

# Terms of Reference

**NHS England Specialised Commissioning (South)  
Clinical Delivery Group**

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# Terms of reference

## Clinical Delivery Group

## Document management

### Revision history

Version	Date	Summary of changes
V01	19 Sep 17	First draft for approval by Dr Vaughan Lewis
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### Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Dr Vaughan Lewis	Medical Director Specialised Commissioning (South)	16 Oct 17	V01 Final

### Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Specialised Commissioning Oversight Group		Kate Shields Regional Director Specialised Commissioning South	23 Oct 17	V01 Final

### Related documents

Title	Owner	Location
Quality Assurance & Improvement Framework	Teresa Fenech, Director of Nursing, Specialised Commissioning	Refer to Appendix 1
Non-Compliance Decommissioning Expert Reference Group Terms of Reference	Teresa Fenech, Director of Nursing, Specialised Commissioning	Refer to Appendix 2
Commissioning Intentions 2017/2018 and 2018/2019 For Prescribed Specialised Services	NHS England Specialised Services	Refer to Appendix 3

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## 1 Background and Introduction

- 1.1 Prescribed specialised services (known as “PSS” in these terms of reference) are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialist hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills. The commissioning of PSS is a direct commissioning responsibility of NHS England. Four factors determining whether NHS England commissions a service as a PSS are:
- the number of individuals who require the service,
  - the cost of providing the service or facility,
  - the number of people able to provide the service or facility; and
  - the financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves.
- 1.2 *The Manual for Prescribed Specialist Services* (Manual) provides a suite of PSS detailing both the mandatory and key requirements those providers must comply with to afford provision. The Manual has been developed to facilitate effective commissioning and should be considered alongside for example, service specifications and policies and in particular, considered alongside the Identification Rules (IR) (these are the [technical] means by which specialised activity will be captured by providers so that it can be identified as being commissioned by NHS England).
- 1.3 NHS England has an ambition to bring equity and excellence to the provision of specialised care and treatment by:
- Gaining assurance regarding the quality of commissioned services.
  - Identifying and addressing variation in access and or outcomes.

## 2 Constitution and Delegation of Authority

- 2.1 The Specialised Commissioning Oversight Group (SCOG) has approved the establishment of the Clinical Delivery Group (Group)
- 2.2 The Group has delegated responsibility from SCOG to develop and implement the commissioning next steps to deliver the Service Reconfiguration Quality, Innovation, Productivity and Prevention Scheme (QIPP) and transformation of in-scope services.

## 3 Purpose and Function

- 3.1 The purpose and function of the group is to continually develop and promote the vision, values and culture of quality ensuring all providers of PSS are commissioned are configured through fit-for-purpose service models that are practicable, meets required national and local clinical standards realising equitable quality outcomes across the south region and locally at hub level.
- 3.2 The group will have both a *strategic* and *delivery* focus and will work within respective governance and monitoring processes to enable timely delivery of those services which have been identified and agreed for service reconfiguration ensuring they are fit for purpose, of the highest quality and crucially do not adversely impact on the patient, partner organisations nor outcomes.

3.3 Specifically, the Group will achieve this by working with contracting teams and where required, partnership organisations and key stakeholders and will:

- be the forum to design, develop, implement and monitor the strategic and service reconfiguration changes on behalf NHS England PSS both pan-south and locally at hub level,
- carry out the detailed business required providing evidence (financial and qualitative impact) to support the identification, implementation and delivery of PSS in new ways ensuring commissioner and provider impact is within acceptable norm; ie. no 'domino effect' on partner organisations
  - develop options for and implement the development of a safe and sustainable contracting model that results in fair and equitable access to PSS identifying the local infrastructure required to deliver effective change
- maintain a focus on the benefit for patients in the local population
- set up task and finish groups with wider membership to work on specific and defined tasks such as:
  - Clinical Audit Programme
  - PSS Circulars
  - PSS development and monitoring of local CQUINs
  - Defining Networks and models
  - Defining Shared Care
  - Quality & Equality Impact Assessments
  - Resilience Planning
  - NICE Guidance – Technology Appraisals specific to PSS
- monitor task and finish groups with responsibility for delivery (where necessary) assessing impacts, risks and feasibility
- liaise with all key stakeholders in the system ensuring end-to-end pathway input is agreed including engagement with patients, service users and carers (where necessary)
- provide a forum which facilitates collaboration, shared learning, information sharing, peer support and joint working with a culture of innovation and entrepreneurialism in the context of improvement
- provide expertise, drive implementation, monitor and oversee the detailed work required to develop and deliver the service reconfiguration QIPP programme and; where required monitor associated projects ensuring ultimate delivery of the programme; and
- provide key updates to SCOG, QIPP Control Centre, Quality Committee, Regional Service Reconfiguration Network, Specialised Services Reconfiguration Oversight Group, Non-compliance Reference Group and any other 'like' forum which may support progress elsewhere.

## 4 Scope

All PSS commissioned by NHS England, Specialised Commissioning South Region

## 5 Membership

- 5.1 The group will be chaired by the Clinical Director, Specialised Commissioning South and his / her nominated representative
- 5.2 Core members will be:
- Medical Director, Specialised Commissioning South (Chair)
  - Director of Nursing, Specialised Commissioning South (Deputy Chair)
  - Delivery Director, Specialised Commissioning South (all)
  - Service Specialist, Specialised Commissioning South (all)
  - Quality Assurance Lead, Specialised Commissioning South (all)
  - Quality Surveillance Team representative
  - BI Specialist representative
  - Pharmacist representative
  - Programme of Care (all)
  - Head of Supplier Management representative (all)
  - PMO representative
- 5.3 All members will have voting rights and are expected to attend all meetings unless previously agreed with the Chair through the Group Secretariat. Should members be unable to attend it is expected that they provide a designate from their own field of expertise and/or speciality sufficiently briefed and empowered to make decisions. Additional representation may be invited to the meetings as required. Members must adhere to the confidential nature of aspects within this project.
- 5.4 When the Chair is unavailable, the Deputy Chair will deputise or nominated Director.
- 5.5 Members are expected to communicate any developments, decisions and/or recommendations arising out of the Group that may impact on their own areas of expertise/speciality, contracting team or one or more partner organisations as appropriate.
- 5.6 The Chair of the Group may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda, for example. Such personnel will be in attendance but will not have voting rights.
- 5.7 Decisions may also be made via teleconference or email consensus.

## 6 Accountability and Reporting

- 6.1 The Group is accountable to SCOG and any changes to these terms of reference must be approved by its members.
- 6.2 Individual members of the Group are responsible for progressing any actions relevant to their own areas and communicating decisions made through their own reporting structures to share information

## 7 Administrative Arrangements and Notice of Meetings

- 7.1 An allocated representative from the Programme Management Office (PMO) will be in attendance at each Group meeting. In times of absence; a nominated 'designate' will be agreed through the Chair of the Group. Secretariat duties will include:

- attendance at meetings
- ensuring correct and formal minutes are taken in the format prescribed by NHS England and, once agreed by the Chair, distributing minutes and a record of all actions/matters arising to be carried forward to Group members and any other staff for which actions impact,
- producing and maintaining a separate action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete
- unless otherwise agreed, an agenda of items to be discussed shall be forwarded to each member of the Group, any other person required to attend, no later than 3 working days before the date of the meeting. Supporting papers shall be sent to Group members and to other attendees as appropriate at the same time.
- action notes from the Group meetings will be circulated promptly to all members of the Committee to enable changes to be made and within 5 working days or prior to the next Oversight Group, whichever is sooner. Action notes will be formally adopted at the next meeting of the Group.
- producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these dates and booking appropriate rooms and facilities. The schedule of annual meeting requirement will be published in advance.

## 8 Frequency of Meetings and Attendance Requirements

- 8.1 The Group will be scheduled to meet twelve times a year with a minimum of ten meetings at appropriate times in the reporting cycle.
- 8.2 Extraordinary meetings can be called as required.
- 8.3 The business of each meeting will be transacted within a maximum of two and half hours and will take place at Premier House, Reading.

## 9 Quorum

The quorum necessary for the transaction of business shall be one member from each area of expertise in addition to the Chair or Deputy Chair. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group.

## 10 Other matters

The Committee will:




- 10.1 Have access to sufficient resources in order to carry out its duties, including access to the business office and PMO for assistance as required;
- 10.2 Give due consideration to laws and regulations;
- 10.3 At least once a quarter, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend to SCOG for approval, any changes it considers necessary.



- 10.4 to determine those matters delegated to the Group in accordance with the NHS England Scheme of Delegation and Standing Financial Instructions

## 11 Monitoring and Review

- 11.1 SCOG will monitor the effectiveness of the Group through receipt of the Chair's report and other such written or verbal reports that the chair of the Group provides.
- 11.2 The Chair will assess agenda items to ensure they comply with the Group's responsibilities.
- 11.3 The secretary will monitor the frequency of the Group meetings and the attendance records to ensure minimum attendance figures are complied with. Attendance will be recorded by the secretary.
- 11.4 The terms of reference will be reviewed yearly.

Appendix	Title	
1	Quality Assurance & Improvement Framework	 Specialised Services Quality Assurance Frai
2	Non-Compliance Decommissioning Expert Reference Group Terms of Reference	 Project 5 ToR Non-Compliance Refer
3	Commissioning Intentions 2017/2018 and 2018/2019 For Prescribed Specialised Services	 Specialised Commissioning Intenti