Operational Delivery Networks - Governance Framework

Clinical Networks are recognised as being an effective model of delivering health care to defined groups of patients based on patient flows. These virtual organisations are designed to deliver a collaborative model of care to improve the experience and outcomes for specific groups of patients based on regional or local needs. By nature of their structure, networks rely on the engagement, interaction and commitment of stakeholders and member organisations to deliver expected outcomes. However, as non-statutory organisations, clinical networks do not have any constitutional rights but rather fit within the governance arrangements of a host organisation. It is therefore important to explain how such networks are governed.

Whilst there are a range of networks to be found within the NHS, there was a defined split in the way they were mandated in April 2013. This saw the creation of four types of "Strategic Clinical Networks" (SCNs) which were established and are hosted/maintained by the NHS England. However, at the same time, four types of "Operational Delivery Networks" (ODNs) were also mandated to be supported in the new system within the 11 prescribed geographical areas of the clinical senates and these networks are be hosted by provider organisations.

In order therefore to offer assurance to both providers and commissioners that each ODN will achieve its objectives, these networks will operate within a clearly defined governance framework. This is crucial specifically where the host organisation is a network constituent member organisation, e.g. a tertiary provider, in order that there are no perceived conflicts of interest, particularly in terms of provider to provider accountability. Area teams will performance manage ODNs through a contractual relationship and to ensure that robust governance arrangements are in place, network support teams should that there is appropriate oversight and monitoring of the work of the network. There should also be a well-defined organisational structure to deliver the work of the network providing clear benefits for all patients.

Within the ODN model, commissioners will continue to be accountable for the commissioning of services and providers for the delivery of services. However patients are best served when the whole system works together and clinical networks are well placed to facilitate collaborative working bringing together commissioners and providers in the design and delivery of high quality services.

Working within a collaborative model, this document outlines the organisational, financial and information governance arrangements for Operational Delivery Networks and includes 6 key areas as outlined below.

Clinical governance is not included in this document as this sits firmly with each Network constituent member organisation and in order that Networks do not complicate formal clinical governance arrangements already in place within Trusts across the Network, ODNs are advised to ensure that they have a mechanism in place to address any clinical governance issues that impact on the network.

A point to note is in respect of hosting arrangements. ODN networks were developed to national operating principles and are hosted by an NHS provider organisation. In order to ensure that ODNs function effectively in and with host organisations, a suitable contractual/service level agreement should be in place between the Network and the host organisation. This should outline the decision making arrangements of the network and specify clear rules of engagement with clarity of roles and responsibilities between the host organisation and the network. It is important therefore that in order for both organisations to function well, that the host organisation is demonstrably neutral particularly in terms of decision making processes.

The following section outlines the Governance Framework for ODNs. It is suggested that the governance and assurance arrangements contained within this document are annually to ensure that they reflect current guidance and best practice.

Governance Framework – outcomes

Structure and Scope
- Purpose and remit of network clearly identified including mechanism for review and closure of time-bounded networks
- Network boundaries identified and membership model agreed
- Funding model established with mechanism for financial probity
- Network Board identified with clearly defined responsibilities
- Network organisational structure designed and approved
- Terms of reference for all network groups written and approved with agreed timescale for review
- Chair roles and responsibilities defined and agreed
- Network management structure designed and process of appointment for network team confirmed with HR support, including annual Personal Development Review process

Stakeholder Support and Engagement
- Membership agreement and rules of engagement formalised outlining accountability structure, monitoring and dispute resolution process
- Patient and Public Involvement strategy developed and implemented
- Network communication and engagement strategy developed and implemented taking account of internal and external relationships
- Joint working between all clinical networks, senates and national clinical reference groups formalised
- Joint working between specialised commissioning, local Clinical Commissioning Groups and Area Team established, including links to Programme of Care (commissioning) leads
- Contractual agreement developed between network and host organisation defining rules of engagement and decision making process

Monitoring and Reporting
- Network annual objectives and work plan approved and process of reporting and review agreed
- Network Service Specification defined and agreed with Area Team and monitoring process established
- Agreed annual network outcomes and outputs included in commissioning service specifications
- Annual account of network activities and achievements published demonstrating improvements to support achievement within network funding model
- Key performance indicators identified linked to local, regional and national standards

- Quality assurance process undertaken ensuring consistency of standards and quality of care across the network
- Commissioning framework developed and included in service specifications
- Network audit structures and reporting and monitoring processes agreed and implemented ensuring transparency of information
- Network standardised operating policies and procedures developed and implemented
- Network clinical governance issues identified with mechanism to investigate critical incidents developed and assurance process established

Risk Management
- Risk sharing agreement established in the event of network closure
- Risk management and assurance process in place to ensure risks are identified, analysed, evaluated, controlled, monitored and communicated appropriately
- Risk sharing agreements established across provider organisations
- Specification agreements in place with Independent Sector partners as appropriate
- Contractual agreement developed to ensure network compliance with host organisation standing orders and standing financial instructions

Added Value and Benefits
- Added value and benefits identified and communicated to stakeholders on an annual basis
- Outcomes from assurance process identified and inform service design and delivery
- Services changed and developed as a result of participation in audit and sharing of results

Quality and Service Improvement
- Annual service improvement programme developed and approved in line with network and national priorities
- Service improvements identified and implemented and best practice shared to inform and improve service delivery and quality of safe patient care
- Quality improvement plan developed following quality assurance process
- Network benchmarking measures/dashboards agreed and audited and outcomes shared
- Network research and education strategy developed with key milestones and review process
- Links established with local Education and Training Boards and education providers
- Network Workforce framework developed with key milestones and review process
- Clinical governance issues included as standing agenda item on clinical and board meetings with clearly identified mechanism for feedback and shared learning
- PPI representative membership included on network groups to inform service development and delivery
- Standard policies, procedures and care pathways developed and implemented

Much of what is listed above can be described as the more tangible outputs expected of a thriving Operational Delivery Network. However, it is important to recognise that clinical networks evolve over time and that in order for them to be totally effective; they rely on the relationships of the network members, staff and organisations. Without the members there is no network. Networks bring together the efforts and expertise of members and it is through working together and sharing best practice and expertise and joint decision making that these organisations really succeed. Networks nurture information sharing and facilitate cross-organisational co-operation and collaboration often addressing difficult decisions and solving problems that are not always easily solved in isolation. Much of this is achieved through effective communication between members and the development and maintenance of solid relationships. Good governance flows from a shared culture and the following section identifies the more intangible elements that these virtual organisations should be governed against outlining 6 key areas as illustrated below.

Governance Framework - outcomes

Respect
- Network members apply the rules of engagement
- Network members show consideration for colleagues and demonstrate respect for member organisation culture
- Patient views are taken into consideration for service design and development
- Ambiguity is reduced through collaboration and co-operation across pathways of care
- Leaders in the network respect the opinion of network members working collaboratively for the benefit of patients
- Network funding is secured

Trust
- The network has a clear sense of purpose
- The work of the network is focussed around the patient
- The network fosters a culture of sharing and support and members are encouraged to participate in the work of the network without fear of recrimination
- Creativity and innovation is encouraged
- The network demonstrates openness and transparency in decision making processes
- Information and data is shared openly and honestly

Relationships
- Leaders in the network work with colleagues to develop and maintain sound relationships
- Patients are involved in shaping the network
- The network consists of multi-professional, multidisciplinary staff working in partnership
- Network members work together and share best practice and are actively involved and engaged in the work of the network
- Integrated working reduces duplication of effort and improved productivity and effectiveness
- The network explores new ways of working and embraces change
- Accountability structures are designed to take account of formal and informal relationships

Support
- The network model supports a culture of shared learning and collaboration with strong leadership and clarity of purpose
- There is widespread clinical involvement and support in the network
- The network utilises the skills and expertise of members

- The network has an education and research strategy outlining opportunities for shared learning, training and development
- Network member organisations are equal partners in the network
- Network staff are supported by their employing organisation when participating in network activities

Commitment

- Network members and member organisations deliver the work of the network
- Patient pathways are developed to deliver the right care to patients in the right place, by the right person, first time
- Staff work collaboratively across the network
- The network has a shared vision and objectives with a clearly defined work plan
- The network has a communication strategy
- The network demonstrates clinician and user involvement

Engagement

- Constituent member organisations are actively engaged in the network
- Staff participating in the network are actively engaged
- Collaborative design and delivery of patient led services
- Equity and access to care is improved
- Patient experience, outcomes and quality of care are improved

Monitoring Operational Delivery Network Progress

This Governance Framework is underpinned by a toolkit to enable ODNs to monitor progress against their governance arrangements. It is recommended that this be completed on an annual basis and submitted to the Network Board for consideration and action where required. Any issues or risks should be discussed with the Board and a plan developed to address concerns.

Martyn Boyd
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Based on Framework originally developed by Sue Shepherd (Director, Mid Trent Critical Care Network
and East Midlands Major Trauma Network)