NHS
North West
Neurosurgery Specialised Clinical Network

Standard Operating Policy

Summary	The Standard Operating Policy sets the standards and arrangements for how the North West Neurosurgery Specialised Services Clinical Network functions.	
Document Type (Select)	☒ Policy or Procedure ☐ Evidential Briefing for information	☐ Evidential Briefing for discussion and decision ☐ Guidance
Target Audience	All Network Stakeholders	
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Author	Alastair Leslie-Dakers Network Manager	
Owner	Network Management Office	
Link to Network Functions (Select)	☒ Service Delivery ☒ Resources ☐ Workforce ☒ Quality	☒ Collaboration ☒ Transformation ☐ Population Health
Supporting Documents	See document footnotes for directly referenced sources. See the bibliography for consulted sources.	

Abbreviations and Terms Used

Abbreviation/Term	Meaning
ICB	Integrated Care Board(s)
GIRFT	Getting It Right First Time
NHS Provider	Organisations with a licence to provide NHS-funded services
the Network	The North West Neurosurgery Specialised Services Clinical Network
Partner	Bodies with which the Network has an agreement
Provider Member Organisations	The three commissioned Neurosurgery centres in the Network
SOP	Standard Operating Policy
Stakeholder	The collective term for organisations and associations that the broader healthcare sector comprises

1 Table of Contents

2 Executive Summary

The North West Neurosurgery Specialised Services Clinical Network introduces collaboration between the region's Neurosurgery and associated services to ensure patients receive the highest levels of patient-centred, multi-disciplinary care in the most appropriate environment.

Although the Network is not a statutory body, NHS England mandates it to develop Neurosurgery services across seven functions (see section 4.6) and contribute to the NHS Triple Aim and broader health economy.

The Network's Standard Operating Policy is the central governance article that describes the control framework for Network decision-making and business delivery to fulfil this mandate.

The Policy:

- Sets the Network's geographic and membership scope
- Establishes the Network's Constitution
- Describes how the Network is represented and interacts with external bodies
- Describes the internal structure, standard terms of business and decision-making processes
- Sets the responsibilities and frameworks for Information Governance, Clinical Governance, Risk Management, Knowledge Management, and Membership and Stakeholder Relations

The frameworks and contractual documents for Specialised Services Clinical Networks support the Policy.

3 Scope and Context

3.1 Context

Specialised Services Clinical Networks (SSCN) (formerly known as Operational Delivery Networks (ODN), also known as Clinical Networks[1], are a way to introduce collaboration among specialised services. These services (neurosurgery, neonatal services, and children's and young people's cancer services, for example) are provided in specialist centres. They are planned nationally and regionally with NHS England, in-region NHS Providers, and ICB.

Mandated by NHS England, the North West Neurosurgery SSCN (The Network) began establishment in January 2024 and is Hosted by the Northern Care Alliance NHS Foundation Trust.

3.2 Network Location and Boundaries

The Network is aligned to the North West NHS England Region and is one of eight Neurosurgery SSCN. It shares borders with the North East & Yorkshire and Midlands Networks. See Figure 1.

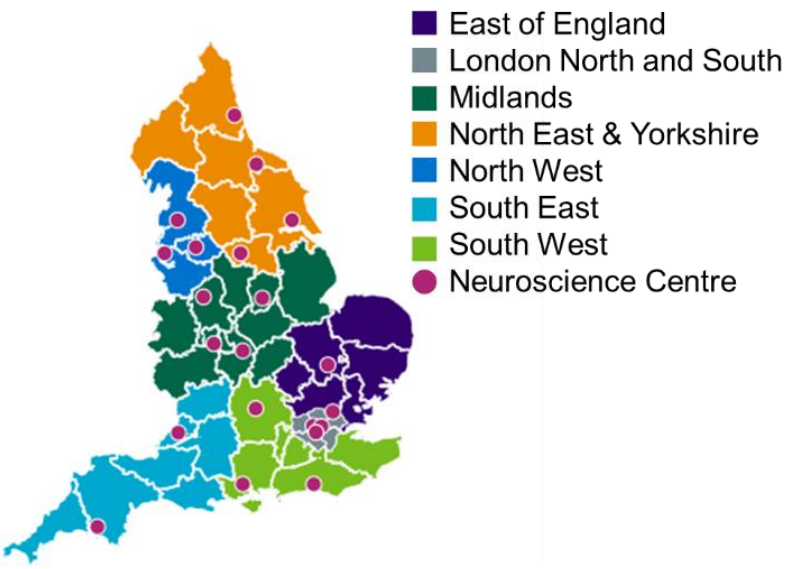

Figure 1

Externally, the Network shares a border with NHS Wales. It also considers the UK's reciprocal healthcare agreements with other states, particularly those in the Common Travel Area (the United Kingdom, Ireland, the Isle of Man, and the Channel Islands)[2].

As the Network is mapped to the North West NHS England Region, it is coterminous with its three Integrated Care Systems (led by NHS Cheshire & Merseyside, NHS Greater Manchester, and NHS

[1] NHS commissioning » Specialised services clinical networks
[2] Common Travel Area guidance - GOV.UK (www.gov.uk)

Lancashire & South Cumbria).

The region has a population of 7.1 million people[3].

3.3 Provider Member Organisations

The Network includes three NHS Neuroscience Centres, each commissioned to provide Neurosurgery services as outlined by the Neurosurgery Service Specification[4]. NHS England estimates the Network's catchment population is 9.5 million people[5]. See Table 1.

Neuroscience Centre	Catchment Population (Million)	Integrated Care System
Lancashire Teaching Hospitals NHS Foundation Trust	1.9	NHS Lancashire & South Cumbria
Manchester Centre for Clinical Neurosciences Northern Care Alliance NHS Foundation Trust	3.3	NHS Greater Manchester
The Walton Centre NHS Foundation Trust	4.3	NHS Cheshire & Merseyside

Table 1

The three Centres are collectively known as the "Provider Member Organisations" or, as the context permits, "Providers".

3.4 Stakeholders and Partners

The Integrated Care Systems and broader healthcare sector comprise many organisations, associations, and individuals that contribute to improving health and care services. The Network identifies, considers, and includes such bodies to inform its plans and achieve mutual aims.

Example bodies include:

- NHS Trusts
- General Practices
- Social care bodies
- Strategic Clinical Networks

[3] Health geographies population estimates - Office for National Statistics (ons.gov.uk)
[4] NHS England » Neurosurgery (adults)
[5] https://future.nhs.uk/neurosurgeryspecialisedclinical/view?objectId=195922245

- Local Authorities
- Pharmacies
- Voluntary, community, faith, and social enterprise (VCSE) bodies
- Cancer Alliances
- Other SSCN
- Universities
- Independent sector organisations (for example, equipment manufacturers)

Collectively, these organisations and associations are known as **Stakeholders.**

Where an agreement exists between the Network and another body, these bodies are known collectively as **Partners**.

3.5 Policy Context

NHS England develops national policy, which the Network must appreciate in its structure, Strategy, and Annual Plan. Figure 2 illustrates the Network's policy drivers. Broader NHS policies (such as workforce, quality, and finance) are not shown but apply.

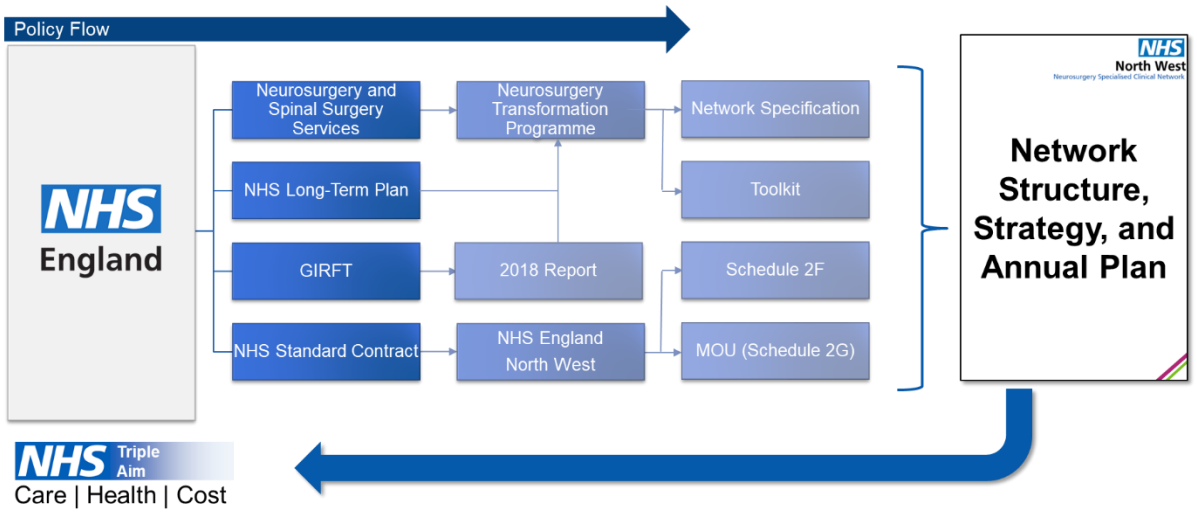

Figure 2

4 Constitution

The Constitution outlines the Network's commitments, duties, functions, and responsibilities.

4.1 Vision

The Network's vision is to ensure that **Patients receive the highest levels of patient-centred, multi-disciplinary care in the most appropriate environment.**

4.2 Network Purpose

The Network's purpose is **to collaborate to provide professional and clinical leadership to design and deliver high-quality services.**

4.3 Influence Spectrum

Guided by the policy context, the Network is expected to address various topics and issues but must flex across a spectrum to be effective. The Influence Spectrum (Figure 3) represents these approaches with examples of actions aligned with the policy context's objectives, ambitions, and recommendations.

Interventional	Investigative	Strategic	Observative	Consultative
▪ Improve	▪ Assess	▪ Consider	▪ Identify	▪ Foster
▪ Reduce	▪ Establish	▪ Establish	▪ Ensure	▪ Share
▪ Increase	▪ Review	▪ Utilise	▪ Monitor	▪ Promote

Figure 3

To be successful, the Network will flex across the Influence Spectrum. This requires a complex strategy, including a range of endpoints. The Network Principles provide a method for decision-making and impact assessment by linking strategic aims with three common, long-standing, and relatable Principles.

Table 2 describes the Network's Principles.

Principle	Description	Example Indicators	Predominant indicator type
Access	Utilising, organising, and enhancing the Network's resources and those which it influences for the benefit of stakeholders whilst overcoming	• Patient waiting times to receive care • Stakeholder ability to interact with, understand, and contribute to the Network • Ensuring healthcare professionals equitably receive professional development • Introducing and using new technologies and techniques	Quantitative

	interaction limitations	• The Network's reach and influence on others	
Outcomes	The effect and result of utilising, organising and enhancing the Network's resources and those which it influences on stakeholders	• Clinical outcomes • Achievement degree of Objective Key Results and Key Performance Indicators • The effect of professional development on healthcare professionals • The impacts of introducing and using new technologies and techniques • The impacts of the Network on the broader healthcare system	Quantitative and Qualitative
Experience	Stakeholder's impressions resulting from utilising, organising, and enhancing the Network's resources and those which it influences	• Patient experience measures • Stakeholder feedback following Network-led events and consultations • Career path case studies of healthcare professionals • Stakeholder feedback	Qualitative

Table 2

4.4 The Triple Aim

The Health and Care Act (2022) triple aim has a legal duty on NHS bodies, requiring them to *"have regard to wider effect of decisions"*[6]. This is known as the Triple Aim. See Table 3.

Care	Health	Resources
The quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)	The health and wellbeing of the people of England (including inequalities in that health and wellbeing)	The sustainable and efficient use of resources by both themselves and other relevant bodies

Table 3

Although not a statutory NHS body, the Network considers these factors in decision-making, considering the Provider Member Organisation's services, and reports its impact on the aim annually.

[6] Health and Care Bill: integration measures - GOV.UK (www.gov.uk)

4.5 Functions

The Network has seven functions[7] which the Board ensures it meets through the Annual Plan and business cycle. See Table 4. These functions offer a method of categorising actions and describing the Network's impact on the Triple Aim.

	Function	Explanatory note
1	Service Delivery	The Network's role in planning and managing capacity and demand
2	Resources	The Network's role in stewardship of resources across the whole pathway and minimising unwarranted variation
3	Workforce	The Network's role in ensuring flexible, skilled, resilient staffing
4	Quality	The Network's role in improving quality, safety, experience, and outcomes
5	Collaboration	The Network's role in promoting working together across organisations and local, system, and national levels
6	Transformation	The Network's role in planning sustainable services that meet the needs of all patients
7	Population Health	The Network's role in assessing need, improving inequalities in health, access, experience, and outcomes

Table 4

4.6 Style and Identity

Creating and maintaining a consistent and credible Network identity is essential to promoting positive stakeholder relations and independence from provider-member organisations. This is especially important as the Network is Hosted and lacks a physical presence.

4.6.1 Style

The Network is formally referred to as:

"The North West Neurosurgery Specialised Services Clinical Network"

The region the Network represents should always be included to avoid ambiguity with the remaining Networks.

The Network can subsequently be called 'the Network' or 'the SSCN'. Where multiple Networks are in discussion, consider including NS as an abbreviation for "Neurosurgery", 'The NS Network' or 'The NS SSCN'. Any ambiguity as to which network is being referred to should be avoided.

Avoid abbreviating Specialised Services Clinical Network to 'SCN', which may introduce ambiguity with Strategic Clinical Networks.

[7] Neurosurgery Clinical Network Specification

4.6.2 Identity

The Network adopts the NHS Identity Guidelines[8] which should be followed when representing the Network.

4.7 Hosting

The Network is Hosted by Northern Care Alliance NHS Foundation Trust, as set by an establishment letter[9] from NHS England. The Host provides support and corporate services, such as human resources, digital assets and infrastructure, and finance management.

Individuals employed to facilitate the Network, such as the Network Officers, may be directly employed by the Host or through an arrangement with a partner (such as another NHS Trust) at the discretion of the Network Board.

The Network operates within the Host's Governance Framework Manual[10], reporting to the Hosted Services Group. This framework includes the Standing Financial Instructions, Standing Orders of the Host's Board of Directors, and the Reservation and Delegation of Powers.

4.8 Funding

4.8.1 Recurrent Funding

The Network receives recurrent funding from NHS England (North West) Specialised Commissioning. The Network Manager and Host receive allocation confirmation annually.

4.8.2 Non-Recurrent Funding

NHS England may provide non-recurrent funding where the Network is commissioned to deliver a discreet work programme.

The Network may invite further external investment. With Network Board oversight, the Network Management Office will coordinate investment bids, ensure appropriate due diligence is completed on other funding channels, and adhere to the Host's Governance Framework Manual.

4.8.3 Financial Year

The Network's financial year is aligned with the Northern Care Alliance NHS Foundation Trust's Tax year. It commences on the 1st of April and concludes on the 31st of March of the following calendar year.

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[8] NHS Identity Guidelines
[9] https://future.nhs.uk/neurosurgeryspecialisedclinical/view?objectId=196176261
[10] Available on request to the Network Manager

5 Structure

5.1 External

Governed by the Network Board, the Network is accountable to NHS England through the North West Regional Directorate of Health and Justice and Specialised Commissioning Senior Leadership Team, specifically the Head and Trauma Programme of Care.

From April 2024, the commissioning of specialised services in the North West is delegated to the region's three ICBs (table 1). The Network is accountable to these ICBs via the North West Specialised Services Joint Committee.

The Network agrees on an Annual Plan with the Head and Trauma Programme of Care and the coterminous ICB, as shown in Figure 4.

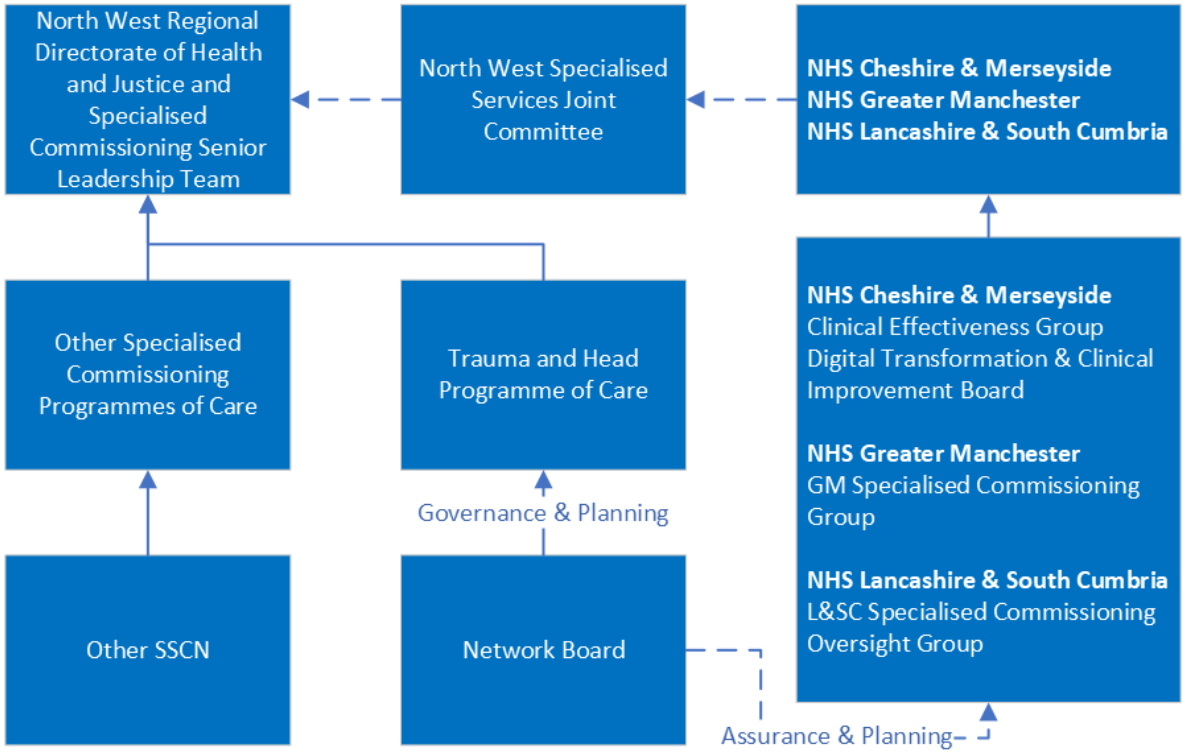


Figure 4

5.2 Internal

Internally, the Network Board delegates decision-making mandates to three decision-making Programme Groups, each overseeing a programme. Each Programme Group has a Senior Responsible Officer (SRO) accountable to the Network Board for delivering the Programme's Objectives. See Figure 5. The role of SRO may be shared.

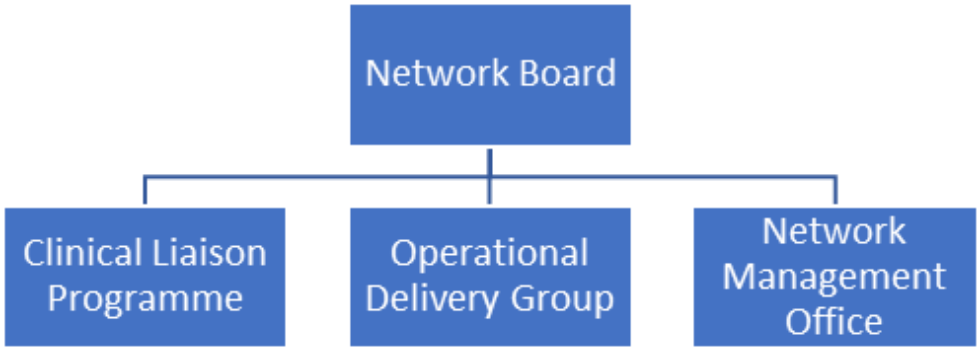


Figure 5

5.3 The Network Board

The Network Board oversees developing and implementing the Network's Strategy and plans, ensuring the Network delivers its objectives.

The Network Board is a Clinical Network Specification[11] requirement. Led by a Chair, it is accountable to NHS England and the regions ICB.

It achieves its strategic oversight purpose by:

- Agreeing on and supporting the Network Officers and SRO to deliver an Annual Work Plan which is aligned with national priorities and agreed upon with commissioners
- Developing a collaborative culture, partnership, and effective communication between the Membership Body and stakeholders and partners
- Monitoring progress, providing clear direction and oversight to each programme group that reports to the Board
- Reviewing, monitoring, and mitigating risks and issues
- Providing a forum to raise and address concerns relating to access, experience, and outcomes
- Reporting to NHS England, the regions ICB and publishing an Annual Report and Impact Report

5.4 Network Board Annual Business Cycle

The Annual Business Cycle sets the regular business for the Board to transact. It includes regular and periodic items (Table 5 and Table 6) coordinated by the Network Management

[11] Clinical Network Specification

Office. These items are intended to prompt discussion and decision-making and support the Board in fulfilling its strategic oversight purpose.

5.4.1 Regular Items

Previous Meeting Minutes
Previous Meeting Matters Arising
Action and Decision Log
Network Performance Scorecard
Programme Reports • Clinical Liaison Programme • Operational Delivery Group • Network Management Office
Finance Report
Board Assurance Framework and Network Risk Register
Stakeholder Engagement and Feedback Report

Table 5

5.4.2 Periodic Items

Meeting Month	Business Item	Purpose	Responsible Programme Group		
			Clinical Liaison Programme	Operational Delivery Group	Network Management Office
May	Final Draft Annual Report, Accounts, and Impact Statement	Approval	✓		✓
	Board Members Register of Interests and Network Associate Member validation	Noting			✓
	Provider Member Organisation Annual Report	Noting	✓	✓	
September	H1 Finance Plan review and H2 Finance Plan	Approval			✓
	Provider Member Organisation Annual Report	Noting		✓	
November	Strategic Position and Review	Noting	✓	✓	✓
	Board Terms of Reference Review	Approval			✓
	Standard Operating Policy Review	Approval			✓

	Provider Member Organisation Annual Report	Noting	✓	
February	H1 Finance Plan	Approval		✓
	Final Draft Strategy Update	Approval	✓	✓
	Final Draft Annual Plan	Approval	✓	✓
	Draft Schedules 2F and 2G *(transactions may be required through exceptional meetings due to external dependencies).*	Noting		✓
As Required	Summary Terms of Reference	Approval		✓
	Case for Change and Investment Presentations and Decisions	Discussion and Decision		✓

Table 6

5.5 Programme Groups

Each Programme Group is responsible for setting and delivering Annual Plan objectives that align with the group's mandate, as set by the Summary Terms of Reference.

Together, the groups oversee the submission of assurance and advice to the Network Board, which is aligned with the Network Board's business cycle.

Table 7 illustrates the group's assurance ownership responsibilities.

Clinical Liaison Programme	**Operational Delivery Group**	**Network Management Office**
Clinical Governance • Clinical Effectiveness • Clinical Risk Management • Patient and Public Involvement • Information Management • Governance and Leadership • Training and Education • Performance and Monitoring	**Quality Improvement** • GIRFT Recommendations • Audit and peer review **Data and Network Intelligence** **Operational Effectiveness** • Service monitoring and performance reporting • Mutual Aid	**Network Configuration** **Risk Registration and Response Planning** **Resource Management** **Policy and Horizon Scanning** **Communications and Engagement**

Clinical Advice • Peer review • Statutory requirements • Clinical Guidelines and Protocols **Clinical Transformation** • Low Volume, High Complexity • High Volume, Low Complexity • Pathways • Clinical dependencies **Research and Trials**	• Incident review response, planning, and management • Operational risk management **Service Directory** • Referral pathways **Statutory Requirements and Assurance** **Workforce Planning** **Training and Education**	**Contract, partner, and supplier relationship management** **Strategy and Annual Planning** **Reporting**

Table 7

5.6 Membership Body

The Network comprises a Membership Body of individuals with varying responsibilities.

Table 8 classifies the roles in alignment with Schedule 2G (MOU) (see Section 6.5).

Classification	Officers	Subject Matter Experts	Associates	Individuals
Named Roles and *example roles*	• Chair • Clinical Lead(s) • Network Manager	• Quality Improvement Lead(s) • Operational Lead(s) • Clinical Subject Matter Expert(s)	• Associate Sub-Speciality Clinical Lead(s) • Associate Subject Matter Expert(s)	• Subject Matter Experts • Patient and Public Representatives
Contribution Expectation	Network Leadership	Annual Plan Delivery	Advice and insight on a long-term basis	Advice and insight on a short-term basis
Employer	The Network via the Host Organisation		Respective Organisations	
Salaried?	Yes		No	
Accountable to	NHS England	Network Board	Employing organisation if applicable	
Appointment Process	Open competition		Open competition and invited on recommendation	By invitation on recommendation

Table 8

Together, these groups form the Membership Body.

Additionally, the Network recognises the broader system and classifies its representatives as stakeholders (see section 2.4). Through the Network's engagement, stakeholders representing the wider health and care system will consider the Network's strategy in their interests.

The Network forms a Collaborative with stakeholders, as illustrated in Figure 6.

Figure 6

5.7 Contracting

The North West Regional Directorate of Health and Justice and Specialised Commissioning Senior Leadership Team annually includes the NHS Standard Contract Schedules in the NHS Standard Contract. These Schedules contract the Provider Member Organisations to recognise and engage with the Network and to meet the relevant standards described in the Clinical Network Specification. See Table 9.

The Network is required to meet the standards described in the Clinical Network Specification.

Document	Clinical Network Specification	Schedule 2F	Memorandum of Understanding (Schedule 2G)
Overview	Requirements and guidance for • Strategic Priorities and Objectives • Governance structures • Performance measures and indicators	• Contractual basis for NHS Provider Member Organisation participation in the Network • Connects the Clinical Network Specification with MOU (Schedule 2G) • Sets Network Objectives	• Memorandum of Understanding between NHS England North West and NHS Provider Member Organisations ○ Crystalises roles and responsibilities ○ Sets the Network as a Member Organisation

Table 9

The Network Management Office ensures the latest version of these documents is available, following the Knowledge and Document Management Process.

The Network Management Office advises the Network Board and collates comments when revisions to these documents are planned.

The Network Management Office is responsible for supporting the Network Board in entering contracts, for example, for services, following the Host's Governance Framework Manual.

6 Standard Terms of Business and Decision-Making

The Standard Terms of Business and Decision-Making govern how the Network conducts business and ensures consistency between decision-making groups and interactions with stakeholders and partners. They also outline the expected business conduct of the persons contributing to the Network. The Seven Principles of Public Life (the Nolan Principles) form the basis of these expectations (Table 10).

Term	Explanation
The Network	The totality of the North West Neurosurgery Specialised Clinical Network.
Member Organisations	Organisations, including unincorporated associations, that are Members of the Network. See Section 7 and Schedule 2G (Section 5.5).
Decision-making group	A group of persons formed to conduct business to progress The Network, such as the Network Board, an Advisory Group, or a Task and Finish Group.
External Body	Any organisation, including unincorporated associations and member organisations, that is not the Network.
Persons	All those who contribute to decision-making groups and/or conduct business on the Network's behalf.
Seven Principles of Public Life (known as the Nolan Principles)	1. Selflessness 2. Integrity 3. Objectivity 4. Accountability 5. Openness 6. Honesty 7. Leadership

Table 10

6.1 Summary Terms of Reference

Using the template, a Summary Terms of Reference provides each decision-making group with a mandate agreed upon by the Network Board. The Standard Terms of Business and Decision-Making supplement the Summary Terms of Reference (Figure 7). This approach simplifies the Terms of References and provides consistency between decision-making groups.

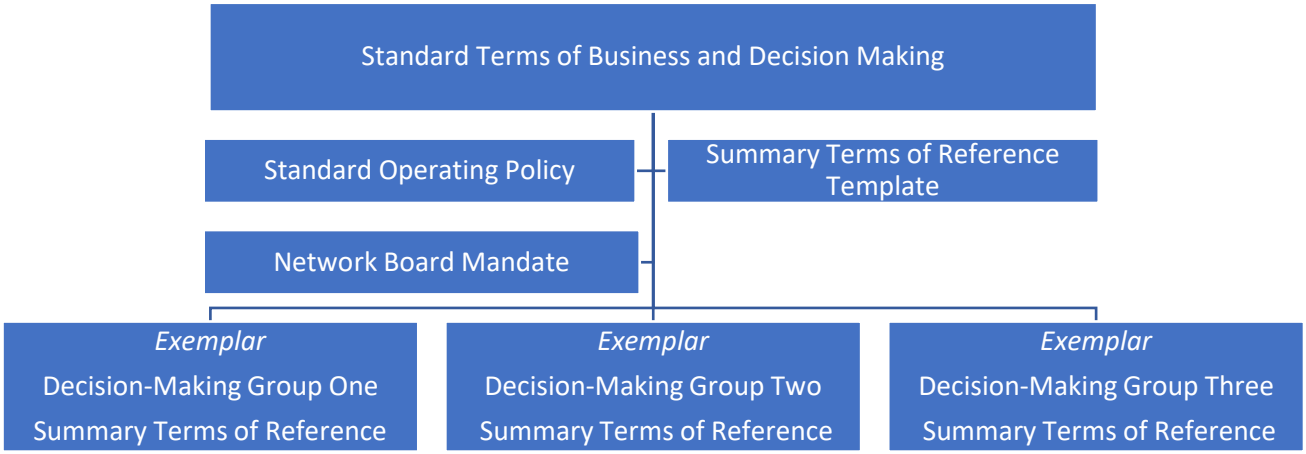


Figure 7

The Management Office ensures that Summary Terms of Reference are managed.

Summary Terms of Reference(s) will:

- Be reviewed at a minimum annually or by the request of the Network Board Chair or Deputy Chair
- Be posted on the FutureNHS site in the Summary Terms of Reference Repository
- Follow the Knowledge and Document Management Process

6.2 Standard Terms of Business and Decision-Making

All decision-making groups and individuals contributing to the Network adopt the Standard Terms of Business and Decision-Making in Table 11.

Term	Network Expectation
Academic Practice and Publication	• Persons and the Network can individually and/or jointly publish results arising from the Network's function following usual academic practice. • In the event of independent publication, the other party will seek prior written consent.
Accountability	• Persons remain accountable to the organisations they represent and professional bodies (where applicable). They are expected to follow the policies of these organisations.
Best Interest Decisions	• Collectively, decision-making groups make decisions in the Network's best interest, aligned with the Network Strategy, and accept that these decisions may not always reflect their own or external body priorities.
Communications	• The Management Office will support decision-making groups in communicating with stakeholders.

	• Persons are responsible for cascading decisions in their organisation(s).
Confidentiality	• Members will maintain the Network's confidentiality. • Information shall not be used except for the purposes for which it was made available. • Where knowledge and resources are Commercial in Confidence, the Management Office ensures suitable agreements are in place. • If persons suspect a material confidentiality breach, they will inform the Management Office.
Conflict of Interest	• In the event of a Conflict of Interest, individuals will declare this to the decision-making group Chair as soon as practicable. • The Management Office will confirm that individual Conflicts of Interest are registered with the relevant register. • Where Network business creates a Conflict of Interest, the Network Chair will advise NHS England in writing.
Executive Decision Making and Mandate Setting	• The Network Board is ultimately accountable for all decisions made. As the executive, it retains the right to review decisions and coordinate implementation. • The Network Board sets decision-making group mandates and resource allocation. It retains the right to amend these.
Good Faith	• The Network and persons will conduct business on a good-faith basis.
Hosting	• As a Hosted function, the Network operates within the Governance Framework of the Northern Care Alliance NHS Foundation Trust.
Intellectual Property	• If intellectual Property is generated through the Network's function, it shall be jointly owned by the person's inventive contribution. • If Intellectual Property is capable of commercial exploitation, no person shall exploit it without the consent of others.
Materiality Decision Making	• Persons will consider the materiality of evidence when making decisions. • Material evidence that could influence a decision will be available to all decision-making groups, with reasonable consideration time.
Representation	• Persons are authorised by the organisation(s) they represent to make decisions on behalf of that organisation. • The organisation(s) persons represent will be recorded in Network logs.
Risk, Issue, Assumption, and Dependency Management	• Decision-making groups will maintain a Risk, Issues, Assumptions, and Dependencies (RAID) log supported by the Management Office.
Secretariat	• The Management Office will provide a secretariat function for decision-making groups.

- At a minimum, the secretariat will maintain meeting agendas and logs.
- Agendas, logs, and supporting evidence will be made available to decision-making groups no later than five working days before a decision event (for example, a meeting), except material evidence that requires a more significant consideration period.

Table 11

7 Planning and Strategy Setting

The Network Board sets the strategic direction and priorities. The strategy is a multi-year plan that the Network is pursuing and links the Network's Vision and Purpose Statements to the Annual Plan (see Table 12). The Network Board oversees the strategy-setting process (Figure 8) and evaluates the strategy's quality (Table 13). Stakeholder input is crucial to the process.

Relevance	Component
Enduring	• Vision and Purpose Statements • Principles • Functions
Long Term (3-5 Years)	• Strategy (Direction and Priorities)
Medium Term (1-2 Years)	• Annual Plan Objectives
Short-Term (0-6 Months)	• Annual Plan Action Plan

Table 12

By monitoring the context and strategy implementation, the Network Board will recommend adaptations as required.

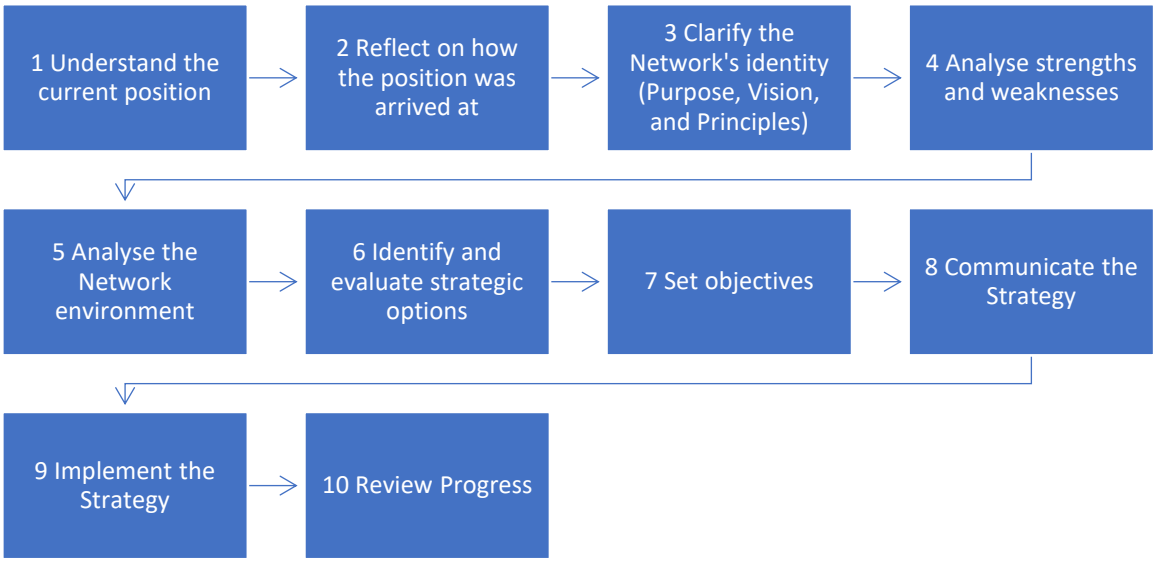


Figure 8

Quality Indicators	
Flexible	adaptable to change but in line with the Network vision
Responsive	taking account of market, economic and environmental conditions
Creative	to inspire commitment
Challenging	so that it acts as a source of inspiration and motivation
Realistic	so that it is achievable and progress can be celebrated
Focused	clear, defined, and understandable to all stakeholders
Engaging	in line with Network culture and values

Table 13

7.1 Annual Plan Setting

The Network will set an Annual Plan comprised of objectives and actions that the Network will achieve in the year. The Network Board approves the Annual Plan and seeks endorsement from the ICB, NHS England, and the Membership Body.

The Annual Plan is aligned to the financial year and approved in preparation for the following year.

Each SRO leads the development of Annual Plan objectives and includes anticipated resources required to deliver the objectives.

The process is linked to the NHS Priorities and Operational Planning[12] process to align Network and Provider plans for maximum value and benefit.

7.2 Monitoring

The Network Board monitors the progress of the Strategy and Annual Plan and considers appropriate in-year revisions. The Annual Plan Objectives have Objective Key Results aligned to the Network Principles against which progress is monitored and Actions set to achieve the Objective Key Result.

7.3 Example Application

Table 14 illustrates an example of aligning a strategic objective with the Network Principles, with two associated Objectives and Key Results and Actions.

		ACCESS	**OUTCOMES**	**EXPERIENCE**
Strategic Objective	**By 2030, all patients will receive the same care quality**	**Network members utilise a suite of resources to manage demand and capacity**	**People and services work together to set and develop care quality**	**Care quality metrics show improvement against the 2024 baseline**
Objective 1	**Develop a network-level**	By January 2026, all	Increased operational	Referrals support patients

[12] NHS England » NHS operational planning and contracting guidance

	access and referral protocol	referrals will follow the protocol	stability and demand fluctuation resilience	seeing the right team in the right place, first-time
Key Result		% protocol adherence	Regular sharing and discussion of operational status Regular examples of mutual aid and surgeon passporting	% of referrals returned
Actions		Publish the access and referral protocol	Network hosted meetings Data analysis of operational status	Data analysis
Objective 2	**Increase the proportion of day-case surgeries**	The proportion of day-case surgeries is monitored	Share best practices and publish analysis on opportunities to increase the rate of day-case surgery	The relevant MDTs and sub-specialities have confidence and plans to support the objective
Key Result		% of day-case surgeries	Regular sharing and discussion of practice Case studies published and presented	MDT policies in place MDT plans for continuous improvement in place MDT member feedback
Actions		Monitoring	Network-hosted best practice meetings	Publish MDT protocols Evaluate MDT continuous improvement plans MDT member questionnaire

Table 14

7.4 Case for Change and Investment Management

The Network Board will receive Case for Change and Investment[13] proposals and be asked to decide upon a position.

[13] Also known as business cases

Each Case for Change and Investment proposal is independent and varies in complexity, value, and impact. The Network Management Office coordinates the development of these proposals and flows through the principal steps outlined in Figure 9. Accepted proposals are adopted into the Annual Plan and follow internal and external reporting processes.

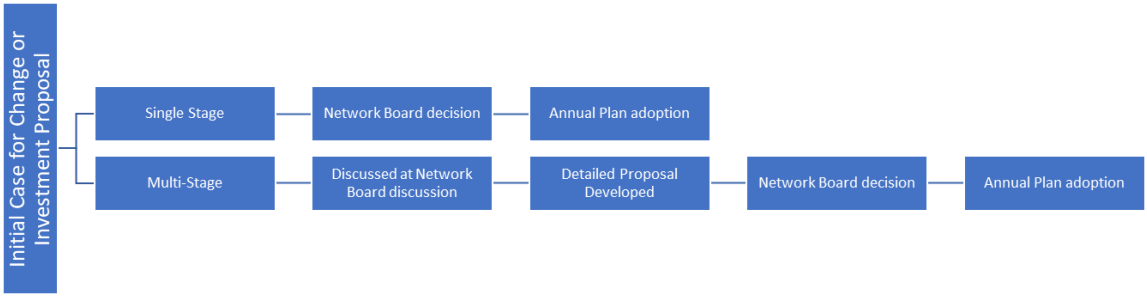


Figure 9 (Simplified process; not all possible outcomes are shown)

Proposals are classified as Single or Multi-Stage.

- **Single-stage** proposals are considered low-cost and low-risk. For example, a proposal to invest £5,000 in developing a Network website requests less than 2% of the Network's annual budget and does not introduce further risk.
- **Multi-stage** proposals can be wide-ranging in cost and will introduce risk. For example, a proposal to invest £100,000 in developing an education programme requests a third of the Network's annual budget and introduces risk, such as uncontrolled project growth.

The three Network Programmes are allocated a budget annually. Once set, utilising these budgets is outside the scope of the Case for Change and Investment Management process.

Purposefully, no set boundaries exist for pre-determining a single or multi-stage proposal. The Network Board will review all proposals and advise if a proposal warrants a multi-stage process.

Initial proposals are submitted using a template.

7.5 Internal Reporting

The Network Management Office produces and commissions reports for internal use. These reports comprise the papers presented at the Network Board.

The Network Management Office, through the Knowledge and Document Management process, maintains a library of report templates.

7.6 External Reporting

The Network Management Office leads the commissioning and coordination of report production for external audiences.

7.7 Annual Report, Accounts, and Impact Statement

The Network will produce an Annual Report, published to the collaborative in June, reflecting the previous financial year. The report will include an Impact Statement describing the Network's contribution to the NHS Triple Aim.

The Network Board will approve the Annual Report and Impact Statement before publication.

7.8 NHS England Reporting

The contracting documents (Clinical Network Specification, Schedule 2F, and Schedule 2G) set NHS England's external reporting requirements.

The Network Management Office will coordinate the production of NHS England reports, which the Network Board will approve before publication. Should reporting requirements change, the Network Management Office will brief the Network Board and include members in any consultation.

7.9 Northern Care Alliance NHS Foundation Trust – Hosted Services Group Reporting

The Hosted Services Group sets the reporting requirements and liaises with the Network Manager. Figure 10 illustrates this group's internal assurance structure.

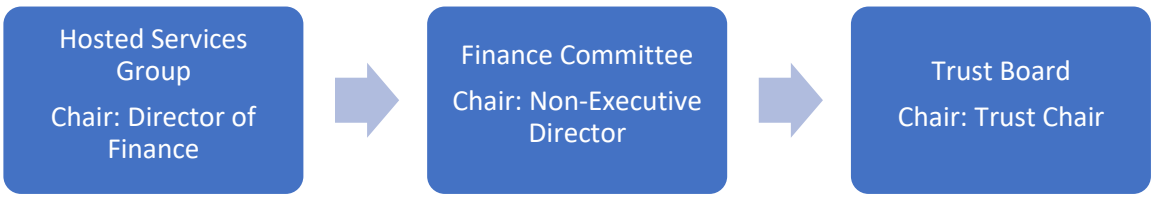


Figure 10

8 Information Governance

The Network processes personal and anonymised information in the course of its business. It is responsible for protecting the confidentiality, integrity, and availability of all data it stores, processes, and systems. To fulfil its purpose, the Network must share information between organisations.

Enabling Information Governance structures supports the Network's information sharing between NHS organisations for relevant purposes, such as direct patient care and planning and managing services.

The enabling infrastructure includes:

- Relevant legislation (for example, the Data Protection Act 2018)
- The NHS Constitution[14]
- Provider Member Organisation Personal Information Privacy Notices[15]
- Contracting Documentation (see Section 4.7)
- NHS England policies on data use[16]
- The Host organisation's Information Security Policies and Governance Framework[17]

The Network maintains a Data Protection Impact Assessment. This assessment identifies the risks of processing data and supports minimising these.

Where the Network is required to share information with non-NHS organisations, the Network Management Office establishes a suitable data-sharing agreement.

The Data Protection Impact Assessment is reviewed at a minimum every three years.

[14] The NHS Constitution for England - GOV.UK

[15] Lancashire Teaching Hospitals NHS Foundation Trust Privacy Notice; Northern Care Alliance NHS Foundation Trust Privacy Notice; The Walton Centre NHS Foundation Trust Privacy Notice

[16] Keeping data safe and benefitting the public - NHS England Digital

[17] Available on request to the Network Manager

9 Clinical Governance

To fulfil its purpose and functions, the Network must consider care standards, promote continuous improvement, and support Provider Member Organisations in meeting and exceeding the Neurosurgery Service Specification. Therefore, the Network has a Clinical Governance role.

The Network does not replace or vary Provider Member Organisation or Partner Clinical Governance frameworks and responsibilities.

To be effective in its Clinical Governance role, the Network must consider the whole system through a Community of Governance approach. This approach adds value to Provider Member Organisations and Partner Clinical Governance Frameworks by contextualising and supporting coordinated responses to interdependent issues.

The benefits of this approach are:

- Network understanding where patients and staff routinely interact with multiple services
- Approaching health inequality, improvement, and prevention requires a whole health economy perspective
- Coordinated issue management with shared effort between Provider Member Organisations and Partners, and avoidance of future unwarranted variation

The Clinical Liaison Programme principally leads the Network's Clinical Governance approach.

The Network adopts the Seven Pillars of Clinical Governance, described in Table 15, to embed the Community of Governance approach.

	Pillar	Description
1	Clinical Effectiveness	Applying best and evidence-based practices, using research to develop and implement new standards
2	Risk Management	Creating safe environments and ensuring risk management systems are in place and followed, including: • The Patient Safety Incident Response Framework[18] • The National Safety Standards for Invasive Procedures[19]
3	Patient and Public Involvement	Involving patients and the public in decision-making, promoting effective communication, and acting on feedback
4	Information Management	Supporting the use of robust systems to collect, analyse, and use information to audit for continuous improvement

[18] NHS England » Patient Safety Incident Response Framework
[19] NHS England » National safety standards for invasive procedures (NatSSIPS)

5	Governance and Leadership	Establishing strong and effective governance and leadership structures which foster positive cultures and duties, such as candour
6	Training and Education	Supporting continuous learning and workforce development pathways
7	Performance and Monitoring	Using regular evaluations such as audits, peer review, and reflection to assess performance against established standards to inform improvement priorities

Table 15

The Seven Pillars of Clinical Governance map closely to the Network Functions, demonstrating how Clinical Governance cuts across the Network's business and supports the Community of Governance approach (Table 16). The Network's business, therefore, offers many opportunities to consider Clinical Governance issues.

Network Function / **Clinical Governance Pillar**	**Service Delivery**	**Resources**	**Workforce**	**Quality**	**Collaboration**	**Transformation**	**Population Health**
Clinical Effectiveness	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓
Patient and Public Involvement	✓	✓	✓	✓	✓	✓	✓
Information Management	✓	✓	✓	✓	✓	✓	✓
Governance and Leadership	✓	✓	✓	✓	✓	✓	✓
Training and Education	✓	✓	✓	✓	✓	✓	✓
Performance and Monitoring	✓	✓	✓	✓	✓	✓	✓

Table 16

Where a specific incident, risk, concern, or alert (such as a National Patient Safety Alert) is known to a Provider Member Organisation which requires Network attention, this is reported to the Clinical Liaison Programme using the reporting form.

The Provider Member Organisation and Partners are responsible for reporting to the Clinical Liaison Programme and have discretion over what is reported. Issues warranting reporting include never events and safety incidents, complex multi-organisation pathway issues, and non-compliance with Network-agreed protocols.

10 Risk, Assumption, Issue, and Dependency Management

The Network will encounter Risks, Assumptions, Issues, and Dependencies (RAID) throughout its business. These RAID items must be understood, and appropriate management plans must be made, actioned, and monitored.

Provider Member Organisations and Partners also encounter RAID items. **The Network does not replace or vary Provider Member Organisation and Partner risk frameworks or responsibilities.**

However, the Network adds value to Provider Member Organisations and Partner risk frameworks by contextualising and supporting coordinated responses and plans to interdependent issues.

Table 17 provides the Network's definition of RAID items.

Category Description	Example	Category Description	Example
Risk – Events or circumstances that may occur and have an adverse effect. These factors originate in the External Environment of the Network.	*There is a risk that inflation may grow to 5%, applying cost pressures.*	**Assumption** – Information and knowledge believed to be true without empirical evidence or proof but is relevant for decision-making.	*The Network has based next year's financial plan on the assumption that inflation will remain at 2%.*
Issue – An event or circumstance which has occurred and has an adverse effect.	*Inflation is now 6% and applying cost pressures.*	**Dependency** – An interdependency between items or with external items.	*The Network's ability to absorb cost pressures depends on external funding amounts.*

Table 17

10.1 Risk Management Framework

The Network follows a risk assessment framework (Figure 11) that coordinates the methods that support the Network in controlling and mitigating (treating) the risks it encounters.

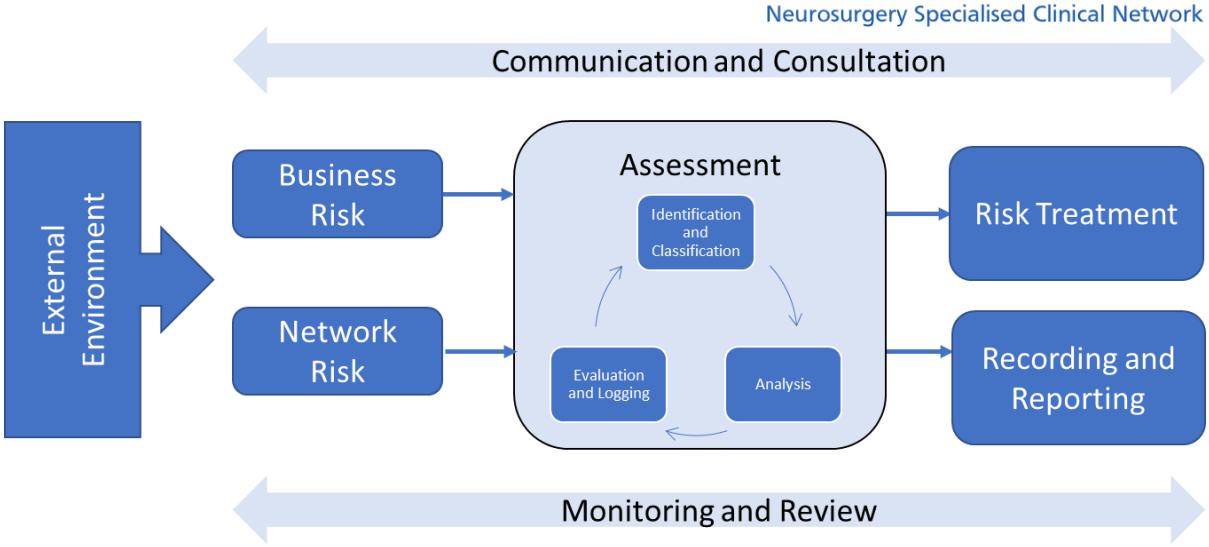


Figure 11

The Network encounters two risk groups, the tenets of which are described in Table 18.

1. **Network Risk—Risks that may impact the Network are multifaceted and experienced by the Provider Member Organisations, Stakeholders, and Partners. These risks affect the Network's Vision.** For example, *there is a risk that increased NHS resource pressures may negatively impact the effectiveness of neurosurgery pathways.*

2. **Business Risk—Risks that may impact the network's business can generally be managed internally by the Network and are independent. These risks affect the Network's Purpose and Strategy.** For example, *a risk is that the Clinical Network Specification may be revised following a strategic review of Networks by the Department of Health and Social Care*.

Business Risk	Network Risk
Usually, simple risks based on linear cause and effect	Reflective of a changeable series of internal/environmental states – often speculative
More easily predictable and therefore assessable	Less easily predictable and more complicated to assess
Tends to support risk trajectory from Extreme to Very Low (Table x)	When viewed from different perspectives, it concludes a least worse/best possible option, which may not reduce all risks
A single risk within the remit of a single enterprise	Within a Network, connected and interdependent, with contagion
Based on historical knowledge	Unpredictable and often in novel conditions
Commonly, the factors used in corporate risk assessments	Widely associated with unknown situations or emerging information
Assessment requires a variation from a set of known baseline conditions	It involves the evaluation of several interconnecting factors

Table 18

Communication and Consultation, and **Monitoring and Review** enable the Risk Management Framework. These actions ensure a robust understanding of the External Environment to identify emerging Business and Network Risks. They align with Step 5 of the Strategy-Setting process (Figure 8).

The Network maintains a risk log, which enables management and reporting. Risks are entered into the log following the risk assessment process outlined in Figure 11.

10.1.1 Risk Assessment

The risk assessment process is a systematic three-step evaluation of risks, done before an activity starts or as soon as a risk is apparent and repeated at set intervals, recognising the changing external environment.

Network Risks require assessment, which appreciates the risk from the perspectives of the affected organisations. This results in response plans that may be shared.

10.1.1.1 Risk Identification and Classification

Table 19 describes the three risk classes (strategic, Operational, and Programme). The Risk Owner agrees to the risk classification. Where agreement cannot be made, the risk is escalated to the Network Board for a decision.

Risk Group	Risk Classification	Explanation	Risk Owner	Reporting
Network	Network	Risks that impact the ability to deliver the Network's Vision	Shared between the affected organisations	To the Network Board Externally to NHS England and the Integrated Care Boards Published in the Annual Report
Business	Strategic	Risks that impact the ability to deliver the Network's strategy	Network Board	Externally to NHS England and the Integrated Care Boards Published in the Annual Report
	Operational	Risks associated with internal operations,	Network Management Office	To the Network Board

	processes, and how the Network works		
Programme	Risks affecting the Network programmes	Programme Group	To the Network Board

Table 19 [20]

10.1.1.2 Risk Analysis

Risks are assigned a score based on an analysis of the likelihood of occurrence and the impact or consequence they would have. The Risk Owner agrees to the risk score. Where agreement cannot be made, the Risk is escalated to the Network Board for a decision. Table 20 sets the scoring criteria. The score is a guide. In the broader context, risk owners should not assume that low-scoring risks do not require a response.

The total score is calculated by multiplying the likelihood score with the impact score. For example, a risk with a likelihood of Moderate and an impact of Minor results in a score of **6** (3x2).

The Risk Owner should pay attention to the materiality of the total score. For example, a risk considered a Likelihood of *Unlikely* and an Impact of *Minor* scores **4** (2x2) and is designated Low Risk. However, a risk considered a Likelihood of *Rare* and an Impact of *Major* also results in a score of **4** (1x4) yet is designated Medium Risk.

		Impact				
		1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
Likelihood	5 Almost Certain	Medium 5	High 10	Very High 15	Extreme 20	Extreme 25
	4 Likely	Medium 4	Medium 8	High 12	Very High 16	Extreme 20
	3 Moderate	Low 3	Medium 6	Medium 9	High 12	Very High 15
	2 Unlikely	Very Low 2	Low 4	Medium 6	Medium 8	High 10
	1 Rare	Very Low 1	Very Low 2	Low 3	Medium 4	Medium 5

Table 20

Table 21 provides definitions and examples of likelihood and impact scores.

Likelihood			Impact		
5	Almost Certain	Likely to occur frequently and persistently	5	Severe	• Multiple deaths • External Investigation • Irrevocable material financial loss • Litigation expected • Inability to achieve a or several strategic objectives

[20] Where information is Commercial in Confidence, these items are excluded from the Annual Report

4	Likely	Will probably occur frequently	4	Major	• Death or permanent injury • Investigation • Reputational damage • Material financial loss • Litigation likely • Difficulty achieving a or several strategic objectives
3	Possible	May occur occasionally	3	Significant	• Semi-Permanent Injury • Internal investigation • Internal reputational damage • Financial loss • Complaint expected • Some difficulties in achieving a strategic objective
2	Unlikely	Do not expect it to occur	2	Minor	• Short-Term Injury • Minor financial loss • Complaint possible • Minor difficulties achieving a strategic objective
1	Rare	Highly unlikely to occur	1	Insignificant	• No injury • Immaterial financial loss • Complaint unlikely • Little to no difficulty achieving a strategic objective

Table 21

Network Risks require analysis that appreciates the risk from multiple perspectives and impacts between organisations. The Network Board oversees this process and directs the necessary level of analysis. **Communication and Consultation**, and **Monitoring, and Review** enable this. Table 22 provides an example of this analysis. In the example, the Network may respond by focusing on mitigating the impact of the risk on Provider C rather than preventing the risk from occurring to Provider A.

	Network Risk	**Perspective Analysis**			**Summary**
		Access	**Outcomes**	**Experience**	
Principle Risk	NHS resource pressures may negatively impact the efficiency of neurosurgery pathways.	**4x4 = 16**	**2x2 = 4**	**4x5 = 20**	**VERY HIGH**
Impact	Provider B	**1x5 = 5**	**3x5 = 15**	**2x4 = 8**	**HIGH**
	Provider C	**5x5 = 25**	**4x4 = 16**	**4x5 = 20**	**VERY HIGH**
	Partner A	**2X2 = 4**	**2x3 = 6**	**4x2 = 8**	**MEDIUM**

Table 22

10.1.2 Logging

The Risk Owner is responsible for ensuring the risk is logged.

10.1.3 Management and Reporting

The Risk Owner will develop a management plan and report the risk to the appropriate group outlined in Table 19.

The management plan will include a target risk score against which progress is measured.

11 Knowledge and Document Management

FutureNHS is the Knowledge and Document Management system. All published Network information is expected to be published to FutureNHS, which is used to access Network information.

Home - Neurosurgery Specialised Clinical Network - North West - FutureNHS Collaboration Platform

Information suitable for publishing will be uploaded to the FutureNHS system. The person uploading the information is responsible for ensuring its suitability for inclusion on FutureNHS and following the FutureNHS content management policy[21].

'Content' includes documents, calendars, databases, comments, messages, links to content contained in external websites, and other information shared on FutureNHS.

Draft information, information Commercial in Confidence, or containing personal data are not to be uploaded. The Network Management Office sets alternative arrangements for managing these assets.

11.1 FutureNHS Document Properties

Documents will be uploaded primarily to FutureNHS. Upon upload, documents must have properties set. Table 23 lists the required properties.

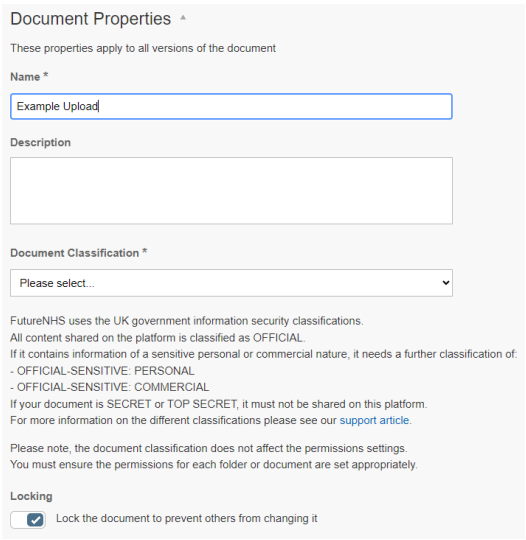
Name A suitable document name	
Description Optional	
Document Classification Must be set based on the UK Government Information Security Classifications[22], and follow FutureNHS policy if the Classification is: OFFICIAL-SENSITIVE: PERSONAL *or* OFFICIAL-SENSITIVE: COMMERCIAL	
Locking Yes	

Table 23

[21] Content management policy – FutureNHS Support Centre

[22] Using the UK Government Information Security Classifications on FutureNHS – FutureNHS Support Centre

11.2 FutureNHS Document Version Control

The FutureNHS Versions feature is used to publish new document versions. Revised documents are uploaded as a New Version. Separate entries should not be made to prevent confusion between document versions.

FutureNHS will assign each new Version a number in ascending order. Figure 12 shows a document entry with version control facilities highlighted in red. The example has five versions associated. Users can expand this tab to access previous versions. The most recent version is marked ‘latest’.

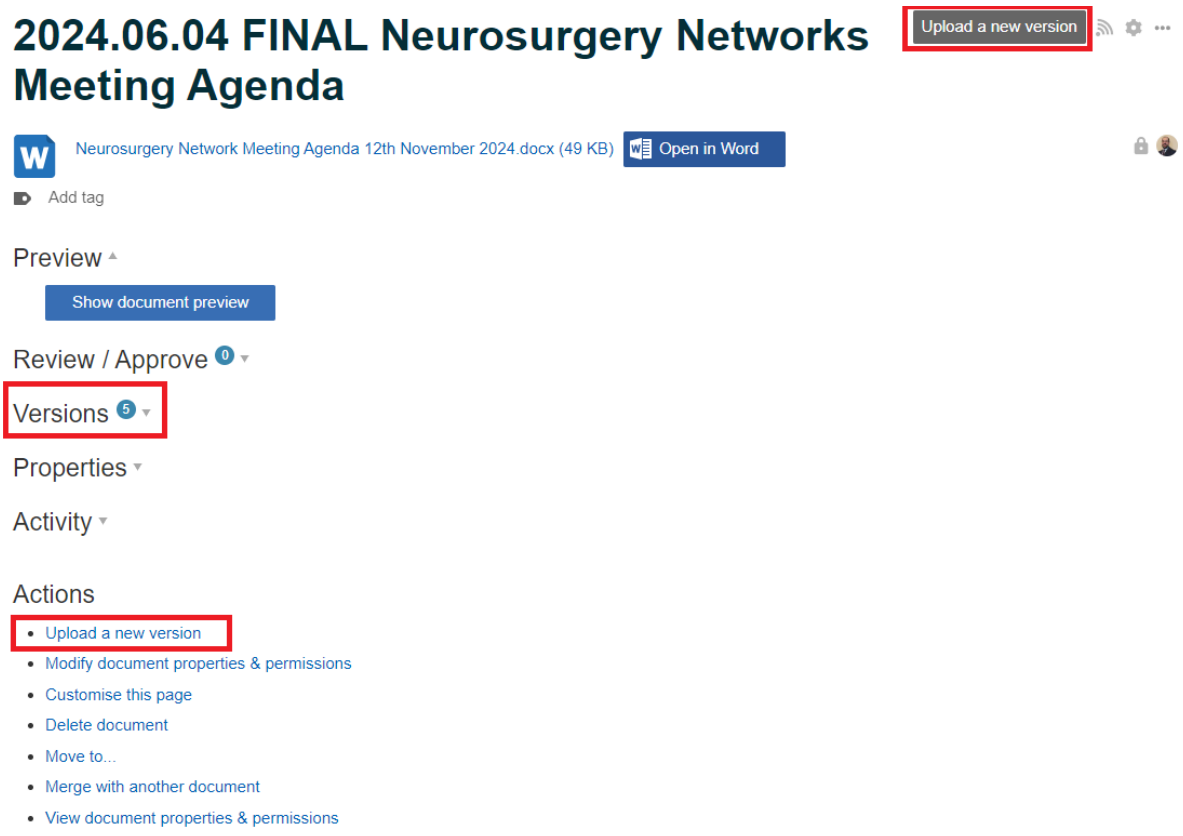


Figure 12

Where a document entry is no longer used, and no further versions are being made, it is moved to an archive folder, and the document’s name is amended to include the word ‘ARCHIVE’. The Network Management Office is responsible for ensuring documents are managed appropriately.

12 Membership and Stakeholder Relations

The Membership body is responsible for promoting effective relationships among members and stakeholders. The Network will periodically evaluate the effectiveness of its relationships using tools such as surveys. The strategy and annual plan-setting process will consider opportunities to enhance and create relations.

12.1 Patient and Public Involvement

The Clinical Network Specification reinforces how SSCN enable collaboration, including with patients and the public. NHS bodies also have legal duties to involve the public. The Network adds further opportunities for the Provider Member Organisations to meet these legal duties. The Network adopts NHS England's statutory guidance[23] and recognises the good practice of public involvement.

The Network Board applies scrutiny to the Network's business, ensuring the principles of public involvement are integrated.

[23] NHS England » Working in partnership with people and communities: Statutory guidance

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