

South East Coast Strategic Clinical Network and Clinical Senate Oversight Group Terms of Reference

1 Introduction

Strategic Clinical Networks (SCNs) provide an organisational model through which multiple professionals, clinicians, organisations and patient/carers and their representatives will come together to improve patient outcomes and benefit population health across a range of boundaries.

The first SCNs were chosen in light of the following criteria:

- a large scale change is required across very complex pathways of care involving many professional groups and organisations and is the best approach to planning and delivering services; and
- a co-ordinated, combined improvement approach is needed to overcome certain healthcare challenges, which have not responded previously to other improvement efforts.

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A Single Operating Framework for SCNs was published by the NHS Commissioning Board (NHS CB) in November 2012. The “Way Forward: Clinical Senates” was published by the NHS Commissioning Board in January 2013.

2 Purpose

It is expected that the SEC Strategic Clinical Network (SCN) Oversight Group will be the decision making body for SEC SCN business and will maintain authoritative power on matters relating to network activity. The SEC SCN Oversight Group will oversee the individual SCNs to ensure delivery of agreed objectives, the use of its nationally allocated programme budget and the business planning processes of the SEC Clinical Senate. Day-to-day strategic and operational decision making responsibilities relating to individual SCN business is devolved to the individual SCN Steering Groups – Cancer; Cardiovascular; Maternity & Paediatrics; Mental Health, Dementia, Neurological Conditions. The SEC Clinical Senate Council will be responsible for agreeing its terms of reference to ensure the Clinical Senate forms and provides independent strategic clinical advice.

SCNs will assure commissioners that they are commissioning services from providers who are actively engaged in the SCNs, developing and delivering their services in line with evidenced based practice and audit / assurance processes. They will enable commissioners to achieve:

- their core purpose of quality improvement;
- the metrics in the Commissioning Outcomes Framework;
- evidence provision to support authorisation and annual assessment

Engagement in SCNs will enable providers to develop and deliver services in line with the requirements of the terms and conditions of contract, best practice tariffs and CQUIN payments.

3 Membership

It is expected that core membership of the SCN Oversight Group will comprise:

- Area Team Medical Director with a lead for the SCNs (Chair)
- Kent & Medway Area Team Medical Director
- Senior representation from Surrey & Sussex and Kent & Medway Area Teams including finance lead and nursing
- SEC SCN and Senate Associate Director
- SCN Managers
- Senate Manager
- Commissioning COO representative(s) (representing each cluster CCG collaborative grouping in South East Coast)
- AHSN Clinical Lead
- SEC Clinical Senate Chair
- Head of Specialised Commissioning, Kent Surrey Sussex
- Acute Provider CEO representative
- Mental Health Provider CEO representative
- Community Provider CEO representative
- Social Care representative
- South East Coast Ambulance NHS Foundation Trust – strategic representative
- HEKSS Managing Director
- SEC SCN Clinical Directors
- Public Health Lead
- Patient /Carer/ Patient Organisation Representation

Other membership invited as needed and agreed by the Oversight Group e.g. Operational Delivery Network Clinical Chair; Health and Wellbeing Board representation.

Authorised Representatives: SEC SCN Oversight Group 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 to attend on their behalf. Such authorised representatives should be notified to the secretary prior to the start of the meeting and will have full voting rights.

4 Core activities

- Oversee the development of the SEC SCNs in line with national policy (including principles of governance and accountability) and the needs of the constituent organisations, ensuring active engagement of these constituent organisations, patient and public involvement, (in line with NHS England Principles) development and delivery of consistent standards of care and that SCNs are engines for change, where needed;
- Oversee the establishment of the SEC Clinical Senate business planning processes to ensure alignment between the SCNs and Clinical Senate, given management by a shared support team (**NB: the inclusion of this core activity will be reviewed after six months**);
- Ensure a Start Up plan is developed and delivered that establishes and develops the structure, process and function of each SCN and the Support Team to ensure each is fit for purpose, effective and adds value for the health system and patients;
- Develop a culture in which the voice and experience of patients and carers is embedded in and informs the work of the SCNs alongside that of clinicians.

Ensure that the SCNs support team are skilled to co-create involvement and engagement initiatives with patient/carer representatives;

- To agree the number and size of each network based on patient flows and clinical relationships as recommended by the Steering Group for each nationally prescribed SCN;
- Approve each annual work plan (and accompanying patient and public involvement plan) and longer term strategy for improving outcomes that it ensures each SCN develops and agrees with its stakeholders;
- Ensure planned improvements in quality and outcomes are achieved within each SCN, based on national priorities, with supporting intervention identified for significant risks to benefits realisation;
- Review, consider and agree cross cutting theme priorities between the SCN programmes of work that may need focused improvement effort to improve outcomes and ensure robust patient and public involvement mechanisms are in place;
- Oversee the development of SCN strategies and annual programmes of quality improvement ensuring these are integrated with the wider health community agenda, especially commissioning plans. This will include approving the SCNs annual work-plans for submission to NHS England;
- Oversee the use of the SCN resource allocation between each SCN and programme of work and approve the SCNs annual financial plans to ensure appropriate use of the programme budget allocation;
- Oversee the delivery of the SCN Annual Accountability Agreement with the host AT; approve the quarterly Accountability Report; and, the content of the SCN Annual Report and other evaluation requirements before submission to the AT and Regional office of the NHS England and ensure that these reports are submitted according to required deadlines;
- Agree the SEC SCN quarterly accountability report submission and that any risks and issues are included with mitigating actions identified;
- Agree which SCN recommendations should be endorsed for local approval and adoption;
- Oversee the progression of partnership arrangements between the SCN groupings; with other structures (e.g. Academic Health Science Networks); and other geographical areas as required;
- Ensure the SCNs support the achievement of outcome ambitions and the delivery of the NHS Outcomes Framework, that their activities are conducive with the NHS Constitution, recognise and contribute to the QIPP challenge; and promote equality;
- Ensure collective advice, quality intelligence and recommendations for improvement are passed to the AT Quality Surveillance Groups;
- Provide leadership and promote the work of the SCNs within the wider community;
- Determine when the work of each SCN has been concluded or mainstreamed so that new SCNs can be supported;
- Horizon scan for other SCNs that may need to be established for other conditions and patients groups in line with local and national priorities;
- Determine if an SCN needs to seek clinical advice on a relevant clinical area from the Clinical Senate;
- Ensure relevant strategic guidance from Clinical Senate is reviewed and incorporated into SCN work programmes as required.

5 Quorum

Meetings will be quorate when the majority of the SEC SCN Oversight Group are represented and at least 1 out of the 2 Area Team Medical Directors (or their nominated deputies) and 2 commissioning representatives are present (direct commissioning or CCG).

6 Accountability/Reporting Arrangements

- SCNs are a non-statutory organisational model.
- Commissioners remain accountable for the commissioning of services.
- Terms of reference for the SCNs should be agreed with the commissioning constituent organisations
- Providers are accountable for the quality of service delivery.
- Members of the SCN support team are NHS England employees. The SCN-Senate support team is responsible for ensuring robust accountability and governance arrangements are put into place for their SCNs. The SCN support team will be responsible for the identification, assessment, management and escalation of risks to the delivery of the SCN's annual work-plan together with wider systemic risks to the commissioning and provision of quality services, for the prescribed conditions across South East Coast. The support team will help SCNs to access a number of other services e.g. information, audit and expertise in economic appraisals, finance, public health information and analysis.
- Accountability to the NHS England for delivery of the SCN work programmes and use of the SCN budget allocation is through the host Area Team Medical Director, to the Area Team Director, to the Regional Team Director of NHS England. The Regional Medical Director will be responsible for endorsing the annual work plans
- The SCN stakeholders will be collectively accountable for delivery of shared objectives agreed at each SCN Steering Group.
- SCNs will have an annual accountability agreement with NHS England for delivering a programme of quality improvement, as agreed with the NHS England Domain Leads and local partners that makes effective use of resources.
- NHS commissioners and providers of NHS services, who are involved in the pathway activities of the SCNs, are the constituent organisations of the SCNs.
- SCNs cannot be held directly to account for clinical outcomes; however, progress in their local area against the relevant metrics in the NHS Outcomes Framework and Commissioning Outcomes Framework will be incorporated into the assessment of network performance as a proxy of network effectiveness.

Accountability and Governance will be formally assessed as part of the annual process to evaluate SCN effectiveness led by the NHS Outcome Domain Leads on behalf of NHS England's Medical Director.

NB. Decision making ultimately remains with the constituent organisations although it is expected that SCN recommendations will be endorsed unless a constituent organisation can provide clear evidence for an alternative course of action.

7 Operational Processes

It is expected that the SEC SCN Oversight Group will meet on a quarterly basis.

Declaration of interests: 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 will 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 item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

Urgent matters arising between meetings: 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 Associate Director will convene a virtual or real meeting with at least 2 other Oversight Group members to take such action as is necessary.

Such decisions will be reported to the next scheduled meeting of the Oversight Group.

Secretarial support: Secretarial support will be provided by a member of the SCN-Senate Admin Support Team.

8 Communication

It is expected that the minutes of the SEC SCN Oversight Group will be shared with the Regional Office and the constituent organisations as a minimum.

An effective communications strategy of the work and recommendations of the SEC SCN Oversight Group should be developed, agreed and delivered.

9 Review

These terms of reference will be reviewed annually or sooner if required.

Document Control

Version	Date	Details/provenance/comments	Author	Sent to
0.1	12/03/13	First draft – based on version in National SCN Accountability and Governance paper (version 0.4) and West Midlands SCN Draft Steering Group Terms of Reference	Deborah Tomalin	SEC SCN-Senate Managers; Maxine Bullen (PPI lead); SCN Clinical Directors

0.2	13/3/13	Comments from Jackie Huddleston	Jackie Huddleston	Deborah Tomalin
0.3	25/3/13	Comments from Ryan Watkins	DT	Amy Baker
0.4	27/3/13	Comments from Maxine Bullen	AB	DT; SEC SCN Managers; SCN Clinical Directors
0.5	15/4/13	Amendments in light of version 6 of national SCN Accountability & Governance Framework	DT	SEC SCN Managers; Clinical Directors; Maxine Bullen; AT Medical Directors; EoE SCN; Wessex SCN
0.6	12/5/13	Addition of Clinical Senate Chair as member	DT	SEC SCN Oversight Group 28 th May 2013
0.7	11/06/13	Amendments in light of SEC SCN Oversight Group 28 th May 2013	DT	SEC SCN Clinical Directors, Managers, AT MDs, Oversight Group members, SEC Provider CEOs
0.8	24/06/13	Comments from providers, Caroline Jessel	DT	SEC SCN-Senate Oversight Group 31st July 2013
0/9	07/08/13	Addition of Social Care representative as recommended by Oversight Group members		

SCN accountability is assured through the following governance groups and reporting arrangements:

