



# SOUTH WEST NEUROMUSCULAR OPERATIONAL DELIVERY NETWORK (ODN) EXECUTIVE BOARD

## TERMS OF REFERENCE

### 1. Introduction

- 1.1 Operational Delivery Networks (ODNs) will deliver a whole system work programme for a service across a defined geographical area and within a specific area of care. They will ensure outcomes and quality standards are improved and evidence based networked patient pathways are agreed. They will focus on an operational role, supporting the activity of Provider Trusts in service delivery, service improvement and delivery of a commissioned pathway with a key focus on the quality and equity of access to service provision for the patient. This will allow for more local determination, innovation and efficiency across the pathway.
- 1.2 The four key success factors for ODNs are:
  - Improved access (including equity of access) and egress to/from services at the right time
  - Improved operating consistency
  - Improved outcomes
  - Increased productivity
- 1.3 ODNs will ensure that the whole system works together to optimize high quality patient experience by bringing together patients, providers, commissioners and other stakeholders in the design and delivery of consistent high quality services.
- 1.4 ODNs are non-statutory organisations hosted by a provider organisation, under a contractual agreement with the NHS England Area Team with responsibility for specialised commissioning. They do not have statutory responsibilities for either service delivery or local organisational clinical governance. Clinical Commissioning Groups, NHS Trusts and Foundation Trusts are ultimately responsible for the delivery of targets and meeting of standards.
- 1.5 ODNs act as facilitators, within a collaborative model, where commissioners remain accountable for commissioning of services and providers for the delivery of services.
- 1.6 ODNs are a significant resource for the NHS in addressing the challenging agenda ahead. In particular, providers and commissioners should be satisfied the work programmes address unwarranted service and service delivery variation to improve equity. They will also secure adoption of most efficient practice to maximise cost-effective care.
- 1.7 The aim of the SW Neuromuscular Operational Delivery Network (SWNODN) is to improve the coordination of care for people living with Neuromuscular Disease across the South West. Service strategy and clinical pathways will be integrated in order to achieve this. The SWNODN will be responsible for the development of a local strategy to implement national imperatives and meet relevant national standards and service specifications. This strategy will evolve in response to changes in local need and developments in national standards.

1.8 The SWNODN will specifically:

- Ensure patients receive high quality care within an appropriate setting across a network of providers
- Ensure patients receive care closer to home (where possible) through shared care and outreach services across a network
- Ensure that patients have a voice and their views are considered
- Fully support the future development of Neuromuscular Disease services by enabling clinical expertise to be shared.

## **2. Purpose of the SW Neuromuscular ODN (SWNODN) Executive Board**

2.1 The South West Neuromuscular Operational Delivery Network (SWNODN) provides care for people living with a neuromuscular condition listed in the Department of Health's Specialised Services National Definition Set 8 (ICD-10 codes).

2.2 The SWNODN Executive Board is a strategic group of executive and other senior personnel with interest and expertise in the SWNODN's aims, outcomes and development. It operates within the *Governance Framework for Operational Delivery Networks*<sup>1</sup>.

2.3 The primary concern of the SWNODN Executive Board is to identify and monitor strategic aims through a SWNODN Work Programme which will be aligned with the *National Service Specification Standards for Neurosciences*<sup>2</sup>, *National Programme of Care Outcomes*<sup>3</sup> and *National Outcome Framework*<sup>4</sup>. It should also identify and monitor local priorities and ensure identification of future needs to maintain and improve patient access and equity of service delivery, in line with the required national standards.

2.4 The SWNODN Executive Board is responsible for providing clinical advice to Commissioners, via the SW Regional ODN Oversight Board, in respect of commissioning, planning and prioritisation of Neuromuscular Disease clinical services. It should be recognised that the SWNODN Executive Board is involved in the process of commissioning, rather than conducting the process.

2.5 The SWNODN Executive Board will ensure a process for engagement with patient and public through the SWNODN's Patient and Public Involvement Strategy, in accordance with appropriate NHS England engagement and involvement guidance.

2.6 The SWNODN Executive Board will establish appropriate robust governance arrangements through the host provider that will enable the Network to take decisions, facilitate continual improvement and comply with national specifications. However, the SWNODN is independent of the host provider with its own governance arrangements.

## **3. Accountability and Reporting**

3.1 The SWNODN Executive Board will be accountable to NHS England's ODN Oversight Board through a formal reporting process, including an annual report. An Annual Work Programme will be ratified by NHS England's ODN Oversight Board.

3.2 The SWNODN Executive Board is also held to account by the host CEO (or delegate) and NHS England with clear lines of escalation should disagreements arise that cannot be otherwise resolved.

3.3 Board members are representative of their particular organisation/specialist area and as such must act in accordance with the Board's Terms of Reference to facilitate service

improvements on behalf of service users. Board members must explicitly agree to this when accepting, or being appointed to, Board membership.

- 3.4 The SWNODN Executive Board will provide performance reports to the NHS England's ODN Oversight Board who will meet three times a year. The SWNODN Executive Board will agree ODN specific assurance reports with NHS England's ODN Oversight Board. These reports will include:
- ODN Governance Toolkit
  - Progress reports on ODN work programme
  - Compliance with National Service Specifications so that all patients benefit from consistent standards of care
  - Compliance with National Service Specifications KPIs and other contractual Quality measures
  - Progress with Data Quality Improvement Plans
  - Risk register
  - Financial position statement
  - Up to date national/local guidance or strategic plans that may impact on ODN function/business
- 3.5 The SWNODN Executive Board will bring to the attention of the host provider, specialised commissioners and providers, major variations from service standards.
- 3.6 The SWNODN Executive Board will not be responsible or accountable for the performance of member organisations, or for carrying out corrective actions to address any issues raised. However, support in addressing such issues will be provided by the Network to assist member organisations.
- 3.7 The SWNODN Executive Board will provide evidence-based and timely advice to NHS England Commissioners and Trusts to assist them in meeting their responsibilities with regards to the commissioning and operational delivery of specialised services.
- 3.8 The SWNODN Executive Board will 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 affect the operation or reputation of commissioning of SWNODN provider services.
- 3.9 The SWNODN Executive Board will develop a Communication Strategy and reporting strategy.
- 3.10 The SWNODN Executive Board, in line with the ODN host's governance assurance framework, will establish, maintain, monitor and mitigate known risks relating to delivery of network functions through formal reporting mechanisms to the NHS England ODN Oversight Board and the Area Team Director of Commissioning & Medical Director.

#### **4. Confidential Nature of NHS Information**

- 4.1 As a member of the SWNODN Executive Board, you may have access to confidential information about patients, staff or other health service material or information. On no account must any of this information be divulged to anyone other than authorised NHS personnel involved with the SWNODN Executive Board. Any requests for information of this nature should be referred to the SWNODN Executive Board Chair.
- 4.2 Failure to observe these rules will be regarded as a serious misconduct which may result in the termination of your position on the SWNODN Executive Board.

- 4.3 All information concerning the business of the SWNODN Executive Board must not be released into the public domain until a time when it is considered appropriate by the SWNODN Executive Board Chair.

## 5. Key Relationships

- 5.1 The SWNODN Executive Board covers ODN activity within the following Clinical Commissioning Group boundaries:

CCG Code	Clinical Commissioning Group
11H	NHS Bristol
11E	NHS Bath & NE Somerset
11M	Gloucestershire
11N	NHS Kernow
99P	NHS North, East & West Devon
11T	NHS North Somerset
11X	NHS Somerset
99Q	NHS South Devon & Torbay
12A	NHS South Gloucestershire
12D	Swindon
99A	NHS Wiltshire

- 5.2 The SWNODN Executive Board will establish links with the following organisations:

### Clinical Reference Groups:

- CRG – D01 Complex disability equipment
- CRG – D04 Neurosciences
- CRG – E01 Medical Genetics
- CRG – E09 Paediatric Neurosciences
- CRG – E13 Multi-system disorder group

### National Programme of Care:

- Trauma – Group D
- Women and Children – Group E

### South West Clinical Senate

### West of England Academic Health Science Network

### South West Academic Health Science Network

### Health Education England SW

### SW Strategic Clinical Networks:

- Maternity and Children's Network
- Mental Health, Dementia and Neurological Conditions Network

## 6. Chair and Membership

- 6.1 The Chair of the SWNODN Executive Board will be an Executive Director or Senior Clinician of one of the member Trusts with accountability to the host provider Medical Director or Senior Executive. The role of the Chair should have a job description with designated tenure of office.
- 6.2 A Deputy Chair should be identified from the host provider at an executive or senior clinical level.

6.3 It is expected that the SWNODN Executive Board core membership will comprise:

- NHS England (South) Specialised Commissioner
- SWNODN team members consisting:
  - \* Lead Clinicians
  - \* A Neuromuscular Advisor
  - \* A Neuromuscular Physiotherapist
  - \* A Specialist Clinical Psychologist
  - \* A Network Co-ordinator (although meetings may be supported by both Neuromuscular Network Co-ordinators)
- Specialist senior clinicians with an interest in neuromuscular conditions
- Service specialists
- Host provider senior management representative
- Constituent Trust senior management representation
- Other allied health professionals identified by the SWNODN Executive Board
- Patient and public representation
- Third sector representation

6.4 Geographical spread of representation should also be a criterion considered for membership.

6.5 SWNODN Executive Board members are required to make a personal commitment to this role. However, there may be occasions when they need to nominate an authorised representative from the membership of their organisation/specialty to attend on their behalf. Each member should log their Deputy's details with the SWNODN office.

6.6 Membership should be reviewed on a two yearly basis. If a representative does not attend three consecutive meetings, the Chair reserves the right to review their membership.

6.7 No more than three members can drop out during a two year term of tenure to ensure "a meeting with a memory".

6.8 Co-opted/invited members will be invited onto the Board, or short-life Working Groups, as and when required for specific tasks.

## **7. Quorum**

7.1 Meetings will be quorate when the majority of the SWNODN Executive Board is represented. Minimum attendance will include the Chair and a SWNODN Clinical Lead and representation from the Host Provider Trust and NHS England (South) Specialised Commissioning.

7.2 For the purposes of decision making, if minimum representation is not available, meetings will go ahead but approval will be sought on any decisions made during the meeting from the rest of the Executive Board via e-mail.

7.3 Deputies are permissible so long as they are nominated in advance and are fully briefed.

7.4 The SWNODN Executive Board is authorised by NHS England (South) to ask for any information to be presented, or for relevant personnel, to attend its meetings to allow for detailed consideration of specific issues.

## **8. Operational Processes**

8.1 It is expected that the SWNODN Executive Board will meet three times a year.

- 8.2 Meetings will be held in Taunton, Somerset, as a suitable central location and should be planned in advance on a rolling twelve month basis. At least two dates in advance should be in the diary.
- 8.3 Administrative support will be provided by a SWNODN Co-ordinator. Papers will be circulated no less than seven working days prior to the meeting. Formal minutes will be taken and circulated in draft form within 14 working days of each meeting. Once ratified by Chair and Board, minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.
- 8.4 Costs for the Board meetings and specific working groups will be borne by the SWNODN (NB. There is no expectation of cross-charging for time, travel, hosting meetings, etc). Additional funding may be needed for specific projects; this will be subject to SWNODN Executive Board agreement.
- 8.5 Travel and related expenses for patient and public members will be reimbursed according to the SWNODN's Patient and Public Voice Policy<sup>5</sup>.

**9. Urgent Matters Arising between Meetings**

- 9.1 In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting, the Chair, in consultation with the SWNODN Clinical Leads, will convene a virtual, or real, meeting with at least two other SWNODN Executive Board members to take such action as necessary. Such decisions will be reported to the next scheduled meeting of the SWNODN Executive Board.

**10. Review**

- 10.1 These Terms of Reference will be reviewed annually or sooner if required.

**11. Declaration**

- 11.1 I declare that I have read and understand these SWNODN Executive Board Terms of Reference.

Name (please print)	
Area/Specialty represented	
Employing Organisation	
Signature	
Date	

Document approved by SWNODN Executive Board on 9 March 2015.

Review date: These Terms of Reference will be reviewed annually or sooner if required.