East Midlands Congenital Heart Operational Delivery Network

Operational Board Terms of Reference

July 2021

# Document Control and Governance

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# 1. Introduction

1.1 The intent of this document is to outline the specific function, role and responsibility of the East Midlands Congenital Heart Operational Network Board. This is supported and should be considered in conjunction with the East Midlands Congenital Heart Network (EMCHN) Operational and Function guidelines in its entirety.

# 2. Purpose of the Board

2.1 The purpose of the EMCHN Board is to oversee the effective operational development and delivery of congenital heart disease service across the East Midlands region. Ensuring a collaborative approach to safety, quality and equity of care is achieved.

2.2 The Operational Board will provide executive leadership to the Network when required. The Board will support any key service development and the implementation of any operational delivery changes as deemed appropriate.

2.3 The Board will utilise an advisory and facilitative function to make recommendations based on the CHD standards1. Supporting stakeholder organisations how best to plan, commission and deliver congenital heart disease services. Ensuring NHS England direction, strategy and guidance is considered.

# 3. Aim of the Board

3.1 The aim of the EMCHN Board is to oversee the development of a shared vision and agreed strategy for congenital heart disease services across the East Midlands.

3.2 Through the delivery of an annually agreed programme of work the network will support the delivery of both regional and national priorities. Which will in turn provide a collaborative system wide approach that focuses on consistent high quality, evidence based service provision. Ensuring optimal patient care and experience.

3.3 The EMCHN holds a facilitator role within a collaborative model, where Commissioners remain accountable for commissioning of congenital heart disease services and providers remain accountable for the delivery of congenital heart disease services.

# 4. Responsibilities of the Board and Members

4.1 The EMCHN Operational Board is responsible for:

4.1.1 Agreeing the proposed programme of work and priorities for the Network. Ensuring that priority areas are identified to promote and support the development of Congenital Heart Disease services. To deliver high quality care in line with CHD Standards1, with an emphasis on ensuring equitable provision of services and a seamless transition in care across the whole patient journey

4.1.2 Oversee the development and activities of the Network in line with required policy and procedures. Ensuring clear governance arrangements are in place and the active engagement of Network member organisations.

4.1.3 Monitor progress against the implementation of the Networks quality and safety agenda, against their agree programme of work

4.1.4 Actively promote evidence-based practice ensuring consistent policies, procedures and guidelines are adopted across the Network where required.

4.1.5 Ensure the role and scope of the Network is understood and well communicated and that the views and interests of all partners and stakeholders are fully represented.

4.1.6 Support the compliance of data submission against the Network Quality Dashboard.

4.1.7 To provide oversight, review and action based on data intelligence.

4.1.8 Ensure that sound financial management arrangements are in place to effectively resource the Network

4.1.9 Facilitate integration between the Network Strategy and the wider health agenda.

4.1.10 Respond to National and local initiatives and advice, liaising with other clinical networks where deemed appropriate in order for the Network to be responsive to changes in service need.

4.1.11 Foster a culture of clinical and patient/public engagement in the development and review of congenital heart disease service provision

4.2 The EMCHN Members are responsible for:

4.2.1 Prioritising attendance to board or delegating to a representative on their behalf if required.

4.2.2 Ensuring the board is made aware of any service changes or appointments which impact the delivery of the congenital heart disease care standard or delivery across the network region.

4.2.3 Engaging with the Network and its participates to deliver the agreed programme of work for the network.

4.2.4 Responding to specific request as required supporting the purpose and delivery of the network against the agreed CHD standards1.

4.2.5 Providing a point of contact to ensure data is submitted in a timely manner, to form part of the agree Network data quality dashboard.

4.2.6 Provide assurance that agreed best practice guidance and policies are implemented and monitored, acting for and on behalf of all partners and stakeholders.

# 5. Network Board Chair

5.1 The Chair will be appointed through a formal process undertaken by the Network Board. This will be via a formal request for an independent Network chair.

5.2 If the Chair is unavailable for meetings or other Network matters, he/she will arrange for a suitable Board member to deputise.

5.3 The Chair operates within an agreed remit according to the Role Description, and seeks to lead the Board from an independent perspective, in order for it to oversee and fulfil the Network’s aims and objectives.

5.4 The Chair provides leadership, counsel and representation with key stakeholders across the region as required.

5.5 The Chair will ensure that that Board meetings are chaired appropriately to enable the Network’s key aims and objectives of delivered and the annual Work Plan to be achieved/met.

5.6 The Chair will seek to find agreement through voting majority. When a majority cannot be reached, mutual discussions will continue on or offline to find a suitable resolution where possible. The matter will be escalated to appropriate governing body, depending on the issue in hand.

# 6. Membership

6.1 The following groups should be represented on the Network Board:

|  |  |
| --- | --- |
| **Member/Representative** | **Notes** |
| Co- Chair  Voting Member  (One Vote each) | The Co - Chairs will be elected by a majority vote of Network Board members at a Network Board meeting. If a majority decision cannot be reached by the network board the Chief Executive of the Host Organisation will have the deciding vote.  Nominations for the Chair of the Network Board will be requested from Board Members to be submitted 14 days before a meeting where a vote is taken.  The Co- Chair may be from any Centre within the Network (see section 4.2 for a list of Centres). Either the Chair or Deputy Chair must be from the Host Organisation.  The Chair will be either a senior clinician with management responsibilities or a director level manager.  It is the responsibility of the Chair to confirm that the actual membership of the Board is consistent with the peer review requirements for representation of fetal, paediatric, and adult age groups from all professions across the network.    Term of Office Two years, may be re-elected for up to two terms |
| Network Clinical Director  Voting member  (One Vote) | The Network Clinical Director will be elected by a majority vote of Network Board members at a Network Board meeting.  Nominations for the Network Clinical Director will be requested from Board Members to be submitted 14 days before a meeting where a vote is taken.  The Network Clinical Director must be from the lead Level 1 Centre.    The Network Clinical Director will be a senior consultant medic with management responsibilities.  Term of Office: Two years, may be re-elected for up to two terms. |
| Network Lead Nurse Voting member  (One Vote) | The Network Lead Nurse will be a Senior Nurse with management responsibilities from the lead Level 1 Centre.  The East Midlands Congenital Heart Network Lead Nurse provides strategic, professional and clinical nursing leadership, ensuring the delivery of excellent nursing care and treatment for children with cardiac conditions, throughout the patient pathway.  The Lead Nurse ensures on-going improvement in health outcomes, quality of care and, patient and family experience. The lead nurse works with commissioners to secure equitable, safe and effective services for all patients and their families wherever they live.  The Lead Nurse shapes the vision and future development of the children’s cardiac specialist nursing service in collaboration with the continuum of children’s cardiac specialist nurses across the network.  The Lead Nurse, together with the Lead Nurse Educator supports effective workforce planning across the network, including education, training and professional development of all nurses involved in the care of children with cardiac conditions. The Lead Nurse fosters an efficient, comprehensive and integrated approach to multi-professional working across the network  This will be a permanent position  Nurse representation from other Network Centres will be encouraged where possible and will form part of the Network Centre’s nominated members |
| Associated Health Professional  Voting member  (One Vote) | The Network Associated Health Professional will be elected by a majority vote of Network Board members at a Network Board meeting.  Nominations for the Network Associated Health Professional will be requested from Board Members to be submitted 14 days before a meeting where a vote is taken.  The Network Associated Health Professional may be from any Centre within the Network (see section 4.2 for a list of Centres).  The Network Associated Health Professional will be a senior physiologist, dietician or play specialist with management responsibilities.  Term of Office: Two years, may be re-elected for up to two terms. |
| Network Centre Representatives (level 1 and Level 3  (One Vote per Centre) | All Network Centres within the East Midlands Congenital Heart Network will be invited to nominate a **minimum** of two representatives to the Board.  Representatives will be requested through the Centre’s medical director. Representatives must be able to represent the Centre and the views of Fetal, Neonatal, Paediatric, Surgical and Adult services where appropriate.  Representatives may be from any of the following groups: senior medics; senior nurses; senior associated health professionals and senior managers.  Term of Office ; as designated by the Network Centre |
| Patient Groups/ Charities  (One Vote per Group) | Patient groups / Charities ( in addition to the Network Charity ) will each nominate a maximum of two representatives to the Board.( Only one to attend)  Representatives will be requested through the Group’s chief executive – or equivalent. Representatives must be able to represent the patient group the Group serves.  Term of Office ; Two years may be re- elected with no restriction  All Board members from patient groups and charities will be offered access to Patient Voice training |
| Network Charity  (One vote) | The Network Charity will provide the primary focus for fundraising and support in the Network. This does not preclude other charity involvement in Network activity  Nominations for the Network Charity will be requested from Board Members to be submitted 14 days before a meeting where a vote is taken  Term of Office ; Two years , may be re- elected with no restriction  The Network Charity Board member will be offered Patient Voice training |
| EMCHC General Manager  Voting Member  (One vote) | Network Officer appointed by the Host Organisation.  Permanent member |
| Network Manager  Voting Member  (One vote) | Network Officer appointed by the Host Organisation.  Permanent member |
| Commissioner – NHS England  In attendance  (non-voting) | NHS England’s Midlands and East Director of Specialised Services will nominate an officer to attend the Board.  Permanent member. |
| Network Board Administrator  In attendance  (non-voting) | Network Officer appointed by the Host Organisation.  Permanent member |

# 7. Operational Processes

7.1 Frequency of meetings:

Board meetings will be held on a quarterly basis. A schedule of meetings will be agreed at the start of the year and circulated to members.

7.1.1 Agenda items will be requested 2 weeks prior to each meeting and meeting papers circulated a week in advance of the meeting.

7.1.2 Minutes of meetings will be circulated to all members as soon as is practicable following meetings

7.2 Quorum:

Meetings will be quorate when the following are represented at meetings:

7.2.1 Network Clinical Director

7.2.2 Network Manager or Network Lead Nurse

7.2.3 Network Chair

7.2.4 Level 1 Centre: Clinical and Managerial representative

7.2.5 Level 3 Centre: Clinical and Managerial representative from a minimum of 3 individual organisations

7.2.6 The Chair can alter this requirement in light of the business under discussion.

7.3 Declaration of interests:

If any member has an interest, pecuniary or otherwise in any matter and is present at a meeting at which the matter is discussed, he/she will declare that interest as early as possible and shall refrain from any involvement in discussions.

7.3.1 The Chair has delegated authority to request member withdrawal from the meeting until the item under discussion is concluded.

7.3.2 All declarations of interest to be recorded in the minutes of the meeting

7.4 Matters arising between meetings:

Matters arising between meetings can be dealt with in the first instance via e-mail to the Network Manager.

7.4.1 Issues with an urgent nature will be discussed with the Network Chair, Network Manager and clinical director, to agree an appropriate course of action taken.

7.4.2 Members will be informed of any decisions taken outside the Board either via e-mail or at the next available meeting.

7.4.3 All steps will be taken to involve Board members in any decisions as appropriate.

7.5 Review of Terms of Reference

Terms of Reference will be review every 2 years as a matter of course. However if significant operational change to delivery of the network is imposed, then this may need to be reviewed sooner.

# 8. Document Reference

1CHD Standards And Service Specification

Author: NHS England

Publication Date: 23 May 2016

# 9. Appendix 1: Network Structure

