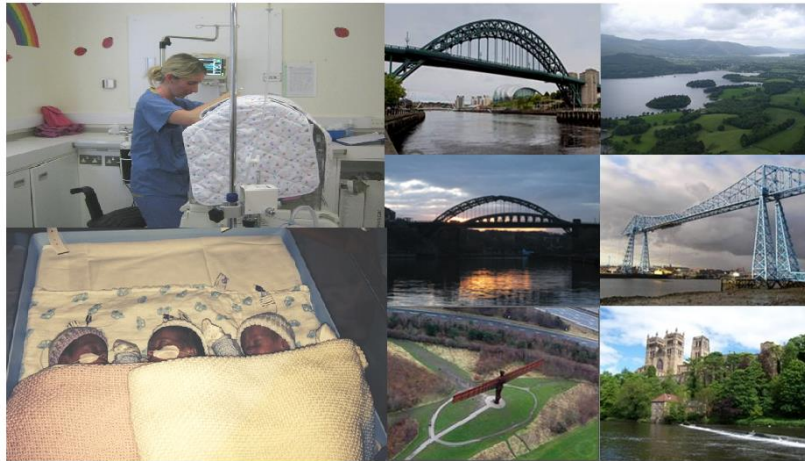




The Northern Neonatal Network
An Operational Delivery Network
Website - www.nornet.org.uk



Annual Work Plan 2015-16

Contents

Page 2	Introduction
Page 3	Key Network Aims & Objectives for 2015-16 (Summary)
Page 4	Current position
Page 5	Organisational Structure
Page 6	Finance and budget
Page 8	Network Aims & Objectives 2015-16 (Detailed plan)
Page 14	Network Education & Training Plan 2015-16

Introduction

This document outlines the main priority areas that have been identified by the Northern Neonatal Network (NNN) to form the basis of an agreed Annual Work Plan. Following the process from previous years, a formal planning session was facilitated by the Network in January 2014 in order to discuss the current issues we collectively face and to then agree the priorities for the year ahead. The Network Management Team then met subsequently to collate these, agree the content and basis for this Plan and who would be responsible for leading the work streams that were identified. These are summarised below and then highlighted in the main section on page 7. Progress against these will be fed back to the Network Board at our Quarterly meetings as appropriate and then formally subsequently via the Network Annual Report for 2015-16.

Key Network Aims & Objectives for 2015-16

During the year April 2015 – March 2016, the NNN will;

- Focus on the next stages required for the need to achieve reconfiguration of NICU services to maintain safe, sustainable, high quality and affordable neonatal services that meet the national Specifications from NHS England and national standards including DH Toolkit (2009), BAPM and NICE.
- This will centre on the Report that will be published in the summer of 2015 by the Review Team from the RCPCH (Royal College of Paediatrics & Child Health) with the need to consider its recommendations and work with Provider Trusts to achieve a suitable and agreeable long term option. It will also continue to involve linking with the Maternity & Children's Strategic Clinical Network (SCN) and commissioners from NHS England and CCGs as needed.
- Work in conjunction with HENE (Health Education North East) to enable a suitable course to train ANNPs to be commissioned and then alongside the university that successfully tenders to provide this in order to ensure suitable training is provided across the Network.
- Address the urgent need for a permanent solution to the increasing pressures on neonatal transport, working with a Provider host Trust to seek funding for a new stand-alone, fully funded service to meet the needs of babies requiring transfers across the Network.
- Draft a Workforce Strategy document to assist Units to identify the shortfalls in current staffing levels when mapped against recommended levels to quantify the extra nurses and doctors required, as well as the potential place of ANNPs to help address this where appropriate and work with Trusts and IHEs to progress this and ensure a suitably trained workforce.
- Maintain an emphasis on the education and training of neonatal staff across the Network. Continue to facilitate study days and other educational days, as well as funding staff to attend them both locally and nationally as funding and needs allow.
- Continue to focus on driving family-centred care forward, utilising support from the Network's BLISS Nurse and Board Parent Representatives.
- Review the current provision of Network data reports, then focus on the continuing provision of refined but timely and valid such Reports and audits for all involved in neonatal care, equipping them with the information they require to underpin all aspects of strategy, planning and delivery of that care.
- Produce further new Guidelines and continue to revise existing ones as required.
- Produce a comprehensive Annual Report for 2014-15.
- Work with the Local Area Team of NHS England on collaborative projects as required
- Fulfil national requirements expected of it as an Operational Delivery Network (ODN) within the current national specification and in conjunction with its host Trust (CHS) and work towards the future stability of ODNs nationally as required.

Current position

The Network was created as a managed clinical network then re-designated as an Operational Delivery Network (ODN) from 1st April 2013. It is hosted by City Hospitals Sunderland (CHS) NHS Foundation Trust and has agreed Terms of Reference (TOR) and governance framework within which the Network operates in order to meet appropriate lines of operational functionality and accountability. These are available via the NNN website.

The Network priorities for 2014-15 identified and set out in last year's Annual Plan have largely been either met or are ongoing and where appropriate, these have been "rolled over" into this new Plan for 2015-16. This includes the long-term aim of achieving the need for reconfiguration of neonatal services as suggested by the Network Strategy that was first agreed in October 2012, but during last year could not be progressed as hoped, with the result that a Review Team from the RCPCH is undertaking a Review of neonatal services and their Report with recommendations is expected in the summer of 2015.

The original plans for a combined neonatal/paediatric transport team ("NECTAR") were not adopted after the decision (without Network input or dialogue) was taken in December 2014 to initially focus on and fund the paediatric service only. This has significant repercussions for a neonatal transport service that is becoming increasingly difficult to provide 24/7 cover for and has thus been flagged up as an urgent and top priority for the commissioners to address.

After a re-appraisal, a new approach to Network education and training was adopted by the appointment of an Educational Lead rather than a full-time Educator and will be evaluated to see if it meets the Network's needs in this key, priority area.

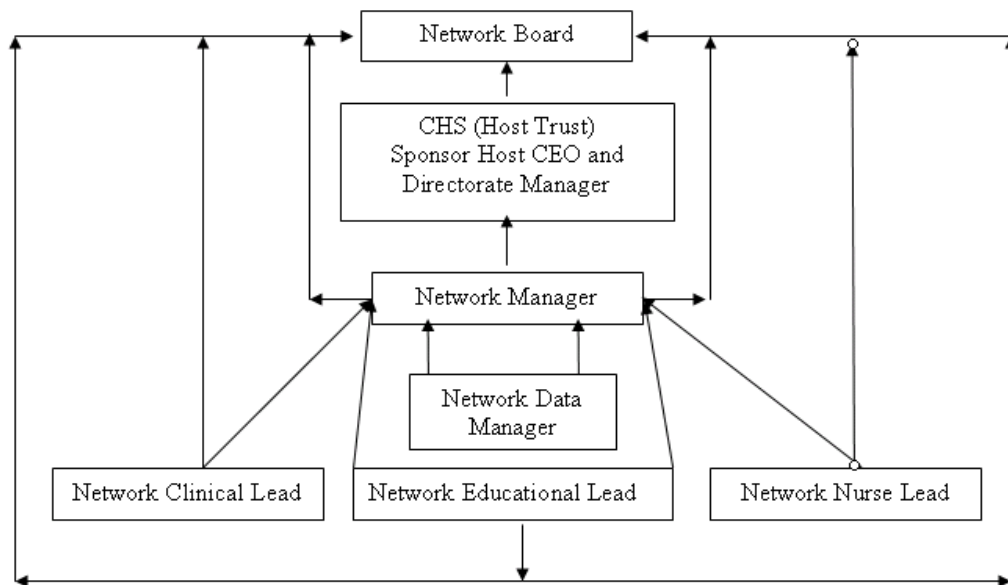
There is still a failure of the DH to identify a suitable permanent mechanism for sustainable funding of ODNs. The previous "transitional" arrangement for CQUIN funding was meant to be a temporary measure to allow a more permanent system to be in place for 2014-15, but this has not happened so the same process has been rolled over for the second year running. This means that from April 2016, there is no identifiable funding mechanism in place, meaning ongoing uncertainties that prevent longer-term planning in some key areas. It is hoped that a sufficiently workable, sustainable and transparent system is put in place well before the end of March 2016 to provide the Network with the assurance and stability it requires to maintain its commitment to fulfilling its one key principal aim – *To give the highest possible standard of safe, effective care to babies and their families.*

Organisational Structure

The Northern Neonatal Network was set up as a formal, Managed Clinical Network in March 2010 and has since its inception been hosted by City Hospitals Sunderland NHS Foundation Trust. It has an independent Chair (Deborah Jenkins, appointed in late 2009) and a Board made up of representatives from all nine of its stakeholder Trusts. The Trusts provide neonatal care on 11 sites. Four of these are Level 3 (Intensive Care Units). These are currently;

- Newcastle Hospitals NHS FT (Royal Victoria Infirmary - NICU)
- City Hospitals Sunderland FT (Sunderland Royal Hospital - NICU)
- North Tees & Hartlepool NHS FT (University Hospital of North Tees - NICU)
- South Tees Hospitals NHS FT (James Cook University Hospital, Middlesbrough – NICU)
- Northumbria Healthcare NHS FT (Wansbeck Hospital - SCBU)
- Gateshead Health NHS FT (Queen Elizabeth Hospital - SCBU)
- South Tyneside NHS Foundation Trust (South Tyneside District Hospital – SCBU)
- County Durham & Darlington NHS FT (Darlington Memorial Hospital – SCBU & University Hospital North Durham – SCBU)
- North Cumbria University Hospitals NHS Trust (Cumberland Infirmary, Carlisle – SCBU & West Cumberland Hospital Whitehaven - SCBU)

The current organisational tree for the NNN is as follows;



The NNN, overseen by the Network Board, is jointly accountable to the NHS England Local Area Team (LAT) based at Waterfront, Riverside (Newcastle) and Commissioners, as well as the wider community of Chief Executives of the nine NHS Foundation & Acute Trusts that provide neonatal care. Membership of, participation in and engagement with the NNN is formally required for any Trust that provides neonatal services as per the National Specification. Substantive Officers for the NNN consist of the Network Manager and Network Data Manager. Non-substantive but remunerated posts include the Network Clinical

Lead, Network Nurse Lead and Network Educational Lead, whose substantive post employers receive remuneration at agreed rates for work undertaken.

Since September 2013, the NNN has also benefitted from the input of a BLISS Family Care Co-ordinator nurse, based at James Cook University Hospital. This is a co-funded post between South Tees Hospitals FT and BLISS, initially for 3 years. The Network does not fund the post, but covers reasonable expenses for any work undertaken in a Network capacity only by the BLISS Nurse, an arrangement that already exists for other staff undertaking work on behalf of the Network. The Network Chair and Network Audit Lead are unpaid roles but together with the above officers and the BLISS Nurse make up the Network Management Team.

The NNN Board meets on a quarterly basis and is the main decision-forming body, being responsible for leading the Network, considering current and future strategy, ratifying Network guidelines and overseeing the work needed to meet its agreed aims and objectives. The Network Management Team are directly accountable to the wider Board.

The NNN relates to other neonatal network ODNs across the UK and has representation at their Forum via the Network Manager, who is also currently Deputy Chair of this group. Locally, the NNN has cross-Board membership with the Maternity & Child Health Strategic Clinical Network (SCN) and engages with other networks and stakeholders within the LAT structure as required.

Finance & Budget

NHS England within the Local Area Team based at Riverside, Newcastle are currently responsible for arranging funding for the NNN as specified within the nationally agreed framework. For the year 2015-16 this is the same arrangement for the previous year and is taken from CQUIN funding. This was identified as being within an envelope of 0.1% of the total CQUIN funding and paid to the Network's host Trust (CHS) as part of the annual contracting system by NHS England.

For the year 2015-16, the Network budget has yet to be agreed, but the current offer is £214,178 – reflecting an NHSE suggested CIP of 1.6% from last year. This is still under negotiation but is the working figure used for the purposes of this Plan. The budget continues to cover the running of the Network, including pay and non-pay costs, as well as host Trust overheads and costs and is projected to equate to the following approximate amounts;

	£
Pay (on-costs) for Network officers	137336
Host Trust Overheads/costs	38096
Travelling expenses	8200
Hosting meetings and study days costs	11200
Available for other meetings, workshops, projects, expenses and costs	19346
Total	214178

Notes;

1. The on-costs for the Network Officers include Network Manager and Data Manager as substantive post holders, as well as the sessional costs (currently 1PA for Clinical and Educational Leads and 3.75 hours per week for the Nurse Lead).
2. "Travelling expenses" relate to those that can be claimed by Network Officers, Network Management Team and others engaged on agreed Network business, study days and other appropriate educational opportunities as funding allows within the overall Training Plan and Network aims and objectives as they are agreed. The amount allowed for is based on historical costs incurred in previous years as a working estimate as well as known costs already available.
3. Costs specified relating to hosting meetings and study days cover the costs of the quarterly Network days, annual conference/event and other ad-hoc meetings, as well as Network-hosted and facilitated study days. The amount allowed for is based on historical costs incurred in previous years as a working estimate
4. The above budget does not include any other income that may be forthcoming, such as via sponsorship for study days/conferences and also for any teaching input into the post-registration nursing modules with Northumbria/Teesside Universities. The latter currently equates to £150 per module towards the full day programme that the Network has provided.

Network Aims & Objectives 2014-15

Objective 1: Network Strategy for reconfiguration of neonatal services							
	Aim/objective	Reference	Programme/ work stream	Audit/quality indicators	Lead responsible	Review date for progress	Cost/ Resource (£)
1.1	Safe, sustainable, high quality neonatal NICU services	Network Strategy DH Toolkit (Principles 1 & 2) NICE Quality Standards National Specifications BAPM Standards BAPM 2014 Guidance for NICUs EpiCURE 2 Report NHS Outcomes Framework	Network Strategy – reconfiguration of neonatal intensive care, moving to new model of providing NIC on fewer sites, based on RCPCH Review Team Report & recommendations once published Work with NHS England to model the required capacity of NICUS under the options needed and associated staffing levels, support services and Unit facilities. Collaborate with FTs to agree the basis for future neonatal services under agreed reconfiguration option, explore the future services needed on reconfigured Units and associated funding, staffing, levels of care provided.	RCPCH Final Report Network implementation plan Audit against national standards & specifications Progress reports to NNN Board	Sundeep Harigopal/ Martyn Boyd	October 2015	N/A
1.2	Safe, sustainable, high quality neonatal HD/SCBU services	Network Strategy DH Toolkit (Principles 1 & 2) NICE Quality Standards National Specifications BAPM Standards EpiCURE 2 Report NHS Outcomes Framework	Discuss recommendations identified by RCPCH Report (focus on reconfiguration of NICU services but to include appraisal of needs for services on NICU sites that no longer provide intensive care) and subsequent levels of care needed (HDU/SCBU) and staffing model required for sustainability	Option appraisal papers once RCPCH Report published Audit against national standards & specifications Progress reports to NNN Board	Sundeep Harigopal/ Martyn Boyd/ Martin Ward Platt	October 2015	N/A

Objective 3: Network educational aims for appropriate training of neonatal staff to enable provision of high quality care							
3.1	Co-develop a suitable course for training ANNPs across the Network	Network Education Strategy DH Toolkit (Principles 1, 2, 5) National Specifications BAPM Standards	Work with HENE to support funding and commissioning of a local course for the training of ANNPs to meet future workforce & service needs for ANNPs across the Network (according to local & NNN Workforce strategies, including new transport service). Work with HENE during tendering process to identify suitable IHE for delivery of suitable course Oversee drafting of suitable course curriculum. Agree levels of local (Trust level) support required for student support/mentorship	Progress reports to NNN Board	Lynne Paterson Lynne Paterson/ Martyn Boyd Lynne Paterson Lynne Paterson/ Martyn Boyd	October 2015	£5000 (Estimated costs set aside for drafting of suitable curriculum if externally commissioned)
3.2	Provide teaching input into the Nursing post-reg modules	National QIS Standards (RCN/BAPM/NNA) DH Toolkit (Principle 5) National Specifications BAPM Standards	Agree "core combined day" content for the 2 modules (Low/High dependency in October 2015 Intensive care in February 2016) and arrange teaching/facilitators as required	Feedback from Universities	Martyn Boyd/ Lynne Paterson/ Jans Sundaram	October 2015	Nil cost to NNN (Remunerated at £150 per module per day from the Universities)
3.3	Oversee implementation of new QIS standards	National QIS Standards (RCN/BAPM/NNA)	Ensure QIS standards undergoing national accreditation implemented at local level and explore previous aim of combining IC/High-low modules	Progress reports to NNN Board	Lynne Paterson/ Martyn Boyd	October 2015	N/A
3.4	Support provision of Network education & training as per NNN Education & training plan 2014-15	Network Education Strategy DH Toolkit (Principle 5) National Specifications BAPM Standards NICE Quality Standards	Help ensure Units have staff QIS as per nationally agreed recommendations via appropriate post-reg module courses Fund & facilitate planned and also ad-hoc educational opportunities/study days for Network staff as NNN budget allows, including designated SCBU Case Discussion & teaching sessions	Audit against the NNN Training Plan. Feedback sheets from staff attending training Progress reports to NNN Board	Jans Sundaaram/ Martyn Boyd/ Sundeep Harigopal/ Lynne Paterson/ Jans Sundaram	October 2015 Ongoing through 2015-16	£8960 (Estimated from 2015-16 budget)

Objective 4: High quality data to enable the provision and delivery of high quality neonatal care across the Network							
4.1	Support and equip Units/Trusts to move towards National Specifications and recommended minimum staffing levels	DH Toolkit (Principles 1, 2, 8) National Specifications BAPM Standards NICE Quality Standards	Provide timely, accurate and validated Quarterly NNN Staffing Reports to each Unit Provide Annual Network summary and performance report based on Unit's meeting of BAPM recommended staffing levels for each Unit	Quarterly & annual reports Progress to Network Board	Mark Green Mark Green	Ongoing through 2015-16	N/A
4.2	Ensure adequate capacity across Network to meet demand	DH Toolkit (Principles 3.3) National Specifications BAPM Standards NICE Quality Standard 2	Undertake full capacity assessment across Network, mapping activity and cot occupancy levels for each Unit against capacity, with particular focus on NHSE funded IC/HD cots	Annual Report to Board	Martyn Boyd	April 2015	N/A
4.3	Monitor agreed Network patient pathways to ensure appropriate care is provided according to Unit level of care	DH Toolkit (Principles 1, 7, 8) National Specifications BAPM Standards NICE Quality Standards NHS Outcomes Framework	Provide regular (at least annually) reports, listed by Unit/Trust highlighting patient pathway compliance and incidences of variation	Annual audit and Pathway Reports fed back to NNN Board	Martin Ward Platt Mark Green	October 2015	N/A
4.4	Review and revise regular Unit & Network level reports highlighting quality indicators, focussing on trend analysis and performance monitoring indicators	DH Toolkit (Principles 1, 7, 8) National Specifications NICE Quality Standards	Develop and publish ongoing Quarterly reports at Unit & Network level utilising new key performance metrics and Unit compliance with identified audit measures Explore potential use of collated Badgernet Dashboard data to create dedicated simplified reports	Quarterly Unit Reports	Mark Green	October 2015	N/A
4.5	Collaborate with Maternity SCN to equip obstetric colleagues with data highlighting appropriate maternity care metrics that influence neonatal outcomes	DH Toolkit (Principles 1, 7, 8) NNAP Report National Specifications NICE Quality Standards NHS Outcomes Framework	Utilise existing national quality reporting streams from Annual NNAP Report to provide detailed, timely feedback to Maternity SCN leads highlighting Trust-level performance on key indicators affecting neonatal outcomes (via cross representation on NNN and Maternity SCN Boards), including RMSO Reports.	Reports collated and fed back to NNN and Maternity SCN Boards Annual Audits of agreed metrics	Martyn Boyd/ Martin Ward Platt/ Mark Green	Ongoing through 2015-16	N/A

4.6	Provide Units/Trusts with timely reports allowing identification of “babies due” 2-year follow up assessments and reporting of 2-year Outcome data according to National Specification requirements and NNN NorBOS aspirations	DH Toolkit (Principles 1, 7, 8) National Specifications NICE Quality Standards NHS Outcomes Framework	Quarterly reports to be summarised and sent to Unit Lead Clinicians highlighting forthcoming due 2-year assessments, allowing identification of those due and subsequent entry onto the Badgernet system.	Quarterly summary reports of to every Unit/Trust Summary NNN Report Feedback to Network Board	Mark Green	October 2015	N/A
4.7	Provide supportive role to individual Units for Badger data entry and reporting enhancements to increase familiarity with system and maximise potential	DH Toolkit (Principles 1, 7, 8)	Provide “point of reference” support role for Badger users across Network. Assist Unit data leads with requirements to enable compilation of annual reports Attend Unit sessions/meetings as requested to provide teaching & training in Badger use and system potential	Feedback to Network Board Unit Annual Reports	Mark Green	Ongoing through 2015-16	N/A
4.8	Support Commissioner activity data requirements	DH Toolkit (Principles 1, 7, 8) National Specifications NICE Quality Standards	Quarterly summary of Unit activity levels across HRG/Care levels according to NHSE requirements, supplied to CSU for anonymising then distribution to Trusts for validation/checking	Quarterly reports, copied to Trust Clinical & Finance Leads	Mark Green	October 2014	N/A

Objective 5: High quality family-centred care across the Network							
5.1	Support family centred care and achievement of BLISS BFFAS for every Unit	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework	Unit-level support for designated links undertaking BLISS Audit. Support for peer-level auditing to complete the audit process and in conjunction with BLISS Explore provision of parental accommodation within Units and opportunities for enhancing in line with Trusts/BLISS Drafting and adoption of Network Family Centred Care Guidelines to harmonise approaches and benchmark against best practice Explore external support opportunities for parents with external agencies & organisations including local Children's Centres and 3 rd Sector	Completed BLISS Audits Progress reports to Network Board	Sue Thompson	October 2015	N/A
5.2	Introduction/"Go live" of Network Parent App	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework	Oversee completion of required information for App templates, ensuring system in place for parent feedback and Network liaison to enable new reporting at Unit/Network level	Progress reports to Network Board	Sue Thompson/ Mark Green	May 2015 for go live and review progress October 2015	N/A
5.3	Promotion of Family-centred care through Unit Support via BLISS Nurse role	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes	Raising of BLISS Nurse profile and closer liaison with/more regular visits to Units Enhanced signposting to further appropriate support agencies	Progress reports to Network Board	Sue Thompson	October 2015	N/A

5.4	<p>Closer engagement with Board Parent Reps, enhancing input into Network work streams</p>	<p>DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework</p>	<p>Support for Parent Rep role, including regular “team meetings” as possible</p> <p>Development of wider parent involvement groups and strategies</p> <p>Identify suitable and appropriate Rep-led projects and support with input from Network team as required</p>	<p>Progress reports to Network Board</p>	<p>Sue Thompson/ Board Parent Reps</p>	<p>October 2015</p>	<p>N/A</p>
<p>Objective 6: Improved Network governance, functionality & engagement</p>							
6.1	<p>Improve engagement across Network through increased collaborative participation at all levels</p>	<p>DH Toolkit (Principle 1) National ODN Specification NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework</p>	<p>Creation and embedding of more clinically-focussed “special interest” and project groups across Network, such as research, transport, data, education, parents & carers as agreed using appropriate mechanism to improve patient care e.g. “task & finish”</p>	<p>Progress reports to Network Board</p>	<p>Martyn Boyd/ Sundeep Harigopal/ Lynne Paterson/ Sue Thompson/ Jans Sundaram/ Board Reps/ Mark Green/ Martin Ward-Platt</p>	<p>Review by October 2015</p>	<p>Meetings costs TBC</p>
6.2	<p>Enhance and clarify Network functionality and governance</p>	<p>DH Toolkit (Principle 1) National ODN Specification NICE Quality Standards NHS Outcomes Framework</p>	<p>Undertake initial Network Governance Toolkit Assessment</p> <p>Actions based on gaps identified</p> <p>Revise key documents as appropriate – Network Board TOR, draft new Network SLA</p>	<p>Completed assessment with action plan</p> <p>Progress reports to Network Board</p>	<p>Martyn Boyd</p>	<p>October 2015</p>	<p>N/A</p>

Network Annual Training & Education Plan 2015-16

Title	Number of places	Date(s)	Venue	Organiser	Cost per place (£)	Total cost to NNN (£)
Transfusion Matters workshop	40	19/05/2015	Allergate House	NNN	Free	610*
Foundation Toolkit Course in Developmental Care	40	25-26/06/2015	Allergate House	NNN	Free	7500*
Network Research meeting	40	03/07/2015	Allergate House	NNN	Free	610
Level 2 FINE "Practical Skills" Course in Developmental Care	8	07/09/2015	Allergate House	NNN	Free	2500
NNN 6th Annual Conference	70	24/09/2015	Allergate House	NNN	Free	1155*
ANNP Training Day/Update workshop	30	Autumn 2014	Durham Centre	NNN	Free	1000
Case discussions and local training meetings	Locally set	7+ per year	Network SCBUs as arranged	NNN	Free	0
Foundation sessions for new starter nurses	20 per day	2 x sessions TBC	TBC	NNN	Free	1200
Network Nutrition Study Day	50	TBC	TBC	NNN	Free	1250
Master Class for Health Visitors & Community midwives	50	TBC	TBC	NNN	Free	1200
Stabilisation Training days x 4	16	TBC	Network SCBUs TBC	NNN	Free	0
NNN Annual Respiratory Workshop	40	March 2016	TBC	NNN	Free	1200
Totals						£18225 (total) £9265 (2014-15)

* These events/study days have already been pre-funded from the 2014-15 Network Budget, so the amount from the NNN budget for 2015-16 to meet the proposed training plan is £8960. Some costs are estimates only based on previous similar events and days but may be subject to amendment.