level 1 Centre (ideally 1 for adults and 1 for paediatrics);
- At least 1 representative for the Level 2 Centres (ideally 1 for adults and 1 for paediatrics);
- 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 (Barnstable)
- 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
- Yeovil District Hospital

B. Non NHS Organisations

- A representative from a support groups and/or charities

C. Commissioner Representatives

- NHS England
- WHSSC

D. Network Management Team:

- Network Clinical Director
- Network Manager
- Network Lead Nurse



E. Patient/Family Representatives

4.1 Frequency of Meetings

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

4.2 Quorum

Option B: The quorum of the group will be:

- Network Chair or Deputy;
- The Network Manager, Clinical Director or Lead Nurse;
- A representative from at least 4 of the 16 Centres, including at least 2 of the 3 Levels and a minimum of one adult and one paediatric representative;
- A commissioning, non-NHS organisation or patient/family representative.

4.3 Responsibility of Board Members

A requirement for board membership is that all members attend a minimum of at least 1 meeting a year, although where possible all board meetings should be prioritised. The ability to commit to board meetings should form part of member's decision making process when nominating themselves to the board.

It is the responsibility of Board members that they are fully prepared, and have reviewed the papers for each meeting to ensure that recommendations are made in the best interests of the Network as a whole and are not influenced by locality 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 Trusts by which they are employed. 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 unit or trust from across the South West or South Wales.

4.4 Reporting

The Chair of Board shall;

- Report to the host provider Medical Director
- Report formally to the Specialist Commissioning Teams (England and Wales) on the Board's activities. This includes updates on activity, the submission of minutes, written reports and an annual report.
- Submit 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 Board to the relevant Commissioners.



- Ensure appropriate escalation arrangements are in place to alert both the 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.

4.5 Sub-groups

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

5. Review

The constitution, membership and terms of reference of the Network Board will be formally reviewed soon after the first 12 months of operation and when required thereafter.

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
Approved By:		
Name:	Position:	Date:
Andrew Tometzki	Clinical Director CHD Network	06.12.16