Annual Work Plan
2019-20

Contents

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. The process involved inviting input from across the Network and then a detailed planning meeting with the Network Management Team in late March 2019 to agree the broad priority areas outlines in this Plan.

This included a process of identifying new areas of work as well as any that were "ongoing" from the previous year and then also the identified Lead Officer(s) for these various workstreams, as well as suitable progress reporting timescales and mechanisms, including fuller outlines in the next Network Annual Report for 2019-20 that would be due to be published in late 2010. This Annual Work Plan is designed to be agreed with and signed off by NHS England but is not exhaustive, as new areas and issues may arise during the year that need to be focussed on and prioritised accordingly.

Martyn Boyd
Network Manager, April 2019

Current position

The Northern Neonatal Network was created as a Managed Clinical Network (MCN) in March 2010 and currently one is one of the 11 mandated Operational Delivery Networks (ODN) for neonatal care in England. Hosted by City Hospitals Sunderland (CHS) NHS Foundation Trust (South Tyneside & Sunderland NHS FT from 1st April 2019) since its inception, the NNN has agreed Terms of Reference (TOR) and governance framework within which it operates in order to meet appropriate lines of operational functionality and accountability. These are available via the NNN website. It also operates and maintains a Risk Register, periodically reviewed and edited as required.

Most of the Network priorities for 2018-19 that were set out in last year's Annual Plan have been largely met. Frustratingly, yet again the expected National Neonatal Review that had been expected to publish during the year is still not available at the time of compiling this new Plan, so although available for some time on "draft" format, until this is released it is difficult to be conclusive as to what might flow from that in terms of what this Plan requires, so some of the areas are necessarily rather broad and vague until more detail is known.

Much of the Network's time and energies during the last year have been focussed on the reconfiguration of neonatal intensive care. To this end, substantial progress has been made. The shift of all intensive care from North Tees to James Cook University Hospital was completed in early September 2018 and it is appropriate to pay tribute to all those involved in bringing this about. It was a very challenging remit from the RCPCH in their August 2015 Review Report that had recommended this and reducing the number of NICUs from 4 to 3, but the clinical need and willingness to make this happen accelerated in 2018.

With the completion of this, the remaining recommendations for changing the Patient pathways at Sunderland and the need for expanding the Unit at the RVI will become the next focus, although the latter has already seen a significant boost by NHS England agreeing to fund four new NIC cots at the RVI. This is very welcome news and will greatly alleviate some of the ongoing pressures across the Network in general and the RVI in particular for cots. They are all expected to become operational in the next 12 months and the Network will be closely monitoring their impact.

The three Local Maternity Systems (LMS) across the region continue to develop and the Network collaborates with them al on appropriate issues, with representation on their Boards coming from the Network Manager and suitable input being given from the Clinical Lead (Dr Sundeep Harigopal) where required. The Network also continues to play a central role in the work of the Maternity & Neonatal Health & Safety Collaborative (MNHSC) which will see its third and final wave commence in April 2019. There has been a particular focus on increasing the use of Magnesium Sulphate in eligible mothers to implement the principles of PReCePT (Preventing Cerebral Palsy in Preterm Labour) and the Network has done extremely well in this area.

At the time of compiling this Plan, NHS England have indicated that the current funding of ODNs, including ours, will continue for the next tear (2019-20) but there will an extensive in-year review of all ODNs and recommendations for the future will be made in time for the next year (2020-21) and beyond. Whilst this should tie in with any national recommendations from the Review, it remains to be seen what the impact and implications for our Team and work will be. However, our one key principal aim remains and continues - *To give the highest possible standard of safe, effective care to babies and their families.*
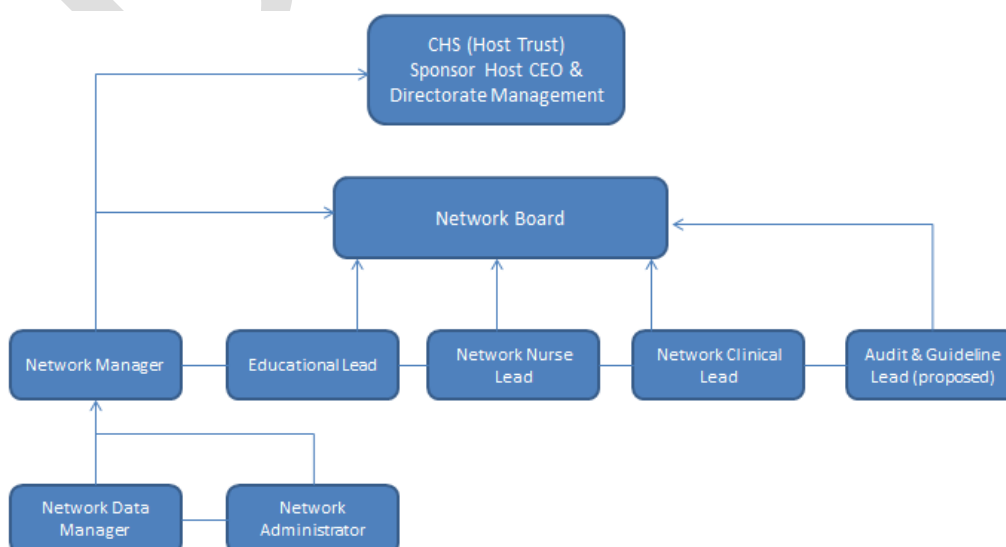
Key Network Aims & Objectives for 2019-20

During the year April 2019 – March 2020, the NNN will;

- Seek to undertake any recommendations that emerge from the national Neonatal Review Once this finally publishes. The data-gathering for this Review was undertaken in late 2016 but it has yet to report. However, neonatal services have also been highlighted in the recently-published NHS Long Term Plan so we will aim to support any aspect of this as required as there is an expectation the two will be linked.

- Support the introduction of 4 newly-commissioned intensive care cots at the RVI and closely monitor the impact of them once operational, feeding this into the Network's Annual Capacity Plan. As this happens, more work will be undertaken to assess and then seek to implement the final part of the RCPCH Review recommendations, including the remaining required IC/HD cots and the aim of the suggested patient pathways to enable Sunderland to undertake the care of babies >26 weeks only.

- Support the migration of all neonatal services from South Tyneside to Sunderland as per the agreed "Path to Excellence" proposals. This is on the back of migration of consultant-led maternity services moving and which sees a Midwifery Led Unit (MLU) only on the South Tyneside site.

- Undertake more detailed work to focus on variation across the Network in areas where this is particularly evident from our regular reporting. The Management Team propose that the "Audit Lead" undertaken previously by Dr Martin Ward Platt is formalised and expanded to include a responsibility for leading on Network guidelines and that this new Lead will work closely with the Data Manager and Clinical Lead to better inform this process. They will also incorporate utilising national reports such as NNAP to help focus on those areas where the Network is an outlier to agree suitable improvement strategies in key priority area, such as chronic lung disease.

- Continue to work with Trusts on developing models of Transitional Care (TC) facilities to reduce avoidable term admissions and keep babies in the most appropriate setting, also monitoring compliance against the stipulated Safety Action 3 of the NHS Resolution's "Maternity Incentive Scheme – year 2" programme with the emphasis on further implementation of the national ATAIN (Avoiding Term Admissions Into Neonatal units) principles.

- Work in collaboration with NHS England commissioners to ensure suitable pathways and models of care are in place for outpatient follow-ups following discharge from neonatal units as well as identifying any improving value schemes that could be applied to the delivery of neonatal care.

- Continue to support the three Local Maternity Systems (LMS) across the Network, ensuring appropriate cross-representation and collaboration on the agreed key priority areas needed to fulfil work plans, included in all planning decisions.

- Work with the Optimising Acute Services workstream within the NTWD LMS to better understand the pressures within the system on neonatal services, particularly in terms of the workforce and collaborate to agree suitable strategies to help address these. The proactive use of the "Dinning Tool" to assess current versus required cots and staff then work with commissioners to better understand these will be key, then undertake detailed discussions with Unit Managers and Lead Clinicians will further inform the work. This may then lead to agreeing a comprehensive strategy and also address key aspects of the anticipated Neonatal Review and also the recently published Long Term Plan and Health Education England's "Maternity Workforce Strategy" which has a detailed section on neonatal nurse staffing and training.

- Support the ongoing national Maternity & Neonatal Health & Safety Collaborative (MNHSC), now entering its final year of the three wave programme. This includes co-facilitating regional learning events with a focus on PReCePT and avoidable admissions/ATAIN.
- Continue to further refine and develop the regular, established quarterly Network meetings, with a particular emphasis on the death review process and more comprehensive focus on the learning outcomes from local reviews.
- Maintain an ongoing focus on clinical governance issues that are relevant to the Network and a rapid-sharing and escalation process of clinical incidents and risks.
- Re-visit the current Board membership and Terms of Reference to ensure they best meet the needs of a functional, responsive and representative Network, including suitable input from parents and families.
- Maintain our emphasis on supporting the education and training of all neonatal staff across the Network by continuing to facilitate appropriate study, training and other educational days, as well as offering Case Reviews at the SCUs. Where funding allows, this will continue to include supporting staff to attend suitable opportunities both locally and nationally.
- Continue to produce useful, timely and valid data reports and audits for the Network and all Units involved in neonatal care, as well as the three LMS, thus equipping them with the information they require to underpin all aspects of strategy, planning and delivery of that care.
- Continue to fulfil national requirements expected of it as an Operational Delivery Network (ODN) within the current national specification (currently being revised and updated – this may mean adjusting to any new elements of the core remit and function) as published. Work with commissioners on the future development and design of neonatal ODNs from 2010-21.

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 (currently Deborah Jenkins) and a Board made up of representatives from all eight of its stakeholder Trusts. Non-substantive post holders operate under rolling 1-year terms, reviewed each April. Main priority areas and aims & objectives within these roles are agreed as a Network Management Team and outlined in this Plan. The current organisational tree for the NNN is as follows;

The NNN, overseen by the Network Board, is accountable to the NHS England Local Area Team (LAT) based at Waterfront, Riverside (Newcastle) as well as the wider community of Chief Executives of the eight 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, Network Data Manager and Network Admin Assistant (the latter shared with the Northern Trauma Network across an ODN "Hub" within the joint host – SS&S NHSFT). Non-substantive but remunerated posts include the Network Clinical Lead, Network Nurse Lead, Network Educational Lead and proposed Audit & Guideline Lead, whose substantive post employing Trusts receive remuneration at agreed rates for work undertaken within their role. The Board Chair role is not currently remunerated. The Network remains open to the possibility of extending its core team if this is felt to be beneficial and/or necessary in it meeting its agreed work plan and funding allows, particularly in light of any new remit outlined in national or local plans.

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 is directly accountable to the wider Board. The Network also hosts other meetings on these quarterly days, usually with a clinical focus to allow discussion of topical issues within the field to facilitate service improvements.

The NNN relates to other neonatal network ODNs across the UK and has representation at the National Neonatal ODN Managers Forum via the Network Manager and there are also national forums for the Nurse Leads and Data Managers, both having representation from our own respective Network officers. Locally, the NNN has cross-Board membership with the Maternity Clinical Network (CN) and also engages with other networks and stakeholders as required, such as the regional Perinatal Mental Health Network and the three LMS.

As of April 1st 2019, there are now eight local NHS Trusts provide neonatal care on 11 sites. These are currently;

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

Finance & Budget

NHS England is currently responsible for arranging funding for the NNN as specified within the nationally agreed framework. For the year 2019-20, funding has again been taken from within CQUIN monies. However, the Network has recently been given notice that a comprehensive review of existing ODNs as well as ne and planned ones will be undertaken

in the first half of 2019-20, with suitable recommendations for future ODN models to be made prior to the next financial year, which may affect the current structure and hosting arrangements. It is hoped these will compliment any national recommendations but it seems that it is left to local determination to agree the precise models that will operate.

For the year 2019-20, the amount being made available for the Network by NHS England is a total of £229131, which is the same as the previous year so represents a fall after pay uplifts for substantive officers are implemented under Agenda for Change. However, this should still allow the Network to fully meet and achieve the plans outlined in this document, including Trust overheads and costs and recruiting a new Audit & Guideline Lead.

For the financial year 2019-20, the main financial commitments projected to do this and meet the priority areas outlined equate to the following approximate amounts;

	£
Pay (on-costs) for Network officers	TBC
Host Trust Overheads/costs	12.5%
Travelling expenses (estimated)	6000
Hosting Network meetings and study days costs as per Training & Education Plan	13740
Available for other meetings, workshops, projects, printing, expenses and other costs	TBC
Total	229131

Notes;
1. The on-costs for the Network Officers include Network Manager, Data Manager and Network Admin Assistant (split equally with the Northern Trauma ODN) and are to be set once the 2019-20 on costs under the agreed pay deal with any associated incremental pay increases where applicable. They also include the projected sessional costs (currently 1PA for Clinical and Educational Leads and 3.75 hours per week for the Nurse Lead and a proposed 0.5 PA for the Audit & Guideline Lead once this newly formalised role is ratified and agreed by the Network Board).
2. The Host Trust costs equate to a total of 12.5% of the Network's available budget, as per the rolling SLA agreement with South Tyneside & Sunderland NHS FT.
3. "Travelling expenses" relate to those that can be claimed by Network Officers, Network Management Team and others engaged on agreed Network business. This agreed arrangement includes 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 suggested is based on costs incurred in the previous years across the Network as a working estimate.
4. 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 plus those already identified in the Education & Training Plan on page 15.
5. 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 each of the two modules towards the full day programme that the Network has provided.

Network Aims & Objectives 2019-20

	Objective 1: Network Strategy for provision of high quality neonatal services & remaining reconfiguration						
	Aim/objective	Reference/Drivers	Programme/ work stream	Audit/quality indicators	Lead responsible	Review date for progress	Cost/ Resource (£)
1.1	Safe, sustainable, high quality neonatal services	Network Strategy DH Toolkit (Principles 1,2) NICE Quality Standards National Specifications BAPM Standards BAPM 2014 Guidance for NICUs EpiCURE 2 Report NHS Long Term Plan National Review	Continue to work with NHS England to agree the funding and phased introduction of the extra capacity across the Network to achieve BAPM 80% average occupancy and staffing recommendations – including the agreed 4 IC cots at the RVI. Also taking account of required support services/Unit facilities. Provide support for SRH and STDH staff as all neonatal services move to SRH as per Path to Excellence option 1	RCPCH Final Report & Quarterly progress reports to NNN Board via Officer Reports Quarterly progress reports to NNN Board via Officer Reports	Sundeep Harigopal/ Martyn Boyd Sundeep Harigopal/ Martyn Boyd/ Lynne Paterson	October 2019 July 2019	NHSE funding NHSE funding
1.2	Appropriate and sustainable staffing models for maintaining high quality neonatal services	Network Strategy DH Toolkit (Principles 1,2) NICE Quality Standards National Specifications BAPM Standards Maternity Workforce Strategy NHS Long Term Plan National Review	Undertake review of current neonatal service staffing provision as per NTWD OAS programme to highlight pressure points, particularly with nurse staffing levels, utilising Dinning Tool to quantify current situation mapped to actual needs, then quantify the required future workforce (medical, nursing, AHPs) and assess required Network support.	Report to Network Board & OAS programme Quarterly progress reports to NNN Board via Officer Reports	Sundeep Harigopal/ Martyn Boyd/ Lynne Paterson/ Mark Green	October 2019	N/A
1.3	Support Trusts to develop models of Transitional Care (TC) facilities to reduce avoidable term admissions. Monitor compliance against "Maternity Incentive Scheme – year 2" & ATAIN principles	BAPM Standards NHS Long Term Plan National Review	Publish robust Term Admissions data via quarterly reports, help identify principle reasons for admission, length of stay and support Unit-level case reviews. Share and spread current models of TC across Network and beyond & ATAIN best practice principles Work with commissioners on defining levels of TC activity and feed into national Maternity Incentive Scheme reporting	Quarterly progress reports to NNN Board via Officer Reports	Sundeep Harigopal/ Martyn Boyd/ Mark Green	October 2019	N/A

1.4	Support the three Local Maternity Systems (LMS)	Better Births Report National Specifications NHS Long Term Plan National Review	Ensure appropriate neonatal presence and representation at LMS Board level to provide collaborative service planning that takes account of neonatal service needs and required Network support, acknowledging close interdependencies between specialities and that neonatal priorities are escalated as appropriate, reflected in agreed LMS plans	Progress reports to NNN Board via Officer Reports Quarterly LMS Reports	Sundeep Harigopal/ Martyn Boyd/ Mark Green	Ongoing Quarterly	N/A N/A
1.5	Support national Maternity & Neonatal Health & Safety Collaborative (MNHSC) programme (Wave 3)	Better Births Report National Specifications NNAP Report MBBRACE-UK Report NHS Long Term Plan National Review	Provide neonatal support to local AHSN Collaborative leads in the planning of events and ensure appropriate neonatal input, particularly with respect to the focus on reducing term admissions and neonatal & maternal deaths. Includes the ATAIN and PReCePT programmes.	Progress reports to NNN Board via Officer Reports Local audit measures at Trust level Quarterly Reports	Martyn Boyd/ Sundeep Harigopal Mark Green	Ongoing through 2019-20 Quarterly	N/A N/A
1.6	Implement the recommendations of the National Neonatal Review	National Neonatal Review National Specifications BAPM Standards NHS Long Term Plan	Once published, assess the main priority areas as per Review recommendations and work with NHSE, Trusts, partners and stakeholders to implement as required	Progress reports to Network Board via Officer Reports	Martyn Boyd/ Sundeep Harigopal/ Lynne Paterson	October 2019	Unknown
1.7	Undertake work to focus on reducing variation across the Network and areas where we are "national outliers" e.g. NNAP BPD rates	Network Strategy DH Toolkit NNAP Report NHS Long Term Plan National Review	Undertake in depth audit review of agreed metrics with clinical focus from quarterly, annual and NNAP Reports. Identify areas of variation and devise service/clinical improvement strategies with the appropriate Clinical Leads, utilising share and spread of best practice principles	Progress reports to Network Board via Officer Reports	Sundeep Harigopal/ Network Audit Lead/ Martyn Boyd/ Mark Green	Ongoing through 2019-20	N/A
1.8	Review existing arrangements for neonatal post-discharge follow-ups and identify any potential improving value schemes for neonatal care as per NHSE requests	Network Strategy DH Toolkit NNAP Report NHS Long Term Plan National Review	Work in collaboration with NHS England commissioners to ensure suitable pathways and models of care are in place for outpatient follow-ups following discharge from neonatal units as well as identifying any improving value schemes that could be applied to the delivery of neonatal care	Progress reports to Network Board via Officer Reports	Sundeep Harigopal/ Martyn Boyd/ Richard Hearn/ Julie Turner (NHSE)	October 2019	N/A

Objective 2: Network educational aims for appropriate training of neonatal staff to enable provision of high quality care						
2.1	Continue to explore the potential to introduce a new "Apprentice model" to ensure appropriate post-registration QIS is maintained	National QIS Standards (RCN/BAPM/NNA) NHS Long Term Plan Maternity Workforce Strategy	Liaise and work with lead Trusts, HENE & local HEIs to explore possible format of new QIS training under apprenticeship model as well as the required content of post-reg modules that will meet nationally agreed QIS standards. Continue to review potential need to adapt existing IC/High-low modules with appropriate curriculum/programme	Progress reports to Network Board via Officer Reports	Lynne Paterson/ Martyn Boyd	October 2019	Unknown
2.2	Provide teaching input into the Nursing post-reg modules	National QIS Standards (RCN/BAPM/NNA) DH Toolkit (Principle 5) National Specifications BAPM Standards Maternity Workforce Strategy	Continue current educational provision for QIS modules. Agree future Network-facilitated content for any proposed new post-reg modules under the Apprenticeship model if new curriculum and funding mechanism agreed as per 3.1 and arrange teaching/facilitators as required.	Discussions with lead Trust providers, Universities and progress reports to NNN Board	Martyn Boyd/ Lynne Paterson/ Richard Hearn	October 2019	TBC
2.3	Support and facilitate further Foundation Training sessions "pre-QIS") for new/recently appointed nursing staff	National QIS Standards (RCN/BAPM/NNA) Maternity Workforce Strategy	Provide Foundation Training for newly appointed staff to ensure basic level of understanding to an agreed programme and with the aim of meeting national recommendations and Unit needs, supplementing established mentorship processes.	Progress reports to Network Board via Officer Reports	Lynne Paterson	Ongoing - these days are arranged for April 2019	Hosting costs for all-day meetings. TBC
2.4	Support provision of appropriate ongoing Network education & training	Network Education Strategy DH Toolkit (Principle 5) National Specifications BAPM Standards NICE Quality Standards Maternity Workforce Strategy	Help ensure Units have staff QIS as per nationally agreed recommendations via appropriate post-reg module courses/new apprenticeship model and ongoing relevant supportive training and education programme	Feedback sheets from staff attending training	Richard Hearn Martyn Boyd/ Sundeep Harigopal/ Lynne Paterson/	Ongoing	£13740 (Est. total)
			Fund & facilitate planned and also ad-hoc educational opportunities/study days for Network staff as NNN budget allows, including five established Stabilisation training days for SCBU staff and designated SCU Case Discussion & teaching sessions	Progress reports to Network Board via Officer Report	Richard Hearn	Ongoing through 2019-20	

Objective 3: Appropriate and timely data to enable the provision and delivery of high quality neonatal care across the Network							
3.1	Continue to 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 National Review	Provide timely, accurate and validated Quarterly NNN Staffing Reports to each Unit	Quarterly & annual reports	Mark Green	Ongoing through 2019-20	N/A
3.2	Ensure adequate capacity across Network to meet demand	DH Toolkit (Principles 3.3) National Specifications BAPM Standards NICE Quality Standard 2	Undertake Annual Network Capacity Assessment, mapping activity and cot occupancy levels for each Unit against capacity, with particular focus on NHSE funded IC/HD cots in the NICUs, taking account of changes due from the 4 newly-commissioned IC cots at the RVI and pressures on current supply in all Units	Annual Report to Board Monthly cot monitoring reports	Martyn Boyd Sundeep Harigopal/ Martyn Boyd	July 2019 Ongoing through 2019-20	N/A N/A
3.3	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, including shadow HRG monitoring as suggested by neonatal CRG	Quarterly reports, copied to NHSE	Mark Green	Ongoing through 2019-20	N/A
3.4	Monitor agreed Network patient pathways and other metrics 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 National Review	Collate agreed patient pathway exception reports to Clinical/Audit Leads and include in LMS Reporting to enable local review where appropriate (listed by Unit/Trust highlighting patient pathway compliance and incidences of variation) Lead regular audit discussions	Quarterly audit and Pathway As required/agreed	Mark Green/ Sundeep Harigopal/ Network Audit Lead Network Audit Lead	Ongoing through 2019-20 Ongoing	N/A
3.5	Publish quarterly detailed Reports utilising Network Parent Feedback forms	DH Toolkit (Principles 1, 7, 8) National Specifications NICE Quality Standards BLISS Charter & BFFAS standards National Review	Transcribe Network Parent Survey forms as submitted and collate Unit & Network Reports, fed back to Managers & Leads but also used for quality improvement by Network as agreed. Review /revise current Survey questions, involve parents/services users to inform new format and content that enables feedback to further improve neonatal services	Quarterly Network & Unit Reports Progress reports to Network Board via Officer Reports	Mark Green Martyn Boyd/ Lynne Paterson	Ongoing through 2019-20 October 2019	N/A N/A

3.6	Collaborate with Maternity CN/LMS 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 Long Term Plan National Review	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 CN Boards), including LMS Reports.	Reports collated and fed back to NNN and Maternity CN and LMS Boards Annual Audits of agreed metrics	Martyn Boyd/ Network Audit Lead/ Mark Green	Ongoing through 2019-20	N/A
3.7	Provide supportive role to individual Units for Badgernet data entry and reporting to optimise usage	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 Ensure Data Sharing agreements in place that meet all GDPR legislation	Progress reports to Network Board via Officer Report Unit Annual Reports	Mark Green	Ongoing through 2019-20	N/A
Objective 4: High quality family-centred care across the Network							
4.1	Support family centred care and progress towards achieving BLISS BFFAS Accreditation for every Unit	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Long Term Plan National Review	Unit level support for designated links & leads undertaking BLISS BFFAS Audit, including preparation for accreditation peer review visits in conjunction with BLISS. Encourage "share and spread" of best practice Continue to develop Network website to enhance resources for parents, including audio & video files with better signposting support as needed	Completed BLISS Audits Progress reports to Network Board via Unit updates Progress reports to Network Board via Officer Report	Lynne Paterson/ Martyn Boyd/ ?further support if required Martyn Boyd	Ongoing through 2019-20 Ongoing through 2019-20	May need funding for extra support TBC N/A
4.2	Continue to support neonatal units and staff to improve knowledge of Family Centred/Integrated and Developmental Care	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Long Term Plan National Review	Fully fund places on FINE Foundation Toolkit Course for up to 40 staff. Fund places at other relevant training days/conferences that promote FFC/FIC/DC as appropriate and funding available Promote dialogue across Network for Unit leads to improve harmonisation, reduce variation, use of Network guidelines, facilitating meetings where appropriate.	Progress reports to Network Board via Officer Report	Martyn Boyd/ Lynne Paterson	Ongoing through 2019-20	£9180 total (see costings page 14)

4.3	Improve Lay engagement with the Network in order to strengthen parental/lay input and participation in agreed priority areas	DH Toolkit (Principle 3) National Specifications BLISS Baby Charter & Standards NHS Long Term Plan National Review	Undertake review of existing models in other networks (Neonatal and other) and engage in discussions with parents via current support and 3rd sector groups to draft recommendations for better parent input and representation mechanisms into the Network. Include need for seats on Network Board as per current model	Progress reports to Network Board via Officer Reports	Martyn Boyd/Lynne Paterson	October 2019	N/A
Objective 5: Improved Network governance, functionality & engagement							
5.1	Encourage ongoing engagement across Network through increased collaborative participation at all levels, including nominated Board Reps	DH Toolkit (Principle 1) National ODN Specification NICE Quality Standards BLISS Baby Charter & Standards NHS Long Term Plan National Review	Continue with quarterly NNN Board and other Network meetings to enhance participation from members as per TOR. Review current membership, ensure appropriate participation to meet TOR requirements as well as format and content and recruit new Board Chair and Audit /Guideline Lead	Attendance audits and feedback to Network Board via Officer Reports	Deborah Jenkins/all Board members	Ongoing through 2019-20	Meetings costs TBC
			Continue to facilitate/promote quarterly nurse manager & clinical forum/clinical governance sessions for revalidation purposes, keep content topical/relevant.	Attendance audits and feedback to Network Leads	Sundeep Harigopal/ Richard Hearn/ Martyn Boyd/ Lynne Paterson	Ongoing through 2019-20	Meetings costs TBC
5.2	Support local ODN Review to enable future models and funding to be agreed	DH Toolkit (Principle 1) National ODN Specification (revised) NICE Quality Standards NHS Long Term Plan National Review	Work with NHSE on local review of ODNs, ensuring ongoing commitment to fund and support mandated ODN continues and is agreed, enabling NNN remit as per national requirements and local needs is met and structure and governance reflects this.	Progress reports to Network Board via Officer Reports	Martyn Boyd	Ongoing through 2019-20	N/A
5.3	Ongoing discussion to ensure sharing of learning outcomes from local death review meetings as per NHSE request	DH Toolkit (Principle 1) MBRRACE-UK 2017 Report recommendations National ODN Specification NHS Outcomes Framework	Continue to facilitate regular neonatal death case review discussions and collate Learning Outcomes from individual Unit/Trust based reviews as agreed with NHSE. Discuss forthcoming MBRRACE-UK 20187 Report when published and any required new actions	Progress reports to Network Board	Sundeep Harigopal	Ongoing through 2019-20	N/A

Network Annual Training & Education Plan 2019-20

Title	Number of places	Date(s)	Venue	Organiser	Cost per place (£)	Total cost to NNN (£)
Foundation Training ("Pre QIS") for new starter nurses	20	25/04/19 26/04/19	Hotel Indigo Durham	NNN	Free	1500
FINE Level 2 Follow up day	12	13/05/19	Hotel Indigo Durham	NNN/ BLISS	Free	325
Low/High Dependency Module (QIS)**	40	23/05/19	Hotel Indigo Durham	NNN	Free	750
Management Development Day	20	06/06/19	Hotel Indigo Durham	NNN	Free	750
Foundation Toolkit Course in Developmental Care	40	JULY TBC (2 days)	TBC	NNN/ BLISS	Free	9180*
FINE Toolkit for Medics & ANNPs	30	05/07/19	Durham Centre	NNN	Free	650
NNN 10th Annual Conference	80	07/11/19	Quality Hotel, Boldon	NNN	Free	3000
Stabilisation Faculty Training Day	12	20/11/19	DASH, Wansbeck Hospital	NNN	Free	600
NNN 5th Annual Research meeting	40	22/11/19	Durham Centre	NNN	Free	643
Stabilisation Training days x 5	16 per course	Arranged throughout 2019-20	Hosted by Network SCUs TBC	NNN	Free	0
Case discussions and local training meetings	Locally set	Up to 8 per year	Network SCUs as agreed/arranged	NNN	Free	0
ANNP Training day/workshop	30	TBC	TBC	NNN	Free	600 (Estimated)
NNN Annual Respiratory Workshop	40	Feb/March 2020	TBC	NNN	Free	1982
Totals					All places on all training funded by NNN	£19980 (total) *£6240 already paid from 2018-19 budget

* This event/study day has already been partly pre-funded from the 2018-19 Network Budget (amounting to £6240 of the £9180 estimated costs), so the amount from the NNN budget for 2019-20 to meet the proposed training plan is £13740. Some costs are estimates only based on previous similar events and days but may be subject to amendment.

** NB Health Education England have also provided additional one-off funding of £21.1k to allow more 10 nurses to receive QIS training in 2019-20. This will enable 20 nurses to be trained after HENE matched the funding, but venue hire may add to the total Network costs.