The Northern Neonatal Network

An Operational Delivery Network

Website - www.nornet.org.uk

NORTHERN NEONATAL NETWORK TERMS OF REFERENCE

An Operational Delivery Network for Neonatal Care

June 2016

These are the Terms of Reference (ToR) for the Northern Neonatal Network, designated as an Operational Delivery Network under the "Way Forward" (DH 2012) proposals and overseeing the provision of neonatal care in the North East and North Cumbria.

Background

The Northern Neonatal Network (NNN) is an Operational Delivery Network (ODN) that builds on the pre-existing informal clinical network arrangements. There are currently 16 ODNs in the UK (11 in England) mandated by the Department of Health and working to the national Service Specification E8b.

The NNN is clinical and operational in focus, as its purpose is to deliver high quality care that produces the best possible outcomes for babies and their families. The Board membership (see Appendix 1) therefore consists primarily of senior medical and nursing representation from the nine NHS Foundation/Acute Trusts that provide neonatal care across 11 sites – four Neonatal Intensive Care (NICU) and seven Special Care (SCBU) Units. It also includes representation from the commissioner side (NHS England) and core members that form the "management team" as well as other key health care managers, professionals and parents. North Cumbria is part of the Network as it also provides services to residents in North Cumbria.

Values and Principles

We are privileged that families entrust the care of their ill or premature babies to us. We strive to earn that trust. We want each year to give better care than we did the year before. The Network therefore has just one core principle:

To give the highest possible standard of safe, effective care to babies and their families.

Aims of the Network

The NNN will:

- Provide a specialist advisory role to NHS England, Clinical Commissioning Groups (CCGs), the wider Chief Executive Community and Provider Trusts regarding the commissioning, deployment of resources and service development of safe, effective, patient-centred, equitable and sustainable neonatal care
- Provide assurance of the highest standards of care for babies and their families by monitoring performance across the Network, to include activity, quality monitoring, benchmarking and audit
- Ensure that the Network is owned by the organisations and professionals that participate in it
- Relate closely to obstetrics, midwifery and paediatrics, particularly via the Maternity & Child Health Strategic Clinical Network (SCN)
- Ensure equitable service provision across the Network
- Achieve clinical consensus on care pathways, models of care, standards & guidelines
- Agree a common clinical governance framework and structure with an improvement process to identify and rectify weak points on the pathway or within the Network, so that the best clinical outcomes are achieved
- Collaborate on workforce planning to enable provider Trusts to recruit and retain an appropriate, well trained workforce to meet their service needs, linking with external stakeholders where appropriate

- Encourage collaboration and sharing of best practice and learning
- Oversee a suitable education and training strategy, facilitating suitable opportunities for its staff at all levels to maintain and improve their knowledge and skills, funding study days and places as the Network budget allows
- Provide information to the public/media and ensure public engagement in the Network at all levels
- Publish an annual report
- Maintain a balanced budget within the resources it is allocated/secures each year
- Provide advice to professionals across the north of England and beyond as required
- Link with other neonatal ODNs and the wider neonatal community across the UK

Scope

The NNN will consider neonatal care at levels appropriate and agreed for each Provider Trust and defined according to national standards and specifications. The Network will include the four regional specialist neonatal units (NICUs) and the non-specialised maternity units (SCUs) to ensure co-ordination and integration of services. The Trusts with the four specialist units are currently:

- City Hospitals Sunderland NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust

Trusts with special care facilities only are South Tyneside, Gateshead, Northumbria Healthcare (at Cramlington), County Durham & Darlington (at Darlington Memorial Hospital and University Hospital of North Durham) and North Cumbria University Hospitals (at Carlisle & Whitehaven).

Commissioning/accountability arrangements

The main commissioning relationship for the NNN will be with NHS England (NHSE) as they currently now commission all neonatal care. The Network will link with and be accountable to NHSE via its relationship with the Local Area Team (LAT) and its Clinical Director and also the wider Chief Executive community. The ODN Specification agreed annually between NHSE and Host Trust provide more detailed clarity on this and other key indicators for the Network to meet. A more comprehensive Governance framework document in line with national draft work and adapted and adopted by other ODNs also provides fuller details about these arrangements and is available on the Network website.

Funding and budget

The funding mechanism to support the Network will be agreed according to national mandate where stipulated, which may vary, but the process will be the joint responsibility of NHSE, host Trust and provider Trusts according to the mechanism in place. The annual budget will be agreed between NHSE and the host Trust each year in the contracting process in order to allow the Network to carry out its key remit and annual work plan, which is itself also agreed in tandem with the LAT and Clinical Director. The current funding mechanism for ODNs is based on a top-slicing of CQUIN funding by NHSE. This arrangement is to continue for 2016/17 and then to clarify future models during that year

Process

The NNN Board will provide advice based on a clinical consensus to NHSE (or any statutory successor body) and local commissioners (if required) via the CCGs, as well as it's partner NHS Trusts to ensure consistency and high quality care across the North East and North Cumbria. The Network will agree an annual work plan and make this available to NHSE, LAT/Clinical Director and the wider Chief Executive Community as appropriate. It will also publish an annual Report to highlight its achievements and publicise its work to stakeholders

The delivery of the Network's objectives will be through the NNN management team and the Network Board (see below and Appendix 2).

Implementation and commissioning based on the Network's advice will be undertaken by NHSE and local commissioners via the CCGs as required/appropriate.

Organisational structure

The host organisation and budget holder for the Network is City Hospitals Sunderland NHS Foundation Trust. This Trust is responsible for the recruitment and management of the Network management team and ensures that the Network board has clear terms of reference and governance arrangements. It does this via an agreed Service Level Agreement (SLA), a Governance Framework and the National Specification for ODNs, signed off annually by NHS England which also details the responsibilities associated with host Trust status. All changes to the constitution/ToR of the Network, including changes in Network team staffing (substantive and non-substantive post holders), are approved by the Network Board.

Terms of Reference of the Network Board

Chair

The board will be chaired by an independent person, appointed by the Board and accountable to it and the wider CEO community and NHSE, on a rolling one-year term of office. If the Chair is unavailable for meetings or other Network matters, a substitute will be chosen by the Board. The Chair operates within an agreed remit according to the Role Description and seeks to lead the Board from an independent perspective in order for it to oversee and fulfil the Network's aims and objectives, offering leadership, counsel and representation with key stakeholders across the region as required.

Membership

The members are listed in Appendix 1. The Board seeks to be predominantly composed of clinicians and managers who are authorised to make commitments on behalf of their host organisations to implement decisions made collectively by the Network Board.

There will be a core of Network officers who will form the "management team" for the Network and will consist of those in a substantive, paid role and those with designated non-substantive roles as agreed (Appendix 2).

The appropriate delegated representation from each Trust will be nominated by the Chief Executive and Provider Trusts. Representative doctors, nurses and managers will usually be those whose designation in relation to neonatal care in their Trust naturally leads to Network responsibilities (lead doctor/head of department/clinical director; lead nurse/matron/ward manager) but it is for Trusts to nominate appropriate representatives.

A maximum of two lay people (who may be parents of babies treated within the Network) and acting as parent representatives will be recruited through an open process with input from BLISS and attend Board meetings as agreed and required.

Substitutes

In order to maintain consistency and facilitate effective decision-making, substitution of board members will not normally be allowed. If a board member is unable to attend a meeting, their views on agenda items will be sought before the meeting and may be presented on their behalf by another member or by the Network officers. Exceptions may be agreed with the Board Chair

Frequency of meetings

Quarterly and according to a format agreed by the members. It will be a requirement of Board membership that attendance of all members will be for at least 2 meetings each year as an absolute minimum, but aiming for all wherever possible and planning/prioritising for this. Ability to commit to this should form part of the decision-making process when Trusts are considering appropriate representation. Failure to comply with this may result in members being asked to consider stepping down.

Subgroups

The Board will convene standing or temporary subgroups as necessary for the achievement of its objectives. A current list of these is given in Appendix 3; this may change from time to time.

Mode of operation

The Board is the forum where the Officers of the Network are tasked to undertake necessary actions, and where they are held to account for their work. It is the place where representatives from all stakeholder Trusts can meet to agree policy and strategy and raise issues requiring network collaboration, input and support as appropriate/required. Formal votes should not normally be necessary but where required, overseen by the Chair and a simple majority would secure any motion/proposition within these wider ToR.

Implementation of Board decisions

It is the responsibility of Board members to ensure that matters to which they have agreed at the Board are implemented in their own organisations. They are also tasked with cascading relevant decisions and Network issues back to their own Units/Trusts to ensure appropriate 2-way flows of information.

Links to other groups

- Maternity and Children's SCN
- Other neonatal ODNs across the UK
- British Association of Perinatal Medicine (BAPM)
- Royal College of Paediatrics & Child Health (RCPCH)
- BLISS
- NHS England and Clinical Commissioning Groups (CCGs)
- Public Health England

Appendix 1 Northern Neonatal Network Board Membership (January 2016)

Board Designation	Name	Organisation/representing
Chair	Deborah Jenkins	Network/Independent
Network Officers		
Network Manager	Martyn Boyd	Network
Data Manager	Mark Green	Network
Clinical Lead	Dr Sundeep Harigopal	Network
Nurse Lead	Lynne Paterson	Network
Educational Lead	Dr Richard Hearn	Network
Audit Lead	Dr Martin Ward-Platt	Network
BLISS Nurse	Sue Thompson	Network/BLISS
Trust Representatives (2 from clinician/nurse/manager)		
Newcastle	Dr Alan Fenton	The Newcastle upon Tyne Hospitals NHS Foundation Trust
	Yve Collingwood	
Sunderland	Dr Majd Abu-Harb	City Hospitals Sunderland NHS Foundation Trust
	Kristina Simmons	
North Tees	Prof. Samir Gupta	North Tees and Hartlepool NHS Foundation Trust
	Janet Mackie	
South Tees	Dr Jonathan Wyllie	South Tees Hospitals NHS FT
	Jane Hall	
County Durham & Darlington	Dr. Mehdi Garbash	County Durham and Darlington NHS Foundation Trust
	Ann Bowes	
Northumbria	Lorraine Munro	Northumbria Healthcare NHS Foundation Trust
	Helen McKee	
Gateshead	Dr Dennis Bosman	Gateshead Health NHS Foundation Trust
	Lesley Heelbeck	
South Tyneside	Lilian Malcolm	South Tyneside NHS Foundation Trust
	Dr Rob Bolton	
North Cumbria	Dr Khairy Gad	North Cumbria University Hospitals NHS Trust
	Hazel Raby	

Lay members		
Parent Representative	Martin Leake	Independent
Parent Representative	Victoria Brett	Independent
Other members (non-voting)		
Network Host Organisation FT Chief Executive Sponsor	Ken Bremner	City Hospitals Sunderland NHS Foundation Trust
Network Host Organisation FT Management Lead	Jackie Butterworth	City Hospitals Sunderland NHS Foundation Trust
Maternity & Child Health SCN Lead	Suzanne Thompson	NHS England
Northern Regional Neonatal CRG (Clinical Reference Group) Lead	Dr. Sundeep Harigopal	Network
Specialist Commissioner Lead	Peter Dixon	NHS England

Appendix 2 **The NNN management team (officers of the Network)**

Board Chair (unpaid – rolling one-year term)

Network Manager (Full time – substantive contract with Host Trust)

Network Data Manager (Full time – substantive contract with Host Trust)

Educational Lead (1PA – non substantive contract, rolling one-year term)

Clinical Lead (1PA – non substantive contract, rolling one-year term)

Nurse Lead (0.1 WTE – non substantive contract, rolling one-year term)

Audit Lead (unpaid – rolling one-year term)

BLISS Nurse (co-funded by BLISS/South Tees, 3-year fixed term contract till Sept 2016)

Appendix 3 **Board Subgroups & their terms of reference**

In order for the Network to fulfil its objectives, it may be necessary to create functional "Sub groups" that can carry out defined tasks. These may be for a set time and/or purpose but created, overseen and stood down by the Board as required. The Board will define the operational remit and/or terms of reference for any subgroup. Any suggested changes to the terms of reference once agreed must be endorsed by the Board. Subgroups may be standing or time and task-limited temporary working groups according to their purpose, function and remit. Subgroups of any kind need not be chaired by a member of the Board, but there must be a defined means of reporting back to the Board through a group member who is also a Board member. Due to the transitional and changing nature of these, full lists of any operating Subgroups will not appear under these ToR, but will be listed and described on the Network website, with an example below;

Current Example - NICU Reconfiguration Task Group

Status: Task & finish sub-group

Remit:

- To oversee the drafting of a suitable implementation plan for the reconfiguration of NICU services as per the RCPCH August 2015 Report
- To work across 2 "hubs" – north (RVI & CHS) and south (North Tees, JCUH) and work together to feed into a wider Network implementation plan whilst agreeing appropriate mechanisms and processes to achieve the Report's recommendations
- To operate within agreed ToR and report to the Board on progress and any issues requiring escalation and wider involvement/engagement
- To work with NHSE, other commissioners and partners/stakeholders as required to achieve the above

Membership: A senior (divisional) manager and consultant clinician from each of the four NICU Trusts, one manager and one consultant from a SCU, NHSE commissioner representative and Network officers (Manager plus Clinical and Nurse Leads). Other people may be co-opted onto the Group or be approached to assist with the remit as required.

Chairs: Dr Sundeep Harigopal & Martyn Boyd