Sussex Vascular Operational Delivery Network Board

Terms of Reference

1. Purpose

To provide the highest quality vascular and interventional radiology services to patients within Sussex which are compliant with NHS England national service specifications.

2. Network configuration

* Brighton and Sussex University Hospitals NHS Trust (BSUH)
* East Sussex Healthcare NHS Trust (ESHT)
* Western Sussex Hospitals NHS Foundation Trust (WSHFT)
* Surrey and Sussex Healthcare NHS Trust (SASH)

The ODN will be hosted by BSUH, as the Royal Sussex County Hospital is the regional Sussex Vascular Centre (also known as the “hub”). The spoke hospitals for the network are:

* St. Richards Hospital (WSHFT)
* Worthing Hospital (WSHFT)
* Eastbourne Hospital (ESHT)
* Conquest Hospital (ESHT)
* East Surrey Hospital (SASH)
* Princess Royal Hospital (BSUH)
* Royal Sussex County Hospital (BSUH) – provision of non-arterial and outpatient activity for the local population of Brighton & Hove and Mid Sussex

3. Objectives

The ODN (also known as the “Network”) will:

* Bring together local organisations to address service issues;
* Support innovation and the sharing of best practice and experience;
* Bring patient views to bear on service redesign and work programme;
* Focus on the interface between organisations;
* Oversee the Network budget and ensure that value for money is achieved;
* Assess the need of the Sussex population to inform the commissioning process;
* Provide assurance of the highest standards of care for patients in Sussex by monitoring performance across the network, to include activity, quality monitoring, benchmarking and audit;
* Ensure that the network is owned by the organisations and professionals that participate in it;
* Achieve clinical consensus on care pathways, models of care and standards;
* Agree a common clinical governance structure with an improvement process to identify and rectify weak points on the pathway or within the network, so that the best clinical outcomes are achieved.

4. Equity

Ensure all patients have equitable access to comprehensive services and treatments across the network geography

5. Standards

Develop and implement agreed clinical and managerial standards and patient pathways that are based on national service specifications, best evidence and/or VSGBI (Vascular Society of Great Britain & Ireland) and BSIR (British Society of Interventional Radiology) recommendations when available.

By audit, quality assurance and peer review ensure that the standards are met. Reflect any variance to these standards in service planning, provision and organisation.

6. Monitoring

Develop an effective methodology for agreeing an integrated system for quality assessment and improvement.

Develop a network wide clinical governance strategy, quality assurance and peer review mechanism for vascular & interventional radiology services.

7. Planning

Be an effective planning network for service provision, taking into consideration local population needs and issues and national guidance including technical advances.

Develop plans for delivery of specialist vascular and interventional radiology services for Sussex on the basis of the Sussex Vascular Review and other national recommendations, including service configuration, and developing modern infrastructure and capacity for providing vascular intervention in line with national targets for providing treatment and responding to patient choice.

Plan the coherent development of the full range of vascular & interventional services, linking specialist and local services for preventing, diagnosing and managing the treatment of acute and chronic vascular disease whilst promoting equity within the Network.

The network will ensure that a work force strategy is developed and implemented.

8. Service Development

Deliver the evidence-based clinical strategy recommended by the Sussex Vascular Review and Sussex AAA Screening Programme for treating vascular disease across the entire patient journey, ensuring that agreed changes in clinical practice are implemented and shared throughout the Network.

* Ensure good practice and learning is spread across the Network with roll out across the cluster of national and local best practice.
* Promote and support service innovation.
* Ensure that services are sustainable which may lead to service redesign in the future

9. Commissioning

Advise, inform and engage with those involved in commissioning services to comply with the national service specification, deliver agreed priorities in vascular services in Sussex, seeking the agreement of the commissioning leads to improve service capacity consistent with those priorities.

The Network will provide commissioners with:

* expert guidance on the development of services
* the development of local guidelines and pathways
* updates on quality standards including where providers do not fulfil these standards
* information on any significant issues facing their services.

10. Participation

Encourage participation from all areas of the multidisciplinary team providing these services and ensure public and patient engagement and involvement within the network.

11. Workforce

Develop a modern, skilled workforce that is compliant with the VSGBI and BSIR recommendations and is able to provide high quality, effective vascular disease service that meets national guidance, as documented in the Sussex Vascular Review, and address particular problem areas for recruitment and retention of staff, working closely with the workforce leads within the network and NHS England.

This will require a workforce strategy to be developed and implemented across the Sussex Vascular Network.

12. Relationships to other services

Establish links with other ODNs, and Strategic Clinical Networks, to discuss areas of common concern including disease prevention and treatment.

Establish links with health communities outside Sussex to take account of their needs and strategies in planning future services.

13. Communication

Ensure good communication lines with all members of the board and the wider stakeholder community involved in vascular services.

14. Patient and carer engagement

Involve patients through patient representation on Network meetings and encourage the development of a larger patient forum to advise and input thorough the patient representatives.

15. Accountability

The Chair of the Sussex Vascular ODN will be accountable to the Chief of Surgery at Brighton and Sussex University Hospitals NHS Trust.

The Network Board will be accountable to the South East Coast Operational Delivery Network Oversight Group, chaired by the Area Team Medical Director on behalf of NHS England.

The Network may establish clinical advisory and other project groups to review and make recommendations on specific areas of work or developments, ensuring representation and engagement from across the Network.

16. Proposed Network Board Membership

* Chair (Clinical Lead at BSUH)
* Chief Operating Officer at BSUH (Deputy Chair)
* Clinical Leads for Vascular and Interventional Radiology (from each spoke hospital)
* Management representative (from each spoke hospital)
* Specialised Commissioning Group representative
* CCG representatives
* ODN manager
* Lead nurse/AHP representative
* Interventional radiology lead – clinical/managerial
* Rehabilitation representative
* Patient representative
* AAA screening representative

It may be necessary to delegate attendance to appropriate senior deputies. Should this arise the deputy must have a key role in vascular services and bring the full authority of the person/organisation they are deputising for.

It may also be necessary to extend the invitation to representatives of other areas.

17. Terms of Business

* The Network will meet bi-monthly.
* The Network will be quorate with five members present which must include the chair or deputy and at least two clinical leads.
* Minutes of all meetings will be available to all stakeholders.

18. Task and Finish Groups

A task and finish group will be set up as and when required to undertake detailed workstream activities. These groups will report in to the Network Board.

Proposed Task and Finish Group Membership

* Clinical lead or nominated representative from the hub
* Clinical lead or nominated representative from the spokes
* Nursing input from hub and spoke
* ODN Manager

Membership of the Task and Finish groups will be tailored to ensure the correct representatives are present to complete the activity. The proposed membership will therefore be subject to change.

The task and finish group meetings will be scheduled accordingly and may be virtual to facilitate attendance.

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| Version number | Author | Date |
| 1.0 | Tom Downard | January 2014 |
| 1.1 | Emilie Perry | March 2014 |
| 1.2 | Emilie Perry – following 7.3.14 meeting | March 2014 |
| 1.3 | Barbara Rayner – following 2.5. meeting | May 2014 |
| 1.4 | BR – amendment of ESHT | May 2014 |