

South East Wales Vascular Network Programme – Terms of Reference

This document details the aims and key workstreams of the SEW Vascular Network programme including governance structures and reporting arrangements.

Revision History

The date of this revision:

Revision	Revision date	Summary of changes	Author/reviewer
V1.0	12/10/2020	First draft (based on previous version dated Aug 19)	Victoria Le Grys, Programme Director
V2.0	02/11/12	Revision section 4	Mike Bond & Alun Tomkinson, Surgery Clinical Board leads CAVUHB
V3.0	02/11/12	Revision section 3 & 4	Marie Claire Griffith, Mike Rocker & Kevin Conway, planning and Vascular surgeons CTM UHB
V4.0	19/11/20	Revision sections 1,3,4	Local ABUHB Vascular Spoke Group – Chair Nicola Prydogzicz, Dir of planning ABUHB
V5.0	01/12/20	Revision section 1 following comments from AB (email DL)	David Lewis, Vascular Surgeon ABUHB
V5.0	18/12/20	Revision section 4	Powys THB review, Adrian Osbourne, Assistant Dir of Communication and engagement
V6.0	06/01/21	Revision section 4	Vascular Programme Board

Approvals

Board/committee name	Date
Vascular Network Programme Board	6 th January 2021

1. Introduction and Background

Vascular Networks aim to improve outcomes for patients requiring vascular surgery through the reorganisation of Vascular and Interventional Radiology services for patients within specified geographic regions ensuring that all patients have equitable access to comprehensive and sustainable services and treatments.

Across the UK the implementation of networked models of care with major arterial centres and non-arterial units have been implemented in the majority of locations following a call from the Vascular Society of Great Britain and Ireland (VCGBI) and NCEPOD services to optimise outcomes for patients.

The Vascular Society recommends the concentration of specialist vascular services in centres serving larger populations with surgeons doing minimum volumes of activity and the centres having the necessary critical care, radiological and surgical support services. A minimum population of 800,000 is considered necessary for an abdominal aortic aneurysm (AAA) screening programme and is recommended minimum population required for a centralised vascular service. This is based on the number of patients needed to provide a comprehensive emergency service, maintain competence among vascular specialists and nursing staff; the most efficient use of specialist equipment, staff and facilities, and the improvement in patient outcomes that are associated with increasing caseload.

The Welsh Collaborative instructed the Vascular Advisory Group to perform a non-financial options appraisal in September 2014. Following this, it was agreed that vascular centralisation would take the form of a 'Hub and Spoke Model' with the Hub (major arterial centre) being the University Hospital of Wales (UHW).

Emergency Vascular services are already centralised at UHW. In September 2020 Cwm Taf Morgannwg transferred their Vascular services across to UHW following the loss of their Interventional Radiology service, this is an interim position ahead of a full implementation and operational and planning has been undertaken to support this position.

The South East Wales Vascular Network Programme has been established to ensure delivery of a full networked model of care. The governance structure set out in this document supports the effective delivery of this model for the full regional network service.

2. Network configuration

The following local health boards have agreed to develop a hub and spoke Vascular network model.

- Aneurin Bevan University Health Board (ABUHB)
- Cardiff and Vale University Health Board (CVUHB)
- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Powys Teaching Health Board – Commissioning through ABUHB (PTHB)
- Welsh Ambulance Services Trust – delivery of patient transport (WAST)

3. Scope and definition

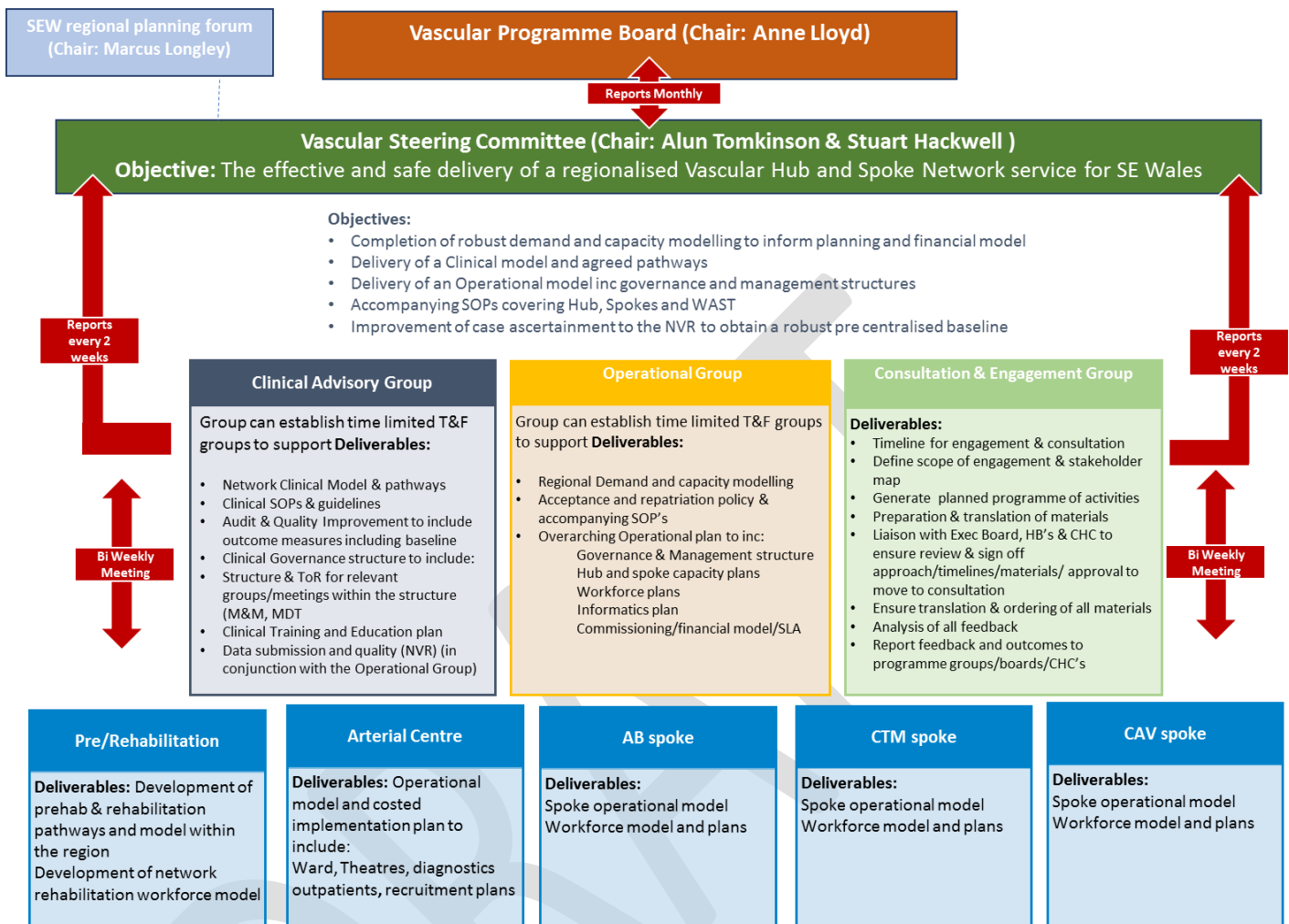
The main aim of the project is to develop and deliver a sustainable networked model of Vascular care for patients in the region in 2020/21. The project also seeks to provide a sustainable Vascular service across the region for the years ahead to ensure that South East Wales is able to deliver the best care possible to its patients and their families.

The programme team will develop and implement a work programme to enable the development of a regional network, including (but not limited to); the development of clinical and operational models of care, the delivery of a robust governance and management structure, the development of Cardiff and Vale UHB hub services to deliver the local requirements of a regional hub, the planning and delivery of spoke models of care and ensuring that the existing provider hospitals are able to deliver vascular spoke services. This will also include full planning and assessment of readiness throughout the programme, this should include all elements of the proposed network and will also ensure of the hubs readiness as the proposed hub prior to implementation.

A steering committee will oversee the delivery of key workstreams as well as risk and issues. Below are some of the key deliverables within the workstreams:

- Robust programme governance and planning to ensure effective delivery and continued monitoring of risks and issues as well as the development of mitigating actions and controls.
- Regional Vascular Network Clinical model, including a regional model for rehabilitation & supporting Clinical Pathways
- Regional Vascular Network Operating Plan—and supporting Standard Operating Procedures across the Hub and Spoke hospitals and WAST
- Final revenue business case for agreement by the commissioning UHBs
- Workforce Plan – creation of a sustainable workforce plan, including recruitment, transferring workforce arrangements (incl TUPE if required) and training plans for key workforce groups as well as revised consultant job plans.
- Informatics plan to ensure the effective transfer and visibility of patient records across the region.
- Communication, Engagement and Consultation for stakeholder, staff and public

4. Programme Governance Structure



4.1 Vascular Programme Board

The Programme Board will agree the overall project approach, operation and clinical models and finance model. It will also oversee and receive reports from readiness assessments for the network inclusive of hub, spokes and network structures and processes ahead of implementation.

The Executive Board will consist of the following individuals

- Chair: Ann Lloyd
- Chief Executives from each LHB
- Lead Director of Planning representatives from each LHB
- Chair/Chairs of the regional steering committee
- Regional Clinical lead
- Clinical representatives from each LHB
- WAST representation
- Programme director

The meeting will meet on a monthly basis and will be quorate when at least two Chief Executives, or nominated deputies are present and each LHB has at least one representative.

4.2 Steering Committee

The Steering Committee will oversee the delivery of the programme including approval of the overall programme approach, clinical & operational models and finance model as well as provide oversight of the Clinical Advisory and Operational groups as well as the programme risk register and controls. More specifically they will:

- Oversee the programme arrangements and ensure they are fit for purpose
- Oversee the timely delivery of the programme of work and associated deliverables within the required timeframe and to the required quality
- Ensure that risks are identified and managed escalating to the SW Joint Planning forum and Executive Board as appropriate
- To ensure the delivery of an effective engagement and consultation with the public and staff
- Ensure effective communication is maintained (both within and outside of the LHBs).
- To receive regular reports on progress from Engagement, Operational and Clinical Groups and any of the working groups as appropriate.
- To effectively link with WAST.

The Steering Committee will consist of the following individuals

- Chairs – Clinical Board Director/Locality Group Director
- Operational Director representation:
- Nursing Director representative:
- Workforce and Organisational Development Director representatives:
- Director of Finance representatives:
- Director of Planning representatives:
- WAST representative -
- Interventional Radiology representation:
- Chair of the Clinical Advisory Group:
- Chair of the Operational Group:
- Chair of the Rehabilitation Group:
- Chair of the Engagement and Consultation Group:

The Steering Committee will meet every 2 weeks and will be quorate when ABUHB, CTM UHB & CAV UHB is represented – there must also be clinical, operational & engagement groups & planning represented.

4.3 Clinical Advisory and Operational Groups

The core programme groups will meet at least every 2 weeks. This will be reviewed regularly. It is expected that these key groups work together where required. It is expected that at least 3 health boards should be represented appropriately on all groups.

4.3.1 Clinical Advisory Group

The Clinical Advisory Group will oversee the Implementation of work streams to support the management of patients within the network, ensuring patients are managed in the most appropriate setting and receive the best clinical care. More specifically they will:

- Oversee the timely delivery of the workstreams and associated deliverables within the required timeframe
- Ensure that risks to the workstreams are identified and managed escalating to the Steering Committee as appropriate
- To ensure that effective communication and engagement is maintained (both within and outside of the LHBs).
- To receive regular reports on progress from working groups.

Deliverables:

- Network Clinical Model & pathways
- Clinical SOPs & guidelines
- Audit & Quality Improvement to include outcome measures including baseline
- Clinical Governance structure to include:
Structure & ToR for relevant groups/meetings within the structure (M&M, MDT)
- Clinical Training and Education plan
- Data submission and quality (NVR) (in conjunction with the Operational Group)

Representation:

- Chair:
- Consultant Vascular Surgeon representation:
- Interventional Radiology representation:
- AHP representation:
- Anaesthetic representation:
- Nursing representation:
- Rehabilitation group chair:

4.3.2 Operational Group

The Operational Group will oversee the Implementation of key work streams to support the operational planning for the network service, ensuring patients are managed in the most

appropriate setting ensuring demand and capacity is aligned across the network inc hub and spokes and remain within agreed budgets and that all operational SOP's and policies are in place to allow for the effective delivery of care. More specifically they will:

- Oversee the timely delivery of the workstreams and associated deliverables within the required timeframe
- Ensure that risks to the workstreams are identified and managed escalating to the Steering Committee as appropriate
- To ensure that effective communication and engagement is maintained (both within and outside of the LHBs).
- To receive regular reports on progress from working groups.

Operational group

Representation:

Chair:

Informatics lead representation:

Data and intelligence:

Relevant Directorate representation:

Patient Access/Flow representation:

Clinical Advisory Group member:

Finance representation:

Workforce representation:

Imaging Services representation:

Deliverables:

- Regional Demand and capacity modelling
- Operational policies inc Acceptance and repatriation policy
- Overarching Operational plan to inc:
 - Governance & Management structure
 - Hub and spoke capacity plans
 - Workforce plans
 - Informatics plan
 - Commissioning/financial model/SLA
 - Data submission and quality (NVR) (in conjunction with the Operational Group)
 - Informatics plan (to include patient records and information transfer)

4.4 Working Groups

There will be a number of working groups who will be responsible for delivering key workstreams in a task and finish manner. They will:

- Ensure timely delivery of specific deliverables within the required timeframe

- Ensure that risks to delivery are identified and managed escalating to the Operational and/or Clinical Advisory Group or Steering committee as appropriate
- To ensure that effective communication and engagement is maintained (both within and outside of the LHBs).

4.4.1 Arterial Centre/ Hub group

Deliverables:

- Hub Operational model and costed implementation plan to include:
Ward model and capacity plan inc critical care (inc workforce)
Theatres model and capacity plan (inc workforce)
Radiological diagnostics model and capacity plan (inc workforce)
Hub outpatients model and capacity plan
Hub costed recruitment plan

Representation:

Chair:

Surgical representation:

Theatres representation:

Critical Care representation:

Outpatients representation:

Emergency Unit representation:

Nursing rep representation:

AHP representation:

Radiology representation:

Medical physics representation:

Patient access representation:

4.4.2 Spoke Groups

Deliverables:

- Service model for spoke covering clinical and operational models and processes
- Repatriation and rehabilitation pathways for spoke
- Workforce plans
- Capacity plans
- Data and Audit plans

CTM Spoke group:

Representation:

AB Spoke Group:**Representation:****CAV Spoke Group:****Representation:****4.4.3 Prehabilitation & Rehabilitation group****Deliverables:**

- Development of prehab & rehabilitation pathways and model within the region

Representation:

Chair:

Physiotherapy representatives:

Occupational Therapy representatives:

Podiatry representatives:

Psychology representatives:

Mental Health representatives:

ALAS representatives:

Primary Care representatives:

Nursing representatives:

Surgical representatives:

4.4 Engagement and Consultation

This group will lead the consultation and engagement processes in relation to the Vascular Services service redesign programme. More specifically they will:

- Shape and develop the strategic approach for involving patient and public in changes to vascular services within SE Wales.
- Advise the steering group on engagement and consultation activity and legislation
- Co-ordinate all associated activity across all Health Boards and into the programme structure
- Prepare engagement and consultation materials
- Plan engagement and consultation processes across the 4 organisations
- Enable a process of analysis for responses and enable their presentation to the Programme Structure and individual Health Boards
- Manage the interface between the 4 Community Health Councils, joint CHC processes and the programme
- Undertake a comprehensive stakeholder mapping process and agree collective approach to the management of stakeholders throughout the process

Deliverables:

- Production of a timeline for engagement and consultation activities
- Delivery of a workshop to define scope of engagement work and draft stakeholder map
- Generate a planned programme of activities
- Preparation and translation of engagement & consultation materials
- Liaison with the Executive Board, Health Boards and CHC to ensure review & sign off of approach/timelines/materials and to seek approval to move to consultation following engagement
- Ensure translation and ordering of all materials
- Analysis of all feedback
- Report feedback and outcomes to programme groups/boards/CHC's

Representation:

Chair:

Engagement representatives:

Planning representatives:

Clinical Advisory Group representative:

Operational Group representative:

Working group representatives as appropriate:

Further task & finish groups may be developed to support the steering committee, clinical, engagement and operational groups as required.

REVIEW

The Terms of Reference will be reviewed every 3 months.