ACCOUNTABILITY AND GOVERNANCE ARRANGEMENTS FOR STRATEGIC CLINICAL NETWORKS

1. Purpose

Strategic clinical networks (SCNs) will operate for prescribed conditions (cancer; cardiovascular; maternity and children; mental health, dementia and neurological conditions) throughout the country from April 2013. These networks provide an organisational model through which professionals and organisations will come together with the patients’ voice, working across boundaries, to deliver programmes of continuous quality improvement. These programmes will contribute to the achievement of outcome ambitions for patients, and benefit population health, where there is a need for whole system or collective improvement endeavour.

2. Strategic Clinical Networks - Organisational Model

SCNs provide an organisational model which links professionals and organisations together to achieve results for patients that they would not otherwise achieve separately. Commissioners and providers, of the prescribed SCN conditions, are the constituent organisations of these networks. The Way Forward for Strategic Clinical Networks and the accompanying Single Operating Framework (2012) detail other members including patients, professionals, and other organisations such as social care and the voluntary sector.

Network activity is facilitated by a small support team of clinical and managerial leaders.

The success of the SCNs in enabling quality improvement, which results in the achievement of outcome ambitions for patients and benefits population health, is dependent on active engagement of the constituent organisations. The SCNs provide the constituent organisations with a vehicle for achieving improvement where:

- A whole system approach is required to achieve improvement across a complex pathway of care involving multiple professionals and organisations;
- A co-ordinated, combined improvement endeavour is needed to overcome healthcare challenges, which have not responded to other improvement efforts.

The Single Operating Framework for SCNs details the rationale for active engagement and involvement of the constituent organisations. It is expected that the ‘rules’ of such engagement and involvement should be outlined in formal arrangements with the constituent organisations.

Strategic Clinical Networks will have an Annual Accountability Agreement with NHS England (refer to Appendix A).

3. Responsibilities

Strategic clinical networks will

i. Deliver the full range of functions outlined in The Way Forward for Strategic Clinical Networks and the accompanying Single Operating Framework as well as

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1 All NHS commissioners and providers of NHS services for the prescribed conditions should be active members of their SCN.
other supporting documents (including the guiding principles for patient and public involvement)

ii. Develop and deliver an annual work-plan of quality improvement projects, which enable the achievement of outcome ambitions for patients. It is expected that the SCN will focus on a small number of large scale, high impact projects ('priority' quality improvement programme) while at the same time facilitating the ongoing improvement of a wider range of initiatives ('continuous' quality improvement programme). NB: Continuous quality improvement should include overseeing progress against the National Peer Review Programme as applicable.

iii. Ensure the NHS Change Model forms the basis for improvement work, with an emphasis on using all levers including contracts and tariffs to drive change.

iv. Ensure SCN activities are in keeping with commissioner plans, including financial plans and support the QIPP agenda.

v. Advise and make recommendations to NHS commissioners and providers of NHS services in support of the development, delivery and assurance of safe, clinically and cost effective whole pathways of care (from prevention through to end of life care). Advice and recommendations will be both proactive and reactive.

vi. Act as an ‘honest broker’ for complex and highly contentious issues relating to the quality improvement and quality assurance agenda.

vii. Promote the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway.

viii. Foster a culture of clinical leadership and influence in the development, delivery and assurance of services. This will include defining and securing agreement about clinical input/engagement to ensure successful delivery of the Network annual work-plan.

ix. Foster a culture of patient and public involvement in the development and oversight of the SCN together with the delivery of their activities. It is expected that each geographical area will have a patient and public involvement strategy, for its SCN, which outlines both the means of gaining meaningful involvement together with the methods of evaluating this involvement.

x. Implement systematic risk management processes to identify, assess, manage and escalate risks associated with the delivery of the quality improvement programmes.

xi. Ensure a co-ordinated approach to stakeholder engagement in the improvement agenda for the prescribed SCN conditions.

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2 It is expected that a template will be developed during 2013/14 to promote a consistent approach for annual planning taking account of learning from the initial year of operation.
xii. Publish the outputs and outcomes of the SCNs activities including performance standards and clinical outcomes measures together with an annual report.

xiii. Ensure the SCNs evolve, developing in accordance with the national policy direction and the needs of their local constituent organisations, adding value to the development, delivery and assurance of services (for the prescribed conditions) within the given geographical area.

xiv. Develop partnerships with the Clinical Senate, Academic Health Science Network and Operational Delivery Networks for the benefit of patient and population health, potentially including in the use of support resources. It is expected that a set of principles for partnership working between the structures will be agreed in each geographical area.

xv. Develop two way communication and support with the Medical, Nursing and Operations Directorates of NHS England together with the NHS Improvement Body

The Medical Director, of the host Area Team of NHS England, is the accountable officer for the effective functioning of the strategic clinical networks, including the delivery of the annual programme of quality improvement, in line with the Annual Accountability Agreement. It is expected that the Medical Director will:

- Provide strategic leadership across the networks’ geographical area to support the core functions of the strategic clinical networks;
- Engage the medical and nurse directors from all the Area Teams in the work of these structures;
- Provide professional and line management support to the Associate Director and network clinical directors;
- Work with other host Area Team medical directors, ensuring consistency and effective use of resources where appropriate;
- Be the conduit between the strategic clinical networks, the Regional Medical Director national Medical Directorate team.

The Network support team has responsibility for fashioning coherent and effective SCN arrangements in their patch and delivering improvement activities in accordance with their individual job descriptions and personal objectives.

The host Area Teams of NHS England has a responsibility to provide the strategic clinical networks with support arrangements outlined in the Single Operating Framework (2012). In order to be effective it is expected that the strategic clinical networks will operate at arm’s length from the host organisation, at the interface between commissioners and providers, retaining their independence. The SCNs funds and resources (including the Support Team) will be distinct from that of their host organisation.

4. Accountability

SCNs are a non-statutory organisational model, within this model commissioners remain accountable for the commissioning of services and the providers are accountable for the quality of service delivery.

The SCNs are accountable however for achieving a programme of quality improvement including the effective use of resources. The Associate Director is accountable to the Area
Team Medical Director, who in turn is accountable to the Area Team Director through to the Regional Director. In practice it is expected that the Regional Director will ask the Regional Medical Director to lead of strategic clinical network issues, ensuring that accountability is nested firmly within core business arrangements.

The Regional Office of NHS England will:

- Endorse the annual SCN work-plans, giving delegated authority to the SCNs for delivery against this plan;

The Regional Office of NHS England will:

- Receive a quarterly accountability report, supporting resolution of risks and issues where required; (For consistency an accountability report template is attached as Appendix B);
- Endorse SCN recommendations, where required, for local approval and adoption.

5. Governance Arrangements

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

Outline Terms of Reference for the SCN Oversight Group and an SCN Steering Group can be found in Appendix C. It is recognised that a geographical area may choose to have individual steering groups for the varying conditions rather than only one for each SCN grouping.
The Associate Director, with accountability to the host Area Team Medical Director, will ensure robust accountability and governance arrangements are in place for their SCNs. Appendix D provides a self-assessment accountability and governance framework to support this work. Member 360° feedback should be sought in completing such a self-assessment framework and the results of the assessment made available as part of the SCNs annual report.

It is expected that accountability and governance will be formally assessed as part of the annual process to evaluate SCN effectiveness, as outlined in the Single Operating Framework.

6. Decision Making

The expertise and leadership of the SCNs enable them to be advisory bodies making recommendations in support of safe, sustainable high quality and cost effective care for the prescribed conditions. The SCNs have the ability to make both reactive (in response to constituent organisation and member requests) and proactive recommendations.

The Network’s clinical and managerial leads will foster a culture that promotes collective decision making for the benefit of patients. The support team will also have an ‘honest broker’ role in facilitating agreement between professionals and organisations to secure improvement. 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. Issues and Risk Management

The support team will be responsible for the identification, assessment, management and escalation of risks to the delivery of an SCN's strategy and annual work-plan together with wider systemic risks to the commissioning and provision of quality services, for the prescribed conditions across the defined geographical area.

Issue and risk management will take the form of:

- Engaging with the relevant clinical commissioning groups / direct (specialised) commissioned services and providers, providing facilitation and advice;
- Liaising through existing forums defined by the relevant commissioner(s) in accordance with local governance frameworks or established specifically on a case by case basis;
- Making recommendations for action and associated contingency plans to the relevant governance group. It is expected that SCN recommendations will be supported unless a commissioner(s) or provider(s) can provide clear evidence why these should not be progressed;
- Securing strategic advice and advice from the relevant Area Team Medical Director and / or Regional Medical Director where appropriate. This may include further escalation e.g. to Quality Surveillance Groups. Monitor or the NHS Trust Development Authority;
- Confirm outcomes to relevant constituent organisations and relevant governance groups.
8. Reviewing Accountability and Governance Arrangements

The Single Operating Framework outlines the need for close alignment and collaboration with Academic Health Science Networks. Over time it is expected that the governance arrangements for SCNs will need to be revised and potentially strengthened to reflect the new evolving NHS system including such linkages with Academic Health Science Networks. It is expected that a governance map will be developed during 2013/14 outlining how SCNs currently fit with, and relate to, other structures in the new NHS system. It is also expected that this map will be kept under review.
## APPENDIX A

**PROPOSED STRATEGIC CLINICAL NETWORK ANNUAL ACCOUNTABILITY AGREEMENT FOR LOCAL ADAPTATION**

<table>
<thead>
<tr>
<th>Agreement Period</th>
<th>e.g. 1-04-13 to 31-03-14</th>
</tr>
</thead>
</table>
| Parties to the Agreement | This Agreement is between NHS England (*The Agreement Commissioner*) and the Strategic Clinical Networks in [insert the geographical area] (*The Agreement Provider*)  
 **NB:** This Agreement is not a contract enforceable under Law but represents the mutual commitment and collaboration of the parties named to deliver the aims of the Agreement |
| Agreement Funding      | NHS England will provide:  
  - Running cost allocation:  
  - Programme budget allocation:  
  - Total national funding:  
 **NB:** The Agreement funding is to cover the costs of both the Strategic Clinical Networks and Clinical Senate during the given period. Definitions of running cost and programme budget use must be adhered to with auditable records where requested |
| Services to be Delivered | The Strategic Clinical Networks will deliver the services/functions outlined in ‘The Way Forward’ and ‘Single Operating Framework’ documents published in 2012 and will work in line with agreed supporting frameworks e.g. the Accountability and Governance Framework.  
 The Strategic Clinical Networks will deliver a programme of Quality Improvement approved by NHS England Regional Office.  
 The Strategic Clinical Networks will provide a quarterly accountability report to NHS England’s relevant Regional Medical Director.  
 The Strategic Clinical Networks will produce and communicate widely an Annual Report and participate in other forms of evaluation including the self-assessment of Accountability and Governance arrangements. |
| Roles and Responsibilities | The roles and responsibilities are outlined in The Way Forward, Single Operating Framework and supporting frameworks. These may be revised and further guidance issued in time in agreement with both parties. |
| Signatures to the Agreement | ..............................................(Regional Medical Director)  
 .................................................................(Area Team Medical Director) |
## APPENDIX B
PROPOSED SCN QUARTERLY ACCOUNTABILITY REPORT FOR LOCAL ADAPTATION (REPORTING PERIOD)

<table>
<thead>
<tr>
<th>PRIORITY AREA/PROJECT</th>
<th>EXCEPTION REPORT</th>
<th>STATUS</th>
</tr>
</thead>
</table>
| Priority area/project specified together with aim of priority area/project | - Brief commentary on status of priority area/project  
- Approval, agreement, support etc. required highlighted | On track  
Off track |

**Complete the three columns for each major priority/project**

<table>
<thead>
<tr>
<th>Other projects agreed for completion in (year x) as part of the SCN’s annual work-plan and annual accountability agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Project X – <strong>On track</strong> / <strong>Off track</strong></td>
</tr>
</tbody>
</table>

**SCN RED RAG rated risks and mitigation actions.**

**Complete for each RED RAG rated risk**

- RISK DESCRIPTION:
- RISK SCORE:
- MITIGATIONS / CURRENT POSITION:
APPENDIX D
Outline Terms of Reference

Strategic Clinical Network Oversight Group

Purpose:
It is expected that the Oversight Group will be the decision making body for the SCNs and will maintain authoritative power on matters relating to network activity. The Oversight Group will also be the overarching body for the individual SCNs, although day-to-day strategic and operational decision making responsibilities will be devolved to the individual SCN steering groups.

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

- The Area Team Medical Director with a lead for the SCNs (Chair)
- Area Team Director Representation
- Senior representation from all the Area Teams
- SCN and Senate Associate Director
- Commissioning COO representative(s)
- Specialised Commissioning Director
- Acute CEO representative
- Mental Health CEO representative
- SCN Clinical Directors
- Public Health Lead
- Health & Wellbeing Board representative
- AHSN representative
- South West Ambulance representative
- The Patient’s Voice
- Finance support

Core activities
It is expected that the core activities of the Oversight Group will include:

- Overseeing the development of the SCNs in line with national policy and the needs of the constituent organisations, ensuring active engagement of these constituent organisations.
- Overseeing 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-plan for submission to NHS England
- Overseeing the allocation of resources to the SCNs and approving the SCNs financial plans.
- Overseeing the timely delivery of the SCN strategies and annual work-plans. This will include ensuring planned improvements in quality and outcomes are achieved, with supporting intervention for significant risks to benefits realisation.
- Overseeing the delivery of the Annual Accountability Agreement including the production of a quarterly Accountability Report, the publication of an Annual Report and other evaluation requirements
- Overseeing the progression of partnership arrangements between the SCN groupings; with other structures (e.g. Academic Health Science Networks); and other geographical areas as required
- Providing leadership and promoting the work of the SCNs within the wider community

Accountability/Reporting Arrangements
Accountability is through the host Area Team Medical Director, to the Area Team Director, to the Regional Team Director of NHS England.

Operational Processes
It is expected that the Oversight Group will meet on a quarterly basis

Communication
It is expected that the minutes of the Oversight Group will be shared with the Regional Office of NHS England the constituent organisations as a minimum.

Strategic Clinical Network Steering Group (relating to a SCN grouping)

Purpose:
It is expected that the Steering Group will have day-to-day responsibility for the strategic and operational development and delivery of a SCN condition / SCN grouping. The Steering Group will have delegated authority from the Oversight Group for agreed decision making responsibilities.

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

- SCN Clinical Director(s) as the Chair
- SCN Clinical Leads
- Network Manager
- Commissioner
- Leads Provider representation
- Patient / Patient Organisation representation

Other members of an SCN Steering Group will be for local determination.

Core activities
It is expected that the core activities of the Oversight Group will include:

- Developing the SCN in line with national policy and the needs of the constituent organisations, ensuring clinical engagement, influence and the patient’s voice is at the heart of SCN activities.
- Overseeing the development of the SCN strategy and annual programme of quality improvement, ensuring these are in line with national and local priorities. These plans will be submitted to the Oversight Group for approval prior to submission to NHS England. Developing resource plans for submission to the Oversight Group for approval. Following approval ensuring delivery within the resources agreed.
- Leading the delivery of the SCN strategy and annual work-plan. This will include ensuring planned improvements in quality and outcomes are achieved, with supporting intervention for significant risks to benefits realisation.
• Contributing to the delivery of the overarching SCNs. Annual Accountability Agreement including the production of a quarterly Accountability Reports, the publication of an Annual Report and other evaluation requirements
• Assessing the implications of national/regional policy and guidance for SCN conditions across primary, secondary, tertiary and community care.
• Providing support, advice and recommendations to commissioners (NHS England and Clinical Commissioning Groups), including information from horizon scanning.
• Overseeing progress of their associated clinical services and network groups in relation: performance in national work-programmes such as Peer Review, audit programmes and service specifications
• Endorsing clinical guidelines, policies and procedures for recommended use across the SCN area
• Promoting the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway.
• Overseeing a co-ordinated approach to stakeholder engagement and communication for the SCN
• Ensuring a coherent and consistent approach to both network development and network activities with partner networks in neighbouring areas.

Accountability/Reporting Arrangements
The SCN Oversight Group

Operational Processes
It is expected that the Steering Groups will meet on a quarterly basis

Communication
It is expected that the minutes of the Steering Groups will be shared with the SCN Oversight Group as a minimum.
APPENDIX D PROPOSED NETWORK ACCOUNTABILITY AND GOVERNANCE SELF ASSESSMENT FRAMEWORK

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>EVIDENCE</th>
<th>ASSESSMENT RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIMENSION 1 - SHARED VISION</strong> (To have a vision that is shared by all its constituent organisations and members, which is current and dynamic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articulating the vision</td>
<td>Strategy developed to deliver the SCN vision which balances national and local outcome ambitions and has been communicated to key audiences.</td>
<td></td>
</tr>
<tr>
<td>Focuses on what is important</td>
<td>Is outcomes / quality focused</td>
<td></td>
</tr>
<tr>
<td>Patient and public input</td>
<td>Responds to patient and public voice</td>
<td></td>
</tr>
<tr>
<td>Clinical ownership</td>
<td>Is clinically owned</td>
<td></td>
</tr>
<tr>
<td><strong>DIMENSION 2 – LEADERSHIP</strong> (Clinically led, with a dissipated model of leadership across its constituent organisations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreting</td>
<td>Receiving national policy and prioritising against agreed local SCN needs</td>
<td></td>
</tr>
<tr>
<td>Influencing</td>
<td>Delivering change through constituent organisations through/across as a non statutory body</td>
<td></td>
</tr>
<tr>
<td>Constellation/distributive leadership</td>
<td>A broad range of leadership skills/roles across multiple organisations</td>
<td></td>
</tr>
<tr>
<td>Innovation</td>
<td>Improving services through visionary interpretation and delivery: evidence based</td>
<td></td>
</tr>
<tr>
<td><strong>DIMENSION 3 – GOVERNANCE AND ACCOUNTABILITY</strong> (Fulfilling diverse accountabilities through a clear governance model)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness for Purpose</td>
<td>Undertake regular self assessment and if possible participate in peer review of governance</td>
<td></td>
</tr>
<tr>
<td>Hierarchical</td>
<td>Ensure clear hierarchical accountability to host LAT Medical Director (to contribute to delivery of NHS Mandate, NHS Outcomes Framework and local commissioning priorities)</td>
<td></td>
</tr>
<tr>
<td>Membership/Partnership</td>
<td>Ensures fully active membership/partnership accountability</td>
<td></td>
</tr>
<tr>
<td>Accountability to patients and public</td>
<td>Ensures accountability to local public and patients both directly and through intermediaries such as Health and Well Being Boards and Health Watch (i.e. transparency)</td>
<td></td>
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</tbody>
</table>
### DIMENSION 4 – Outcomes
(Contributing to the delivery of quality outcomes – as a minimum, the indicators set out in the NHS Outcomes Framework and the Commissioning Outcomes Framework – through its constituent organisations)

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>EVIDENCE</th>
<th>ASSESSMENT RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td>Equitable delivery and outcomes and reducing inequality</td>
<td></td>
</tr>
<tr>
<td><strong>Efficient</strong></td>
<td>Optimal use of resources</td>
<td></td>
</tr>
<tr>
<td><strong>Consistent</strong></td>
<td>Repeatable quality outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>Sustainable</strong></td>
<td>Ongoing/long term (not a flash in the pan)</td>
<td></td>
</tr>
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</table>

### DIMENSION 5 – Collaboration
(Taking an inclusive approach, harnessing influence from a range of stakeholders to collaboratively develop and deliver high quality care across the pathway)

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>EVIDENCE</th>
<th>ASSESSMENT RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder engagement</strong></td>
<td>All stakeholders feel engaged in the process of decision making and delivery of outcomes across the whole pathway</td>
<td></td>
</tr>
<tr>
<td><strong>Collective responsibility</strong></td>
<td>Network partner organisations demonstrate a commitment to the delivery of agreed plans</td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Effective communication channels to ensure engagement and transparency, decision making processes and well informed network constituency</td>
<td></td>
</tr>
<tr>
<td><strong>Sharing best practice</strong></td>
<td>Evidence of adoption and spread of best practice</td>
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</tbody>
</table>

### DIMENSION 6 – KNOWLEDGE
(Combining hard knowledge and local intelligence to inform decision making and drive improvement in outcomes)

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>EVIDENCE</th>
<th>ASSESSMENT RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data collection</strong></td>
<td>Data should be purposeful, targeted, timely, relevant, contemporaneous, accurate and credible (and meet national requirements)</td>
<td></td>
</tr>
<tr>
<td><strong>Interpretation</strong></td>
<td>Intelligent clinical and cost analysis to produce an understandable report, effectively communicated to the target audience to inform decision making</td>
<td></td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>Utilisation of analysis in guidelines and changes to practice and re-evaluating/monitoring of the impact</td>
<td></td>
</tr>
<tr>
<td><strong>Horizon scanning</strong></td>
<td>Informs planning based on emerging trends, best evidence of clinical and economic effectiveness</td>
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