

North-West, North Wales and the Isle of Man Congenital Heart Disease Operational Delivery Network Board (All Age)

Terms of Reference

Date: 13/07/23

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1. Overview

The North-West North Wales & the Isle of Man Operational Delivery Network (ODN) is a collaborative group of NHS specialist providers of Congenital Heart Disease (CHD) Services and its Stakeholders joining together to share good practice to improve care and outcomes for CHD patients. It is expected that information will be shared freely and within the spirit of collaborative working both within the ODN and the wider NHS system.

2. Vision

The Board will support the ODN and providers to improve care through well managed patient flows, operational efficiency, and consistency.

3. Purpose

The CHD service for the North-West is provided by a collaboration between the Liverpool level one adult and paediatric centres, the Manchester level 2 centres and level 3 services across the region. The North-West CHD ODN Board will be the driver by which the collaboration ensures that the ODN is operating effectively, has a strategic vision and that all policies, procedures and processes are being adhered to in order to provide high quality care to patients and maximise outcomes.

The objectives of the Board reflect the requirements of the National CHD Standards and Specifications (NHS England May 2016). These are:

- Ensure robust clinical governance systems for the ODN specialty services are in place and to advise the Executive Boards of relevant provider and commissioning organisations of any associated major risk.
- Ensure national and local plans, recommendations and requirements are considered and adopted as required. This will include specific reference to national Clinical Reference Group outputs for the relevant specialties.
- Agree annual work plans for the ODN based on current and projected priorities and strategic direction. Support ODN teams in delivery and monitor progress against these plans.
- If appropriate, provide strategic support to NHS Command & Control and NHS England EPRR leads regarding ODN response to contingencies. Such response should be equitable and collaborative (Each constituent organisation retains accountability and responsibility for their effective response in line with their statutory duties & obligations).
- Facilitate the production and authorisation of local provider escalation plans to respond to emergencies and contribute to multi-agency planning and provision of mutual aid. Ensure associated escalation plans are consistent in approach.
- Provide a forum to raise and address concerns relating to service quality, delivery, capacity, and outcomes.
- Provide consistency in NW CHD ODN operational functions, forums and task groups.
- Compliance with legal requirements regarding procurement and commissioning of services.



4. Standard agenda items

- Apologies
- Minutes and action notes from the previous meeting
- Governance overview (incidents, concerns, safety)
- Performance update to include information on waiting times, backlog, and management of risk on the waiting list.
- ODN update – including workplan/project progress
- NHSE update
- National update (England/Wales)
- PPV update
- Finance and contractual issues / arrangements
- Areas for escalation
- Any other business
- Date and time of next meeting

5. Frequency, Quoracy & Attendance

- Meetings will be held quarterly for two hours. Additional meetings may be arranged if required.
- Meeting dates will be agreed annually to accommodate clinical commitments etc.
- The meeting will be deemed quorate when at least 50% of members are present, to include: Chair, Host executive, ODN Manager, ODN Clinical Director/Lead, Acute Trust Executive Representative, and a Commissioner Representative.
- Members of the Board should identify deputies for the occasions when they are unavailable and supply the names of any nominated deputy to the Chair. Any deputies must be able to fulfil the role and be fully empowered particularly with respect to decision making and risk management.
- Members will be required to attend a minimum of 75% of all meetings.
- Non-core members will be invited to attend the meeting as appropriate when issues relating to their area of operation or responsibility is being discussed. Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.

6. Administration

- The ODN administrator will email the Board members requesting agenda items 4 weeks prior to the agreed meeting dates.
- The final agenda, plus papers/presentations will be circulated to Board members/delegates at least one week prior to the meeting.
- Draft minutes from the previous meeting will be emailed for review then be ratified and finalised at each meeting, these will then be circulated along with the draft minutes of the most recent meeting. Actions, time frames and names will be incorporated into the



minutes.

- Copies of the minutes for all meetings will be held by the ODN
- Meetings will be held virtually via Teams. If a face-to-face meeting is required, this will be arranged with sufficient notice to accommodate travel etc.
- The agenda will clearly state the time allocated for each item and the Chair will be responsible for keeping the meeting to time.
- Draft minutes and appropriate papers will be circulated via the ODN administrator within 2 working weeks following a meeting.
- An independent Chair will be appointed to lead the meetings.
- The Chair will work with the ODN Manager and the ODN administrator to ensure that the meetings run smoothly and help to formulate agendas.
- Confirmation of attendance/apologies from all members should be received at least two weeks prior to the meeting for quorate purposes.
- Decisions made at meetings will reflect the opinions of those present.
- Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
- If a nominated board member is absent for a key decision this will be communicated to them by email. If there is no response or comment to this email within the specified timescale, then agreement will be presumed.
- ODN approved guidelines/clinical pathways will be in line with CHD National standards, best practice and research evidence.
- The Chair role will be time-limited to 3 years. Should there be no suitable replacement available at the end of the 3 years there will be the option of a once renewable 2-year term to allow a maximum of a 5-year term.
- Minutes will be shared with the Board members, nominated ODN staff. Minutes once confirmed as being accurate will be available on the CHD ODN Website and publicly accessible. Other communications, such as events etc. will be shared with the wider ODN membership and interested parties via email, mailing lists, website, and other media platforms as appropriate.

7. Membership

The Board will ensure that the ODN is operating effectively, has a strategic vision and that all policies, procedures and processes are being adhered to in order to provide high quality care to patients and maximise outcomes. The member organisations will be represented on the Board as follows:

- Medical Directors or Deputy Medical Director
- Chief Operating Officer / Director of Operations
- Director or Associate Director of Strategy (ODN host organisation)
- Cardiology Clinical Lead (Adult & Paediatric)
- CHD ODN Clinical Director
- CHD ODN Manager
- CHD ODN Lead Nurse



- CHD ODN Support Officer
- NHSE Regional Specialised Commissioner
- WHSSC Senior Planning Manager (Adult & Paediatric)
- PEC Chair(s) (representing level 3 centres)
- Patient and Public Voice Chair (plus 1 representative)

Seconded Membership as required:

- IT /Business Intelligence
- Finance
- Human Resources
- Communications
- Governance
- Ops Managers

8. Review

Terms of reference will be reviewed annually, and more frequently if required. First ratified July 2023, next review date July 2024

Membership is not exclusive and additional attendees and stakeholders will be invited as required and when requested by the group.

9. Subgroups

- Time limited Task and Finish sub-groups will be established to undertake specific pieces of work identified by the Board in line with the agreed work programme.
- Each sub-group will have a Chair/Lead from the Board
- Volunteers from the wider ODN will make up the sub-group membership.
- Leads of any Task & Finish groups will provide an update report, either verbally at the meeting or with a short, written report for circulation.
- The Board will be given an opportunity to comment on outputs of each of the sub-group.
- Outputs from the sub-group will be shared with the ODN (and wider) when deemed appropriate by the Chair/Lead of the sub-group.

10. 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 of the CHD ODN Board, in consultation with the Clinical Directors, will convene a virtual or extraordinary face to face meeting to take such action as is deemed necessary.

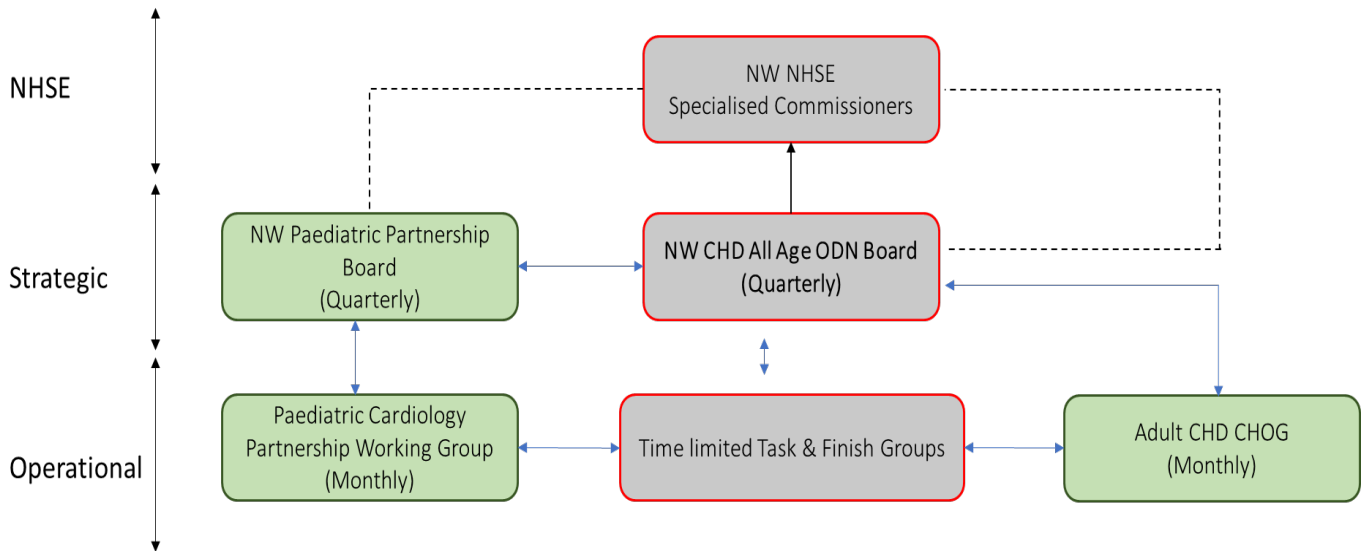


11. Declaration of Interests



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.



GOVERNANCE STRUCTURE



- A single paediatric cardiology service case for change is in development. If approved it is proposed that the paediatric partnership board will be consolidated into the NW CHD All Age ODN Board to mirror the strategic oversight structure for the adult service
- Task & Finish Groups are convened as required to support actions from the NW CHD All Age ODN Board.
- The CHD PPV group meet regularly and provide representation to above governance groups

-  ODN Governance
-  Provider Governance