

SOUTH WALES AND SOUTH WEST CONGENITAL HEART DISEASE OPERATIONAL DELIVERY NETWORK

BOARD STRUCTURE AND TERMS OF REFERENCE

1. Overview

The key aim of the Congenital Heart Disease (CHD) Operational Delivery Network (ODN) 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](#). The CHD Network is classed as an Operational Delivery Network (ODN), and is both mandated and funded by NHS England. It is hosted by University Hospitals Bristol and Weston NHS Foundation (UHBW) Trust.

The Network's **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.¹
- 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.

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. Responsibilities

The generic objectives of the ODNs as outlined in the NHS England South West Networks Governance Framework (2020) are to:

- Focus on coordinating care pathways between providers to ensure consistent, equitable access to specialist resources and expertise within their clinical service area;
- Provide impartial clinical advice and expertise to both providers and commissioners to develop equitable, high standard services for patients and improve access and care outcomes.

Specifically, ODNs should:

- Ensure effective and efficient patient flows across the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical and patient/carer engagement to support intelligence-led commissioning for improved pathways of care.
- Enable the development of consistent provider clinical guidance and service standards, ensuring improved outcomes and a consistent patient and family experience.
- Focus on clinical effectiveness through facilitation of comparative benchmarking, evaluation, audit and review of services, with implementation of required improvements.
- Fulfil a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across the designated geographic area.
- Support capacity planning and activity monitoring with collaborative forecasting of need, demand and supply.

Responsibility for the performance management of the network is devolved from NHS England to the Network Board and its relevant sub-group(s).

The Network Board and sub-group(s) are responsible for ensuring the effective functioning of the Network working in collaboration with commissioners from England and Wales.

The Network Board and its sub-group(s) 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.
- Developing the role of patient representatives within the Network and supporting the patient engagement agenda.
- 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.
- Identifying and addressing workforce issues within the Network
- 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 or risks are escalated appropriately as needed.
- Ensuring appropriate communications with n=Network stakeholders.

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 quality improvement and audit programme and ensuring learning is shared.
- Supporting improvements in image sharing.
- Delivering improvements to transition care.
- 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.

Project Groups/Task & Finish Groups

- Project specific groups and Task & Finish groups will be set up as commissioned by the Network Board to deliver specific areas of work for the Network. These time-limited groups will provide updates on progress directly to the Network Board.

3. Accountability

The Network Board is held to account by the NHS England and reports quarterly to the Women & Children's Networks Programme Board. It also reports into the host Senior Leadership and to commissioners in England and Wales through the following arrangements:

3.1 Structures within commissioning bodies

NHS England

The Network reports to NHS England South West via the Women and Children's Networks Programme Board which meets on a quarterly basis. Members of the Network Team report directly into the NHS England Women and Children's Network System Transformation Lead. A representative from NHS England South West sits on the Network Board and provides updates from NHS England on a quarterly basis.

NHS Wales

The Network reports to the NHS Welsh Health Specialised Services Committee (WHSSC). A representative of WHSSC sits on the Network Board and provides updates from WHSSC on a quarterly basis.

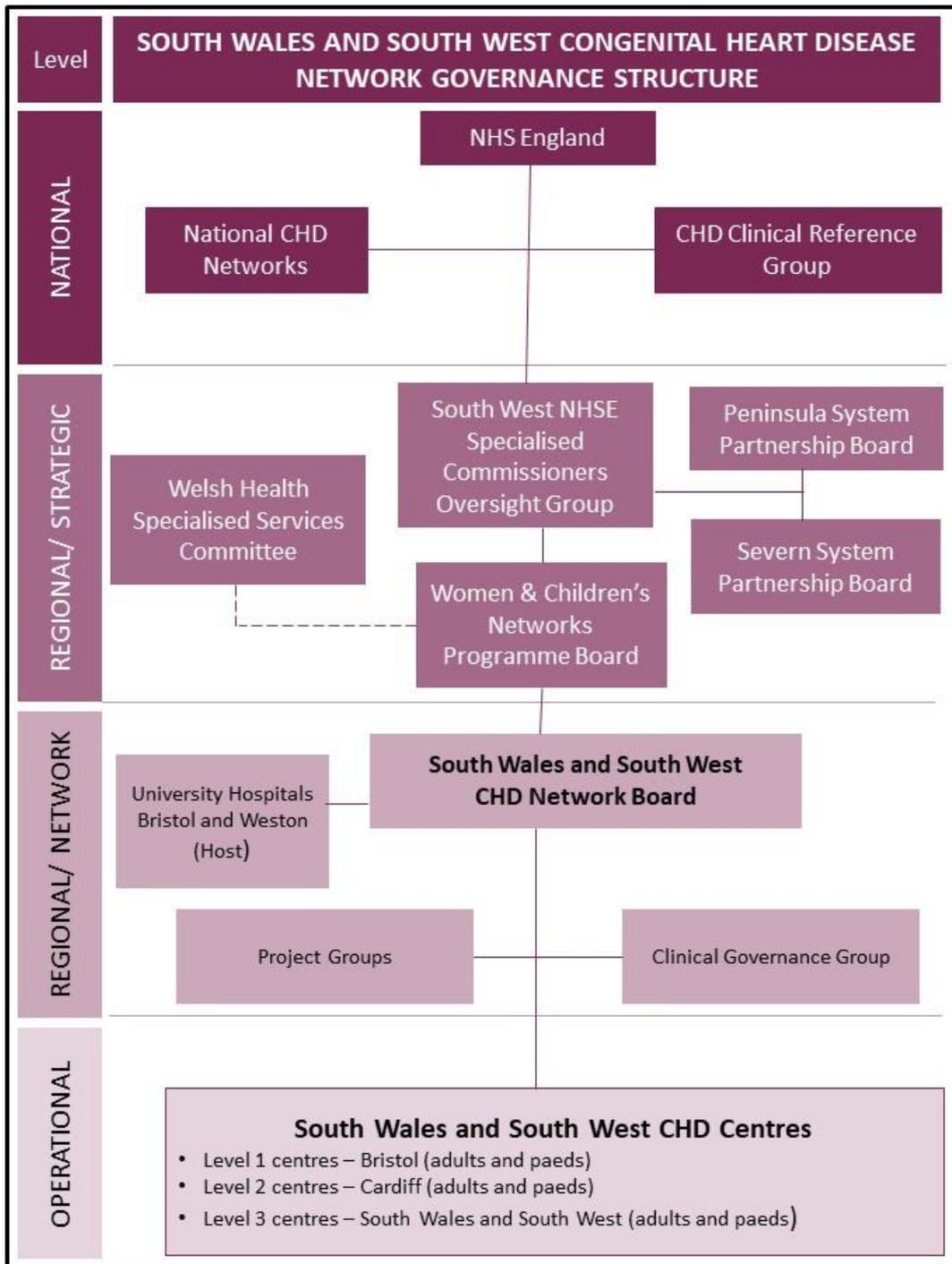
3.2 Structures within University Hospitals Bristol

The Network is hosted by the Division of Women's and Children's at University Hospitals Bristol and Weston NHS Foundation Trust. It provides a quarterly update to the Senior Leadership at the host Trust. In addition, it is a member of the Joint Cardiac Board, which is a formal management group between adult and children's CHD services in the host Trust.

3.3 Sub-group accountability

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

Figure 1: Governance structure chart SWSW CHD Operational Delivery Network



4. Board and Sub-Group Membership

The following groups should be represented on the Network Board and Clinical Governance Group

A. CHD Network Leads, adult and paediatric services, from around South Wales and the South West, who represent the core Board membership 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).

Board membership is also open to wider representation and Network members will be invited to attend Board meetings if discussion of items requires input from representatives with expertise in their field.

The Centres within the Network are:

Level 1 Centre	University Hospitals Bristol and Weston NHS Foundation Trust (NHSFT) (Bristol Heart Institute and Bristol Royal Children's Hospital)
Level 2 Centre	Cardiff, Noah's Ark Children's Hospital for Wales Cardiff, University Hospital of Wales
Level 3 Centres:	<p>South West</p> <ul style="list-style-type: none"> - Barnstaple, North Devon District Hospital - Bath, Royal United Hospital (Paediatrics only) - Exeter, Royal Devon and Exeter Hospital - Gloucester, Gloucestershire Hospitals - Plymouth, Derriford Hospital - Swindon, Great Weston Hospital - Taunton, Musgrove Park Hospital - Torquay, Torbay General District Hospital - Truro, Royal Cornwall Hospital <p>South Wales</p> <ul style="list-style-type: none"> - Abergavenny, Nevil Hall Hospital - Bridgend, Princess of Wales Hospital - Carmarthen, Glangwili General Hospital - Haverfordwest, Withybush Hospital - Llantrisant, Royal Glamorgan Hospital - Merthyr Tydfil, Prince Charles Hospital - Newport, Royal Gwent Hospital - Swansea, Morriston / Singleton Hospital

B. Non NHS Representatives

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

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 the Network Board will be quarterly, and the Clinical Governance Group will meet biannually. Project Groups and Task & Finish groups will meet as required to deliver specific areas of work.

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, Chair and 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.

Network members will be invited or can express an interest in attending Board meetings to the Network Team, as core or wider CHD Network representatives. It is expected that most core representatives, depending on staffing levels within their centres, will serve a term of office of three years.

Members of Boards and sub-groups are asked to take an active role in development and delivery of the Network's work-plan. This may include attendance at workshops, 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 Board and sub-groups will each have their own Chair. The Chair must ensure that the Board and sub-groups 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 shall:

- Report formally to NHS England via quarterly reporting and attendance at the NHS England Women and Children's Network Programme Board. This quarterly report includes updates on key achievements, progress against plan, risks and focus for next quarter. The Network will also submit a formal work plan and annual report to NHS England and its Network stakeholders.
- Report formally to the UHBW as the host provider via quarterly reports to the Women and Children's Divisional Board and the Joint Cardiac Board.
- Report formally to specialised commissioning teams in England and Wales.
- 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.

The sub- groups of the Network Board shall:

- Report to the Network Board on a bi-annual basis to update on progress against the workplan for that sub-group, planned progress for the next reporting period, any risks that need to be escalated to the Board. Minutes of the sub-group meetings will be submitted as information to the Board.

Level 1, 2, 3 Centres

Representatives of level 1, 2 and 3 centres attending the Network Board are asked to report to the Board with updates on current CHD service provision in their centre, progress on delivering CHD standards, current inpatient and outpatient performance, challenges and risks remaining. Reporting can be delivered by core or wider CHD Network representatives on the Board.

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
Cat McElvaney	Update following Network Board meeting (Nov. 18)	24.04.19

Cat McElvaney	Review date. Content change to reflect changes in governance	19.05.21
Louise Hudson	Review date. Content change to reflect changes in participation.	10.08.23
Approved By:		
Name:	Position:	Date:
Andrew Tometzki	Clinical Director CHD Network	06.12.16
Review date	Update	Date
June 2021	Terms of Reference updated to reflect changes in governance arrangements for operational delivery networks. Approved at CHD Network Board.	09.06.2021
June 2023	Terms of Reference updated to reflect a widening of participation at CHD Network Board and governance arrangements. Approved at CHD Network Board.	10.08.2023
June 2025		