

## South East London Elective Orthopaedic Clinical Network

### Orthopaedic Clinical Leadership Group Terms of Reference

*To be agreed at the first meeting of the South East London Elective Orthopaedic Clinical Network leadership group.*

#### Introduction

Providers and commissioners within South East London (SEL) have agreed to develop an Elective Orthopaedic Clinical Network that will comprise of healthcare professionals, commissioners and patients who will work collaboratively to provide clinical leadership, expertise and insight that informs service development and delivers improvements in quality and outcomes across the patient pathway.

The SEL Orthopaedic Clinical Network Leadership Group will work in partnership across all providers of elective orthopaedic care in SEL. The group will enable leaders from a range of disciplines to share their expertise in the deliberation of key clinical issues in order to focus on developing and delivering programmes that bring lasting change to the population of South East London.

The aims of the leadership group are to:

- Provide clinical leadership to system wide service delivery considerations
- Support the implementation of network wide GIRFT recommendations
- Represent all stakeholders in the network
- Improve patient outcomes by ensuring all services in SEL deliver the highest possible standards of care outcomes, whilst ensuring the most cost-effective use of resources.
- Identify, challenge and reduce any unwarranted variations in patient care experienced across services in SEL and create a culture of continuous improvement.
- Develop services across all providers that align with recognised developments in clinical evidence, are sustainable and fit for the future.
- Use the opportunity of greater scale and collective working to lead the way in the development of clinical research, service design and education across the sector.

#### Role of the network

- To highlight, reflect upon and challenge unwarranted variation within the patient pathway across SEL and identify opportunities for improvement.

- To provide objective, evidence-based solutions to clinical quality and safety challenges across SEL elective orthopaedic services, free from organisational bias.
- To provide clinical leadership and endorsement for strategic decisions amongst clinicians in SEL regarding the design and development of services, education and clinical research.
- To develop clinical recommendations for consideration and agreement, and develop methods to ensure implementation within all providers.
- To provide a forum where multidisciplinary clinicians can share their collective knowledge on clinical issues, both to each other and to relevant stakeholders.
- To facilitate sharing and learning from best practice to foster the development of a learning culture.

## Governance

The SEL Elective Orthopaedic Clinical Network leadership group is accountable to the SEL STP Clinical Programme Board and the Clinical lead will be responsible for submitting quarterly updates to the Board on progress against the work plan, process for implementation, delivery and outputs and key risks and issues.

## Key Functions

### Vision and Strategy

- The network is responsible for delivering sustainable change programmes to ensure the implementation of 'best value pathways of care.
- The group provides the collective expertise to identify, challenge and reduce any unwarranted variations providing expertise of key indicators and outcomes that measure improvements to patient care and efficiency of services.
- The network leadership forum will contribute to the work of partners and stakeholders engaged in system wide implementation of recommendations for strategy and vision for future service delivery in alignment with national and local priorities
- Provide expert clinical advice and enable ownership for future plans and implementation (delivery) of care

### Providing Clinical Leadership

- Determine and direct clear clinical recommendations on the most appropriate configuration and design of services for patients requiring elective orthopaedic procedures in SEL.

- Provide a collaborative and supportive forum for the development of services.
- Serve as clinical champion to future service changes in elective orthopaedics
- Contribute to the effective clinical commissioning of orthopaedic services in line with best practice outcomes such as GIRFT

## Membership

### Chair

The Chair of the Network Clinical Leadership Group will be the Clinical Lead of SEL Elective Orthopaedic Clinical Network, who will be appointed by the chairs of the SELSTP Clinical Programme Board alongside an independent orthopaedic clinical lead from outside of south east London, as per the agreed process.

### Members

Members are not selected as representative of a profession or organisation, they are selected as individuals who attend in their own right. The membership will be broad enough to reflect the range of views that would be encountered across the community of clinicians on significant clinical strategic issues, and will ensure that clinicians from all providers within the pathway have a voice.

The majority of the membership will be made up of clinicians and managers who have regular, direct duties in the elective orthopaedic patient pathway. Members of the network group will be nominated by provider trusts. Each provider will put forward one clinical representative and one managerial representative. Every provider organisation must be represented for the meeting to be quorate.

These are key roles within the network and will be responsible for providing strong clinical and professional direction, essential to the network's role in supporting high quality clinical commissioning. Members will be expected to provide leadership of a key area of the network's work.

Patient or service user representatives will also be included and supported to co-produce the work of the group, and will link with existing OHSEL patient forums.

Commissioner involvement with the network will be via a nominated clinical lead from one of the 6 SEL CCGs, to act as a liaison point.

### Declarations of interest

It is expected that all members declare interests and their applicability to the Group prior to appointment and/or relevant discussion.

## Meetings

### Frequency

The Group will meet approximately six times a year once established, but monthly meetings may be needed in the initial phase. If an interim meeting is required to address an urgent or pending issue, the Chair will call a meeting outside the usual cycle.

Leaders of individual workstreams will be expected to spend time developing the work and engaging with stakeholders outside of the formal meeting structure.

### Quorum

The quorum for the meeting will be one representative from each elective orthopaedic provider trust in SEL, including the Chair.

### Participation

Members are expected to attend at least 50 per cent of meetings during the year.

It is expected that members will commit the time necessary to understand the issues considered by the Group, participate vigorously and respectfully in debate and genuinely commit to identifying sustainable strategic decisions that drive improvements in quality of care for patients and support the delivery of expected benefits across all SEL providers.

### Agenda and Minutes

Agenda items will be agreed at the end of each prior meeting. The agenda and any supporting documents will be circulated by email a week in advance of the meeting. Papers may be tabled pending approval of the Chair.

The STP programme office will provide support to the meeting in relation to: setting and agreeing agendas; minute taking and logging action; arranging subgroup meetings; developing and maintaining a work programme; and arranging analytical support.

### Review

The group will review its purpose, delivery of objectives, work programme, key functions, membership and terms of reference on an annual basis, beginning (a year from the date of the first meeting).

SEL CCGs have committed to reviewing the performance of the orthopaedic clinical network and the delivery of quality and efficiency benefits in 12 to 18 months following the creation of the network.