

Scottish Paediatric Endocrine Group (SPEG)

TERMS OF REFERENCE

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1. Purpose

In NHS Scotland, national networks bring together stakeholders across traditional, professional, organisational and geographical boundaries. Managed Clinical Networks (MCNs) work with partners across these boundaries to support a “Once for Scotland” approach to the planning, design and delivery of sustainable service models. Through a multidisciplinary steering group each MCN provides clinical leadership and expertise to advise and support NHS Boards, Scottish Government and other stakeholders in relation to the delivery of services by using the most up to date evidence base, in line with national, regional and local priorities. (CEL (2012) 29)

The Scottish Paediatric Endocrine Group has been established for a period of fifteen years to facilitate clinical and other improvements in paediatric endocrinology through delivery of objectives set by the National Specialist Services Committee (NSSC) for NHS Boards and Scottish Government Health and Social Care Directorates (SGHSCD) within the national commissioning process. The network will be subject to ongoing review to ensure delivery of its objectives.

1.1 Network Aim

To achieve the best possible clinical and other outcomes for children and young people with endocrinological conditions through better access to high quality specialist care by enabling SGHSCD policy aims of safe, effective, person-centred care delivered as close to home as possible.

The network will develop a strategic 3-5 year plan for achieving the aim during the current commissioning cycle. This, and an annual work plan, will be based on the core objectives below (CEL (2012) 29).

1.2 Network Core Objectives

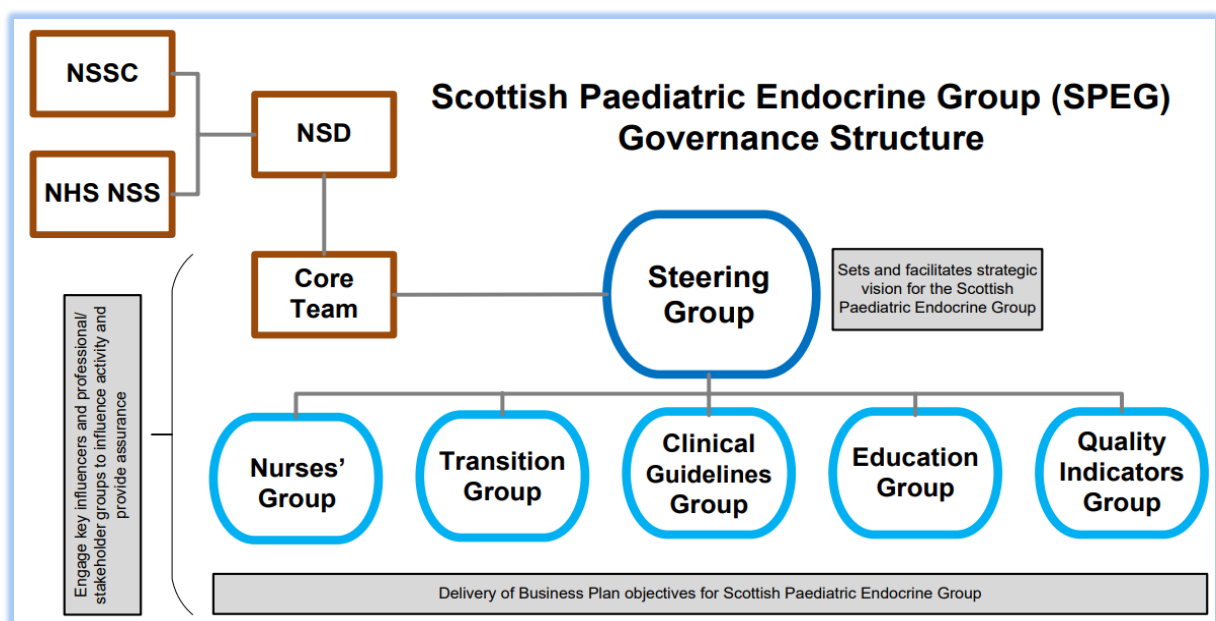
- Creation and ongoing delivery of a coherent and effective network governance structure with clear accountability, reporting and escalation lines, that provides robust network governance and assurance to Scottish Government and NHS Board CEOs.
- Support the design and delivery of services that are evidence based and aligned with current strategic NHS planning priorities.
- Support the delivery of value-based health and care focussing on achieving outcomes that matter to people, while using resources wisely
- Effective stakeholder communication and engagement through design and delivery of a written strategy that ensures stakeholders are involved in the

network and explicitly in the design and delivery of service models and improvements.

- Improve capability in paediatric endocrinology care through design and delivery of a written education strategy that reflects and meets stakeholder needs.
- Enable strategic policy aims, including climate sustainability and sustainable healthcare through the application of Realistic Medicine principles to sustainability.
- Facilitate continuous improvement in the quality of care (CQI) through effective systems and processes.
- Generate better value for money in how services are delivered.

2. Network Governance, and roles and responsibilities

2.1 Structure



Steering Group

The steering group will provide strategic leadership, direction, and vision for the network. It is the route through which delivery of network objectives will be planned, agreed, and monitored. It is both a decision-making body and route for making recommendation/escalation of relevant issues to NHS Boards/SGHSCD through national commissioning governance processes. The Steering Group Terms of Reference can be found at Annex A.

Subgroups/Short Life Working Groups

Network subgroups and/or Short Life Working Groups will be convened and stood down on the instruction of the Steering Group to consider a particular topic or deliver specific elements within the network workplan.

Groups will consist of interested parties with experience and expertise relevant to the topic, with a designated lead who is responsible for coordinating the work of the group, ensuring delivery of its remit and reporting progress to the network steering group. Each group will have its own terms of reference, as well as stated objectives and deliverables. The Subgroup/Short Life Working Group Terms of Reference can be found at Annex B.

3. Accountability and Performance

The Scottish Paediatric Endocrine Group is accountable through NSD to the NHS Board of Chief Executives and the Scottish Government for delivery of objectives set through national commissioning governance (Annex C).

3.1 Outcomes and Performance Monitoring

The Scottish Paediatric Endocrine Group will develop and agree with NSD, specific process and outcome measures to monitor and provide assurance of the network activities, effectiveness, and performance.

They will include:

- Core network measures (Annex D):
 - Network governance
 - Service development
 - Education and training
 - Stakeholder engagement
- Network specific measures, including performance outcome monitoring and quality improvement measures.
- Risks, issues and adverse events.

NSD will provide mechanisms for quarterly and annual reporting of performance and outcome measures for each network. These will be monitored by the Steering Group and reported through NSD business planning and reporting systems. NSD will monitor these measures on an ongoing basis and will reserve the right to request improvement plans where appropriate and will expect evidence of improvement over an agreed time period.

3.2 Annual report

The report should be in the format set out in the format at Annex F and should be submitted no later than 31 May of each year to NSD.

3.3 Finance

The finance arrangements for the network are managed through NSD who will provide mechanisms for planning and monitoring spend against an annual allocated operating budget in line with NSS Standing Financial Instructions.

3.4 Clinical Governance

The network has a responsibility to report any potential risk to patient safety and confidentiality to the NHS Board(s) in which the risk is identified and NSD. A confidential record of risks and actions taken will be maintained consistent with NSS risk management processes.

3.5 National commissioning review cycle

NSD has a review framework in place to ensure that each network is supporting the delivery of the most clinically and cost effective service and in line with the original designation objectives. The review framework outlines criteria, triggers and processes in place to prioritise reviews.

In the case of significant performance concerns or if there is a material change in the original case for establishing a network, a review may be undertaken to be able to address these issues. The NSD tier review framework is available on here (available on Q-Pulse or from the Programme Team).

3.6 Resolution of disputes

NSD and the network both resolve wherever possible to settle any disputes or disagreements in relation to this agreement by negotiation.

In the unlikely event that a resolution cannot be reached, this will be escalated through the NSD internal escalation process.

4. Ways of working

4.1 Confidentiality

Confidentiality in relation to network business must be maintained at all times, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated out with the Group.

4.2 Conflict of interest

Any personal, commercial or other interest, which might influence, or be reasonably deemed by others to influence impartiality, should be declared. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

4.3 Code of conduct

Network members will behave in accordance with [Section 2: The Key Principles of The Model Code of Conduct, Standards Commission for Scotland, Model code of conduct for members for devolved public bodies and guidance, June 2022.](#)

5. Document Control Sheet

5.1 Document Change History

Version	Date	Summary of Changes	Name	Changes Marked
D0.01	03/04/2024	First draft	Jamie Nimmo	No

5.2 Approvals

This document requires the following signed approvals.

Name	Title	Date	Version
Nicholas Conway	Lead Clinician of SPEG	28/06/2024	D0.01

5.3 Distribution

This document has been distributed to:

Name	Title/SBU	Date of Issue	Version
SPEG Steering Group	SPEG Steering Group	01/07/2024	D0.01
SPEG Steering Group	SPEG Steering Group	23/07/2024	V1

5.4 Linked Documentation

Document Title	Document File Path
Standards Commission for Scotland, Model code of conduct for members for devolved public bodies and guidance, June 2022	1672845904220624SCS_Model_Code_Conduct_Guidance_June_2022.pdf (standardscommissionscotland.org.uk)
National Networks Annual Performance Cycle (NSD603-003.05)	Available on Q-Pulse

Annex A: Scottish Paediatric Endocrine Group (SPEG) Steering Group Terms of Reference

1. Purpose

The steering group's remit is to provide strategic direction and facilitate the vision of the network. The steering group shall be representative of the different professional disciplines and wider stakeholders from the Scottish paediatric endocrine community and their geographical boundaries.

2. Remit of the Group

- Provide NSD and NHS Board Chief Executives with updates and assurance on the work of the Network.
- Develop, approve and monitor the progress of a 3-5 year network strategy.
- Set out a workplan based on priorities and evidence.
- Identify challenges and key areas for improvement within paediatric endocrinology in Scotland.
- Set the objectives for the Steering Group and subgroups/short-life working groups and oversee the implementation the workplan.
- Support decision making on issues escalated to the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who does not attend two meetings in a year and does not send a deputy will be asked to consider their continued membership.

NSD Programme Manager will attend Steering Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Steering Group will remain agile in its membership, inviting subject matter experts and colleagues from the Scottish paediatric endocrine community to contribute to agenda topics when required, to ensure robustness of discussions.

The Steering Group:

- shall meet on at least three occasions each year or more if required.

- meetings will be timetabled well in advance, usually with an annual schedule of meetings set at the start of the year.
- will be chaired by the network Chair or in their absence will be chaired by an appropriate network member, usually the Lead Clinician.
- where it is deemed appropriate for an independent Steering Group Chair to be appointed, they will be nominated and ratified by the Steering Group.
- members are required to attend the meetings or be represented by a deputy.
- Steering Group members who miss more than two meetings in a 12-month period (and do not send a deputy) will be asked to consider their continued membership.
- will only go ahead if there is a quorum of members in attendance. A meeting can be considered quorate if at least 50% of members are present (or represented by a deputy) and those present provide sufficiently broad representation of the network's stakeholders. On occasions where the meeting is not quorate the Chair will decide whether the meeting discussions can proceed with any voting or decision-making being deferred or taking place electronically.
- agenda and associated papers shall be circulated by email to the Steering Group members five working days in advance of the meeting date.

Other representatives may be invited to Steering Group meetings as observers only.

4.1 Record of meeting

Meeting minutes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the network steering group in draft form no later than three weeks after the meeting. They will be ratified at the subsequent Steering Group meeting. This does not preclude Steering Group communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The SPEG Steering Group is assumed to run for the lifespan of the Network. The terms of reference will be reviewed every 12 months or sooner if required.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Steering Group Membership

Name	Designation	Role	Area Representing
Amalia Mayo	Consultant Paediatrician	Steering Group Member	NHS Grampian
Anthony Tasker	Consultant Paediatrician	Steering Group Member	NHS Fife
Arlene Smyth	Third Sector Representative	Steering Group Member	Third Sector
Ching Chen	Consultant Paediatrician	Education Group Chair	NHS Greater Glasgow & Clyde
Craig Oxley	Consultant Paediatrician	Steering Group Member	NHS Grampian
Graeme Eunson	Consultant Paediatrician	Steering Group Member	NHS Borders
Guftar Shaikh	Consultant Paediatric Endocrinologist	Steering Group Member	NHS Greater Glasgow & Clyde
Harriet Miles	Consultant Paediatric Endocrinologist	Steering Group Member	NHS Lothian
Ian Hunter	Consultant Paediatrician	Steering Group Member	NHS Lanarkshire
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Jane McNeilly	Clinical Biochemist	Steering Group Member	NHS Greater Glasgow & Clyde
Jill Gibb	Paediatric Endocrine Nurse Specialist	Nurses' Group Chair	NHS Tayside
Julie Lucas	Paediatric Diabetes & Endocrine Nurse	Steering Group Member	NHS Forth Valley
Karyn Robertson	Senior Programme Manager	Programme Management	NHS National Services Scotland
Kathryn Cox	Consultant Paediatrician	Quality Indicators Group Chair	NHS Lothian
Kerstin Norman	Paediatric Endocrine Nurse Specialist	Steering Group Member	NHS Highland
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Mike Crane	Principle Biochemist	Steering Group Member	NHS Lothian
Nicky Conway	Consultant Paediatrician	SPEG Lead Clinician	NHS Tayside
Rohana Wright	Consultant Physician Endocrinology & Diabetes	Transition Group Chair	NHS Lothian
Roisin Boyle	Paediatric Endocrine Nurse	Steering Group Member	NHS Greater Glasgow & Clyde
Ruth Magowan	Paediatric Nurse	Steering Group Member	NHS Borders
Sabine Grosser	Consultant Paediatrician	Steering Group Member	NHS Forth Valley
Sarah Kiff	Consultant Paediatric Endocrinologist	Clinical Guidelines Group Chair	NHS Lothian
Sarah Smith	Clinical Scientist	Steering Group Member	NHS Greater Glasgow & Clyde

Scott Hawe	Data Analyst	Steering Group Member	NHS National Services Scotland
Scott Williamson	Consultant Paediatrician	Steering Group Member	NHS Ayrshire & Arran
Stephen Bowhay	Clinical Pharmacist	Steering Group Member	NHS Greater Glasgow & Clyde
Stuart Henderson	Consultant Paediatrician	Steering Group Member	NHS Highland

Annex B: Sub Group Terms of Reference

SPEG Education Group Terms of Reference

1. Purpose

The SPEG Education Group's remit is to ensure that all healthcare professionals caring for a child or young person with an endocrine condition are provided with education opportunities of the highest standard to ensure safe, effective, and person-centred care.

The group shall be representative of the different professional disciplines and wider stakeholders from the paediatric endocrinology community and their geographical boundaries.

2. Remit of the Group

- Provide SPEG Steering Group with updates of the on the work of the Education Group.
- Set out a workplan based on priorities and evidence and provide clarity on outcomes.
- Set the objectives for the Education Group and oversee the implementation of work of the Education Group.
- Support decision making on issues escalated via the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.
- Develop and oversee implementation of a SPEG network Education Strategy, which provides the framework for all education and training activity related to paediatric endocrinology.
- Ensure that education and training for all health professionals involved in caring for a child with an endocrine condition is provided to the highest standard.
- Ensure that education and training programmes are in place and continually provided and developed by its members.
- Ensure that opportunities are maximised to share skills and knowledge across the paediatric endocrine community in a range of approaches.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who

does not attend three meetings in a year and does not send a deputy will be asked to withdraw their membership.

NSD Programme Manager will attend Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Education Group will remain agile in its membership, inviting subject matter experts and colleagues from the paediatric endocrinology community to contribute to agenda topics when required, to ensure robustness of discussions.

The SPEG Education Group:

- shall have a designated lead responsible for coordinating the group's work and to feed back to the Steering Group.
- shall determine the frequency of meetings according to the objectives and timescale of the work to be undertaken.
- will estimate the likely time commitment of group members in advance.
- meetings shall be timetabled in advance to enable coordinated reporting to the network Steering Group meetings. It is expected that Education Group chairs be present at meetings to provide feedback on progress and highlight any issues. If unavailable, they should send a deputy or provide a written update.
- agenda and associated papers shall be circulated by email to members of the Education Group five working days in advance of the meeting date.

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the Education Group in draft form no later than three weeks after the meeting. They will be ratified remotely prior to the subsequent meeting. This does not preclude communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The Education Group will run for lifespan of the SPEG network. This will be reviewed on an annual basis.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Education Group Membership

Name	Designation	Role	Area representing
Amalia Mayo	Consultant Paediatrician	Education Group Member	NHS Grampian
Ching Chen	Consultant Paediatrician	Education Group Co-Chair	NHS Greater Glasgow & Clyde
Guftar Shaikh	Consultant Paediatric Endocrinologist	Education Group Member	NHS Greater Glasgow & Clyde
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Tarini Chetty	Consultant Paediatrician	Education Group Co-Chair	NHS Lothian

SPEG Clinical Guidelines Group Terms of Reference

1. Purpose

The SPEG Clinical Guidelines Group's remit is to develop and review SPEG network clinical guidelines ensure the delivery of evidence-based practice and equity of access to high quality care across the paediatric endocrine community in NHS Scotland to reduce harm and unwarranted variation.

The group shall be representative of the different professional disciplines and wider stakeholders from the paediatric endocrinology community and their geographical boundaries.

2. Remit of the Group

- Provide SPEG Steering Group with updates of the on the work of the Education Group.
- Set out a workplan based on priorities and evidence and provide clarity on outcomes.
- Set the objectives for the Clinical Guidelines Group and oversee the implementation of work of the Clinical Guidelines Group.
- Support decision making on issues escalated via the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.
- Develop clinical guidelines to ensure best practice and standard treatment across the paediatric endocrine community.
- Review and amend clinical guidelines as appropriate, in line with the National Services Division guidance on clinical guidelines.
- Scope emerging requirements and develop new guidelines as required.
- Collaborate with relevant networks and organisations in the joint development of clinical guidelines.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who does not attend three meetings in a year and does not send a deputy will be asked to withdraw their membership.

NSD Programme Manager will attend Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Clinical Guidelines Group will remain agile in its membership, inviting subject matter experts and colleagues from the paediatric endocrinology community to contribute to agenda topics when required, to ensure robustness of discussions.

The SPEG Clinical Guidelines Group:

- shall have a designated lead responsible for coordinating the group's work and to feed back to the Steering Group.
- shall determine the frequency of meetings according to the objectives and timescale of the work to be undertaken.
- will estimate the likely time commitment of group members in advance.
- meetings shall be timetabled in advance to enable coordinated reporting to the network Steering Group meetings. It is expected that Clinical Guidelines Group chair be present at meetings to provide feedback on progress and highlight any issues. If unavailable, they should send a deputy or provide a written update.
- agenda and associated papers shall be circulated by email to members of the Clinical Guidelines Group five working days in advance of the meeting date.

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the Clinical Guidelines Group in draft form no later than three weeks after the meeting. They will be ratified remotely prior to the subsequent meeting. This does not preclude communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The Clinical Guidelines Group will run for lifespan of the SPEG network. This will be reviewed on an annual basis.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Clinical Guidelines Group Membership

Name	Designation	Role	Area representing
Guftar Shaikh	Consultant Paediatric Endocrinologist	Steering Group Member	NHS Greater Glasgow & Clyde
Harriet Miles	Consultant Paediatric Endocrinologist	Steering Group Member	NHS Lothian
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Jane McNeilly	Clinical Biochemist	Steering Group Member	NHS Greater Glasgow & Clyde
Jill Gibb	Paediatric Endocrine Nurse Specialist	Nurses' Group Chair	NHS Tayside
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Sabine Grosser	Consultant Paediatrician	Steering Group Member	NHS Forth Valley
Sarah Kiff	Consultant Paediatric Endocrinologist	Clinical Guidelines Group Chair	NHS Lothian
Scott Williamson	Consultant Paediatrician	Steering Group Member	NHS Ayrshire & Arran

SPEG Quality Indicators Group Terms of Reference

1. Purpose

The SPEG Quality Indicators Group's remit is to develop and monitor use of SPEG data to ensure the delivery of evidence-based practice and equity of access to high quality care across the paediatric endocrine community in NHS Scotland. To reduce harm and unwarranted variation.

The group shall be representative of the different professional disciplines and wider stakeholders from the paediatric endocrinology community and their geographical boundaries.

2. Remit of the Group

- Provide SPEG Steering Group with updates of the on the work of the Education Group.
- Set out a workplan based on priorities and evidence and provide clarity on outcomes.
- Set the objectives for the Quality Indicators Group and oversee the implementation of work of the Quality Indicators Group.
- Support decision making on issues escalated via the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.
- Develop quality indicators to ensure best practice and standard treatment across the paediatric endocrine community.
- Develop technical solutions to support the SPEG network workplan.
- Collaborate with Information Management Service (NHS National Services Scotland) in monitoring the quality indicators.
- Develop and utilise a national clinical database for monitoring of performance.
- Collate and review data to drive quality improvement projects.
- Scope emerging requirements technical requirements as required.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who does not attend three meetings in a year and does not send a deputy will be asked to withdraw their membership.

NSD Programme Manager will attend Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Quality Indicators Group will remain agile in its membership, inviting subject matter experts and colleagues from the paediatric endocrinology community to contribute to agenda topics when required, to ensure robustness of discussions.

The SPEG Quality Indicators Group:

- shall have a designated lead responsible for coordinating the group's work and to feed back to the Steering Group.
- shall determine the frequency of meetings according to the objectives and timescale of the work to be undertaken.
- will estimate the likely time commitment of group members in advance.
- meetings shall be timetabled in advance to enable coordinated reporting to the network Steering Group meetings. It is expected that Quality Indicators Group chair be present at meetings to provide feedback on progress and highlight any issues. If unavailable, they should send a deputy or provide a written update.
- agenda and associated papers shall be circulated by email to members of the Quality Indicators Group five working days in advance of the meeting date.

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the Quality Indicators Group in draft form no later than three weeks after the meeting. They will be ratified remotely prior to the subsequent meeting. This does not preclude communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The Quality Indicators Group will run for lifespan of the SPEG network. This will be reviewed on an annual basis.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Quality Indicators Group Membership

Name	Designation	Role	Area representing
Clare Webster	Consultant Paediatrician	Quality Indicators Group Member	NHS Tayside
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Jane McNeilly	Clinical Biochemist	Quality Indicators Group Member	NHS Greater Glasgow & Clyde
Kathryn Cox	Consultant Paediatrician	Quality Indicators Group Chair	NHS Lothian
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Nicky Conway	Consultant Paediatrician	SPEG Lead Clinician	NHS Tayside
Scott Hawe	Data Analyst	Information Managed Services	NHS National Services Scotland

SPEG Nurses' Group Terms of Reference

1. Purpose

The SPEG Quality Indicators Group's remit is to deliver the clinical, patient and family paediatric endocrinology network objectives

The group shall be representative of the different professional disciplines and wider stakeholders from the paediatric endocrinology community and their geographical boundaries.

2. Remit of the Group

- Provide SPEG Steering Group with updates of the on the work of the Education Group.
- Set out a workplan based on priorities and evidence and provide clarity on outcomes.
- Set the objectives for the Nurses' Group and oversee the implementation of work of the Nurses' Group.
- Support decision making on issues escalated via the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.
- Share skills and knowledge across the paediatric endocrinology nursing community.
- Develop clinical and patient and family information leaflets on a range of paediatric endocrinology conditions.
- Scope the education requirements of the paediatric nursing community and ensure these are delivered through a range of approaches.
- Liaise with stakeholders to ensure the requirements of patients and families are met.
- Support the Steering Group with delivery of its network workplan.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who does not attend three meetings in a year and does not send a deputy will be asked to withdraw their membership.

NSD Programme Manager will attend Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Nurses' Group will remain agile in its membership, inviting subject matter experts and colleagues from the paediatric endocrinology community to contribute to agenda topics when required, to ensure robustness of discussions.

The SPEG Nurses' Group:

- shall have a designated lead responsible for coordinating the group's work and to feed back to the Steering Group.
- shall determine the frequency of meetings according to the objectives and timescale of the work to be undertaken.
- will estimate the likely time commitment of group members in advance.
- meetings shall be timetabled in advance to enable coordinated reporting to the network Steering Group meetings. It is expected that Nurses' Group chair be present at meetings to provide feedback on progress and highlight any issues. If unavailable, they should send a deputy or provide a written update.
- agenda and associated papers shall be circulated by email to members of the Nurses' Group five working days in advance of the meeting date.

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the Nurses' Group in draft form no later than three weeks after the meeting. They will be ratified remotely prior to the subsequent meeting. This does not preclude communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The Nurses' Group will run for lifespan of the SPEG network. This will be reviewed on an annual basis.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Nurses' Group Membership

Name	Designation	Role	Area representing
Ava Bowie	Nurse	Nurses' Group Member	NHS Dumfries & Galloway
Hazel Dunn	Endocrine CNS	Nurses' Group Member	NHS Fife
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Jennifer Manson	Paediatric Diabetes Staff Nurse	Nurses' Group Member	NHS Dumfries & Galloway
Jennifer Roach	Paediatric Endocrine Nurse Specialist	Nurses' Group Member	NHS Lothian
Jennifer Sanderson	Endocrine Nurse Specialist	Nurses' Group Member	NHS Greater Glasgow & Clyde
Jill Gibb	Paediatric Endocrine Nurse Specialist	Nurses' Group Chair	NHS Tayside
Jodie Hughes	Staff Nurse	Nurses' Group Member	NHS Highland
Julie Lucas	Paediatric Diabetes & Endocrine Nurse	Nurses' Group Member	NHS Forth Valley
Kerry Foster	Paediatric Endocrine Nurse	Nurses' Group Member	NHS Lanarkshire
Kerstin Norman	Paediatric Endocrine Nurse Specialist	Nurses' Group Member	NHS Highland
Kirstie Paterson	Paediatric & Endocrine Nurse Specialist	Nurses' Group Member	NHS Lothian
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Roisin Boyle	Paediatric Endocrine Nurse	Nurses' Group Member	NHS Greater Glasgow & Clyde
Rowena Brown	Paediatric Staff Nurse	Nurses' Group Member	NHS Ayrshire & Arran
Ruth Magowan	Paediatric Nurse	Nurses' Group Member	NHS Borders
Seonaid Robertson	Paediatric Endocrine Nurse	Nurses' Group Member	NHS Lanarkshire

SPEG Transition Group Terms of Reference

1. Purpose

The SPEG Transition Group's remit is to deliver the network objectives on transition between paediatric and adult endocrinology services.

The group shall be representative of the different professional disciplines and wider stakeholders from the paediatric endocrinology community and their geographical boundaries.

2. Remit of the Group

- Provide SPEG Steering Group with updates of the on the work of the Education Group.
- Set out a workplan based on priorities and evidence and provide clarity on outcomes.
- Set the objectives for the Transition Group and oversee the implementation of work of the Transition Group.
- Support decision making on issues escalated via the Steering Group and act as escalation point for risks and issues related to diagnostic services.
- Consider the financial consequences and sustainability of any proposed projects.
- Ensure that the work of the network considers its net zero climate and environmental sustainability.
- Develop clinical and patient and family information leaflets on transition.
- Maintain a Transition Framework document to support services to establish and deliver an equitable service across NHS Scotland.
- Consider training requirements for transition services in Scotland and deliver as required.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings or be represented by a deputy that will have their delegated authority to make decisions on their behalf. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel. Any member who does not attend three meetings in a year and does not send a deputy will be asked to withdraw their membership.

NSD Programme Manager will attend Group meetings. Secretariat and administrative support will be provided by NSD.

4. Membership, frequency, and record of meetings

Membership will be reviewed every 12 months to ensure it is effective and appropriate. Membership can be found in **Appendix 1**. The Transition Group will remain agile in its membership, inviting subject matter experts and colleagues from

the paediatric endocrinology community to contribute to agenda topics when required, to ensure robustness of discussions.

The SPEG Transition Group:

- shall have a designated lead responsible for coordinating the group's work and to feed back to the Steering Group.
- shall determine the frequency of meetings according to the objectives and timescale of the work to be undertaken.
- will estimate the likely time commitment of group members in advance.
- meetings shall be timetabled in advance to enable coordinated reporting to the network Steering Group meetings. It is expected that Nurses' Group chair be present at meetings to provide feedback on progress and highlight any issues. If unavailable, they should send a deputy or provide a written update.
- agenda and associated papers shall be circulated by email to members of the Nurses' Group five working days in advance of the meeting date.

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards. They will be circulated by e-mail to the Transition Group in draft form no later than three weeks after the meeting. They will be ratified remotely prior to the subsequent meeting. This does not preclude communication detailing the progress of current initiatives between meetings. Progress on actions will be monitored by the core team and updates on progress requested in advance of the meetings.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Any member who has a personal, commercial, or other interest, which might influence, or be reasonably deemed by others to influence their impartiality, should declare this to the membership. Such interests will be recorded by NSD and appropriate steps taken to manage the potential conflict.

7. Lifespan

The Transition Group will run for lifespan of the SPEG network. This will be reviewed on an annual basis.

8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Transition Group Membership

Name	Designation	Role	Area representing
Colin Perry	Consultant Endocrinologist	Transition Group Member	NHS Greater Glasgow & Clyde
Elizabeth Bayman	Consultant Paediatric Endocrinologist	Transition Group Member	NHS Tayside
Faye Baxter	ST6 Paediatrics	Transition Group Member	NHS Lothian
Guftar Shaikh	Consultant Paediatric Endocrinologist	Transition Group Member	NHS Greater Glasgow & Clyde
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Jennifer Roach	Paediatric Endocrine Nurse Specialist	Transition Group Member	NHS Lothian
Kerstin Norman	Paediatric Endocrine Nurse Specialist	Transition Group Member	NHS Highland
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Paul Newey	Consultant Endocrinologist	Transition Group Member	NHS Tayside
Rohana Wright	Consultant Physician Endocrinology & Diabetes	Transition Group Chair	NHS Lothian
Stephen Bowhay	Lead Clinical Pharmacist	Transition Group Member	NHS Greater Glasgow & Clyde

Annex C: Core Team Terms of Reference

1. Purpose

The core team remit is to provide programme support, ensure the SPEG business plan objectives remain on track and report to commissioners. The SPEG Lead Clinician, Programme Manager and Programme Support Officer form the network's Core Team. Administrative support to the Network will be provided by NSD.

2. Remit of the Group

The Core Team will:

- Provide project management support to the Network and associated groups including providing secretariat support, producing agendas and minutes, monitoring meeting attendance and representation.
- Work collaboratively with network members to develop appropriate draft work plans for consideration and endorsement by the Steering Group and Commissioners.
- Review all work of SPEG, direct work plans, and ensure reporting to the network Steering Group.
- Support the work of the network Steering Group and project subgroups/working groups.
- Coordinate effective communication between its stakeholders, including between the network Steering Group and Subgroups / Working Groups.
- Provide leadership to the network to be able to articulate network responses to national policy, and to develop national quality standards, guidelines and pathways.
- Prepare an annual report which will be shared with the Steering Group and presented to NSD.

3. Roles and Responsibilities

Members must be able to demonstrate commitment and willingness to make a positive, practical, meaningful and lasting contribution to the work of the network. Members are required to attend the meetings. Meetings will mainly be virtual. Should a meeting be in person access via Microsoft Teams will be arranged, where possible, for those who are unable to travel.

4. Membership, frequency, and record of meetings

4.1 Record of meeting

Meeting action notes detailing decisions and work to be carried out as a result of the meeting will be produced in line with agreed NSD standards.

5. Confidentiality

Confidentiality must be always maintained, in line with NHS Scotland policy. Where papers are marked as 'Confidential' they should not be circulated or discussed out with the relevant group.

6. Conflict of interest

Not applicable

7. Lifespan

The core team group will run for the lifespan of the network.

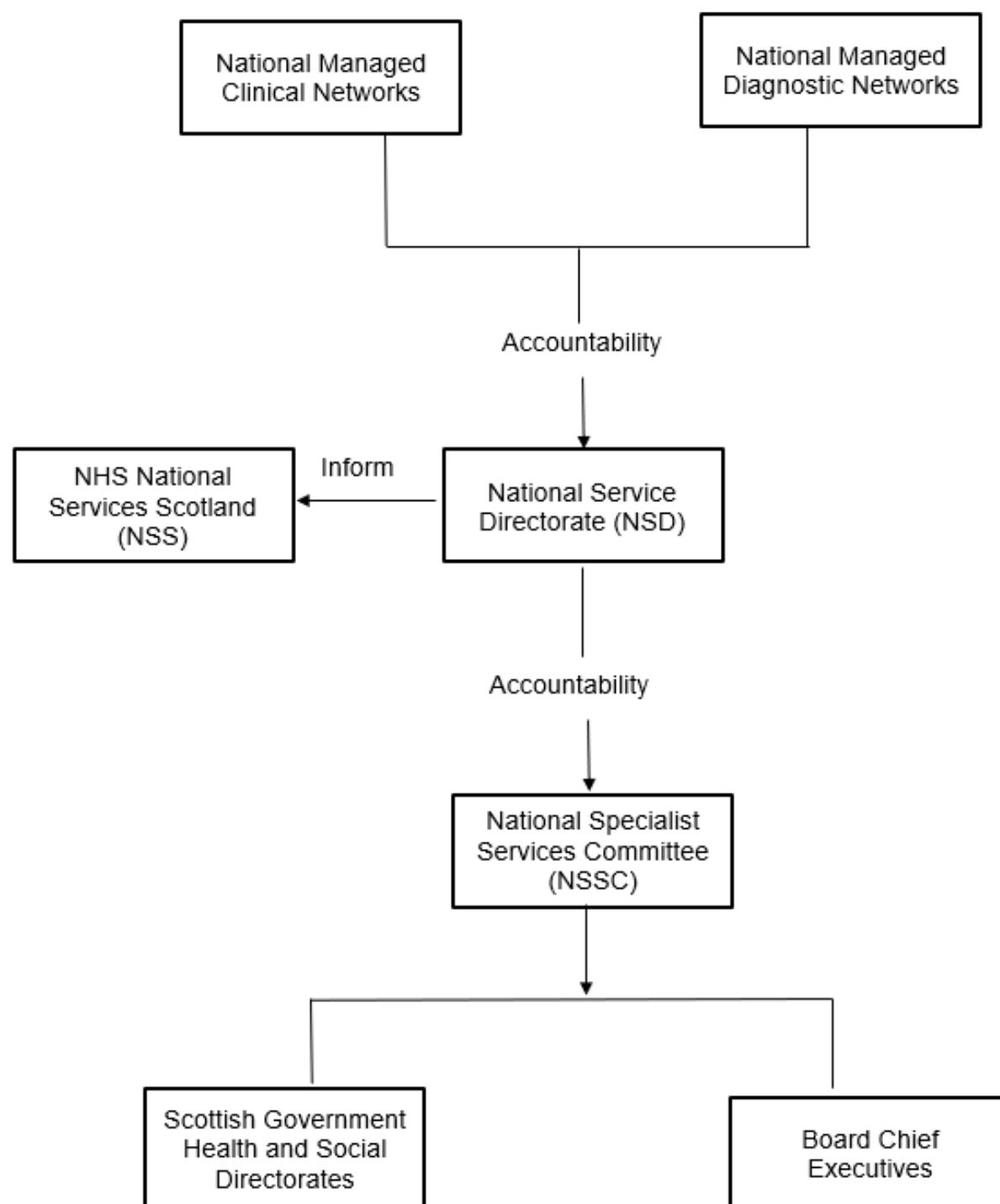
8. Expenses

Travel expenses are available to public/patient representatives and are paid in line with NSS' travel and subsistence rates. Contact nss.speg@nhs.scot for details.

SPEG Core Team Group Membership

Name	Designation	Role	Area representing
Jamie Nimmo	Programme Manager	Programme Management	NHS National Services Scotland
Laura Craig	Programme Support Officer	Programme Support	NHS National Services Scotland
Nicky Conway	Consultant Paediatrician	SPEG Lead Clinician	NHS Tayside

Annex D: NHSScotland Commissioning Governance for National Networks (NSD602-001.21)



Annex E: Roles and Responsibilities

Position/Role	Responsibilities
Lead Clinician	<ul style="list-style-type: none"> • Provide clinical leadership and subject matter expertise. • Is accountable, on behalf of the Steering Group, for network performance in meeting agreed aims and objectives. • Works closely with the Steering Group Chair, NSD Clinical Team, Network Members and the Core Team. • Networks with an independent Chair: Works alongside the Steering Group Chair to provide leadership and direction to the Steering Group.
Chair	<ul style="list-style-type: none"> • Provides leadership and direction to the Steering Group. • Chairs meetings of the group, reviews action notes and approves agenda items for each meeting. • Provides support and guidance to Steering Group members. • Contributes to key activities such as scoping sessions, workshops and the development of relevant documentation. • Provides advice on any changes to plans, priorities, and input into recommended improvement / corrective actions. • Providing oversight and direction to ensure effectiveness of decision making. • Ensures the group operates in a manner that is consistent with its remit and the governance structure. This includes ensuring decisions and actions are recorded, meetings are noted and risks and issues are managed as per the Risk Management Strategy. • Support network to achieve objectives, deliverables. • The period of tenure will be reviewed on an annual basis.
Steering Group member	<ul style="list-style-type: none"> • Represent their stakeholder group on the network, ensuring two-way communication with the professional group, geographical area, or organisation they are representing to ensure they represent relevant interests effectively.

	<ul style="list-style-type: none"> • Actively participate in the work of the group to provide strategic oversight, direction, monitor the progress of the agreed workplan, review its performance against objectives, and monitor and provide assurance of risk management. • Engage proactively with the work of the network, providing advice and guidance at meetings and ad hoc by email, and respond to consultation exercises, surveys and audits. • Horizon scan to inform ongoing strategic direction. • Consider and progress recommendations from the Steering/Sub groups appropriately. • Facilitate achievement of consensus within the network. • Ensure that the national and regional needs of the service are considered. • Consider the financial consequences of decisions and ensure that proposals are affordable, well considered and centred around patients' needs. • Ensure appropriate consideration to healthcare, environment, workforce and financial sustainability in all aspects of network delivery. • Advise the network programme team of any issues or agenda items and papers for meetings. • Note actions allocated to them and complete within the agreed timeframe. • Advise if they are unable to attend a meeting and where possible nominate an appropriate deputy. In the event that more than 2 meetings are missed within a 12-month period members will seek to find a replacement representative for their organisation.
NSD Programme Manager	<ul style="list-style-type: none"> • The Programme Manager is responsible on behalf of NSD for the project management of the network. • Day-to-day management of the network and project support. • Liaising with Lead Clinician and Chair. • Ensuring project management documentation is up-to-date including workplans, risk management, terms of reference, network documentation/strategies. • Building relationship with stakeholders.

	<ul style="list-style-type: none"> • Working with Steering Group members to deliver the network workplan. • Supporting compilation of the annual report and any internal and external reviews. • Leading the development of network key performance indicators (KPIs) and outcome measures. • Reporting progress to the Network Steering Group and NSD internal governance groups as required.
NSD Programme Team Secretariat	<ul style="list-style-type: none"> • Provide meeting support including assisting the chair to develop agendas, collate and circulate papers, prepare and circulate minutes, etc. • Organising meeting logistics including attendance, location, etc. • Managing distribution of network agendas, papers, relevant documents. • Managing correspondence with network members and stakeholders.

Annex F: Annual Report Template

Annual report template available on Q-Pulse or from NSD Programme Team –
National Network Template NSD603-001.04