

Operational Delivery Networks

Governance Framework - Toolkit



September 2017

Classification: General

Organisation	Operational Delivery Networks
Document Purpose	Guidance
Title	Operational Delivery Networks. Governance Framework Toolkit
Original Author	Sue Shepherd
Adapted by	Martyn Boyd (Manager, Northern Neonatal Network)
Version and date	September 2017 (Version 1.3)
Linkages	NHS Commissioning Board; “Operational Delivery Networks; The Way Forward” NHS Commissioning Board; NHS Standard Contract Section B Part 1 – Service Specifications; Operational Delivery Networks Operational Delivery Networks Governance Framework Value for Money Framework
Circulation	Provider organisations Senates Operational Delivery Networks Maternity Clinical Network NHS England Local Maternity Systems
Description	This Toolkit underpins the Operational Delivery Networks’ Governance Framework. It is designed to assist ODNs in identifying and evidencing current Network governance systems and processes. The Toolkit provides an illustrative RAG rated scoring mechanism to facilitate a visual overview of the assessment process and highlight any gaps or areas for further development.
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This Toolkit, designed to assist Operational Delivery Networks to monitor progress against their governance arrangements, underpins the Operational Delivery Networks' Governance Framework¹. It is recommended that this Toolkit be completed on an annual basis and submitted to the relevant Network Executive/Oversight Group. Any issues or risks should be discussed openly at the Network Executive/Oversight Group and a plan developed to address any concerns. A RAG rated scoring mechanism is included to facilitate a visual overview of the assessment process. This is scored as follows:

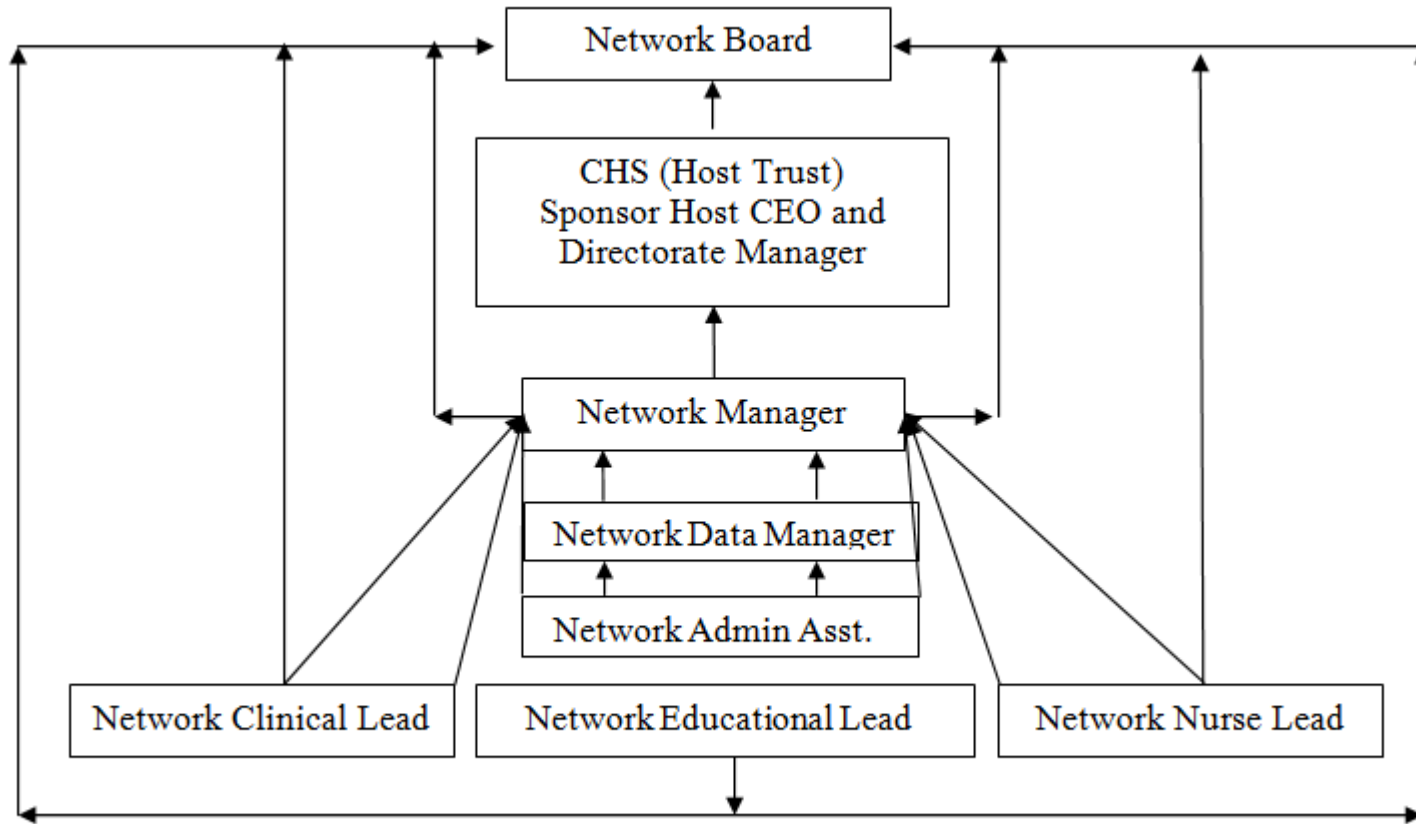
Assessment criteria: **Red = Problem meeting criteria** **Amber = Good progress made with work on-going** **Green = Criteria fully met**

ODN Governance Framework - Toolkit			
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Date Completed:	29/09/2017	Version:	1.3

Network Team Members					
Name/Network Role	WTE	Contract Type	Tenure with end date	Host/Seconding Organisation	Funding Source
Martyn Boyd – Network Manager	1.0	Substantive/Permanent	N/A	City Hospitals Sunderland	Core within Network budget
Mark Green – Network Data Manager	1.0	Substantive/Permanent	N/A	City Hospitals Sunderland	Core within Network budget
Dr. Sundeep Harigopal – Network Clinical Lead	1 paid PA per week	Non- Substantive	Open ended/1-year review	Newcastle Hospitals	Core within Network budget
Lynne Paterson – Network Nurse Lead	0.1 paid WTE	Non- Substantive	Open ended/1-year review	South Tees Hospitals	Core within Network budget
Dr Richard Hearn – Network Educational Lead	1 paid PA per week	Non- Substantive	Open ended/1-year review	Newcastle Hospitals	Core within Network budget
Deborah Jenkins – Network Board Chair	N/A	N/A	Open ended/1-year review	South Tees Hospitals	Expenses only from within Network budget
Dr Martin Ward Platt – Network Audit Lead	N/A	N/A	Open ended/1-year review	Newcastle Hospitals	Expenses only from within Network budget
Dr Rob Tinnion – Consultant and Lead for NneTS	1.0	Substantive/Permanent	N/A	Newcastle Hospitals	Core within Host Trust (NUTH) budget
Lisa Purves - Network Administrator	0.5	Substantive/Permanent	N/A	City Hospitals Sunderland	Core within Network budget

¹ Shepherd, S. C. April 2013. Operational Delivery Networks, Governance Framework. Unpublished – available at sue.shepherd@emas.nhs.uk

Network Organisational Structure



Structure and Scope						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
The purpose and remit of the Network is clearly defined	Network vision, aims & objectives included in annual objectives and work plan. Stated in Network Board Terms of Reference (TOR)					Purpose and remit of the Network is assessed on an annual basis
The Network boundaries and scope are confirmed	Outlined in Network Board TOR					
The Network Board membership model is defined and agreed. This includes clear rules of engagement for Network members (including Parent Representatives) and an accountability structure.	Members are appointed to represent their Trusts with delegated authority to act as agreed and are all signed up to the model. Includes agreed other appropriate stakeholders including but not limited to commissioners and Maternity SCN links					Partners remain engaged in the work of the Network. Membership model is ratified at Network Board. Engagement with Parents and place on Board under review 09/17
The Network Board is identified within the Network Structure with clearly defined responsibilities, including for Network officers according to job/role descriptions	Outlined in Network Board TOR, job and role descriptions and Annual Work Plan					
The Network Board is constituted in line with TOR and Network Strategy. Representative members attend meetings. A process is in place to review membership to maintain relevance and adequate engagement.	Board meeting minutes and monitoring by Network Manager with action by Board Chair when required				Attendance remains an issue from some Trusts	Attendance is a Quality Indicator for the NQST Peer Reviews during October 2017. May be flagged as an area for improvement where necessary
Terms of Reference for the Network Board are written and approved, with an agreed timescale for review. This includes delegation of authority and responsibility to the Board in accordance with the Network Model	Included within Network TOR					
Terms of Reference for all other Network Groups are written and approved, with an agreed timescale for review as appropriate	Included within Network TOR					
The Network organisational structure is designed to facilitate delivery of the Network objectives. This is approved by the Network Board appropriate to the Network Model	Included within Network TOR and Annual Work Plan					

Structure and Scope (continued)						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
The Network Chair's roles and responsibilities are defined and approved by the Network Board	Included within Network TOR					
The Network Chair is appointed and tenure of appointment and accountability arrangements are agreed	Included within Network TOR					
Deputising arrangements are in place in the absence of the Network Chair	Included within Network TOR					
The Network Management Model is designed with clear lines of responsibility and accountability and includes Network and Host organisation line management arrangements. This is approved by the Network Board	Included within Network TOR and NHSE ODN Specification					
The Network Manager holds line management responsibilities for relevant Network Team members in line with the agreed Network Management Model	Included within Network TOR and Annual Work Plan					
A process is in place with the host organisation for the appointment of Network Team members. Contracts are in place (Permanent/Secondment/Honorary) for team members and are signed by the relevant host and seconding Trusts	Host Trust HR Policies and contracts					
Network team members (including non-substantive roles) are appointed and the tenure of each appointment is agreed as appropriate to each role	Included within Network TOR and Host Trust HR Policies and contracts					
An annual Personal Development and Review process is in place for all members of the Network Team. PDRs are undertaken on an annual basis and team and personal objectives reflect Network objectives and individual personal development plans. Progress against objectives are evidenced	Should be included within Network TOR and Host Trust HR Policies and contracts				Process needs better embedding – more formal system needed for non-substantive roles	Review and action by Network Manager to ensure in place for April 2018
Changes to the constitution of the Network, including changes in Network team staffing, are approved by the Network Board	Included within Network TOR					
The Network funding model is established (define 1 year, 3 year, 5 year)	Included within Network TOR and NHSE ODN Specification				Current CQUIN funding mechanism confirms funding from CQUIN monies until March 2019.	Ongoing monitoring by Network Manager and reporting back to Board. May be addressed through a recommendation from the National Neonatal Review. This may need contingency plan and further action as appropriate once new model clear

Structure and Scope (continued)						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Supporting organisations have agreed their financial contribution to the Network and a process is in place to extract/obtain the money in year	Current funding via NHSE and transitional CQUIN arrangement – no direct independent stakeholder funding currently required.					May change after April 2019 or pending new national guidance. Network Manager to monitor
The Network annual budget/financial plan is developed and budget management and monitoring arrangements are in place and approved by the Network Board. This includes a mechanism for the management of any under or over expenditure	Budget monitoring undertaken by Network Manager but mechanism for management of under or over expenditure not currently clear – should be contained within SLA					Reviewed annually
A regional risk sharing agreement is in place should the Network cease to exist. This includes agreement in respect of any financial implications to the host organisation	Not currently specified – should be contained within SLA and TOR				Not specified within current SLA.	Review and action by Network Manager to be in place for April 2019 when current funding model due to be replaced if required
Stakeholder Support and Engagement						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
A Network Patient and Public Involvement strategy is developed and implemented as appropriate and patient views inform critical care service development. This is ratified by the Network Board	Included within Network TOR and Annual Work Plan				Partially in place but needs further development and embedding in a specific PPI strategy	For further review on the back of recommendations from the Parent Workshop facilitated in May 2017. Ensure in place for April 2018
A mechanism is in place to facilitate joint working between networks and senates in the Network region. A partnership agreement is in place where appropriate	Should be included within Network TOR					Review and action by Network Manager for October 2015
A mechanism is in place to ensure links to the relevant national Clinical Reference Groups	Included within Network TOR					Network Clinical Lead sits on neonatal CRG
The Network is a registered stakeholder with the relevant national Clinical Reference Groups	Included within Network TOR				Registered via “regional (not NNN) Reps only	Email updates provided from regional reps
A mechanism is in place to facilitate joint working with specialised commissioners, local Clinical Commissioning Groups and the Area Team as appropriate. This includes links to the relevant regional and national Programme of Care (commissioning) leads	Included within Network TOR					
A contractual agreement is developed between the Network and the host organisation defining clear rules of engagement and decision making processes. This is signed by the appropriate executive/Network management leads	Contained within SLA					

Monitoring and Reporting						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Network annual objectives and work plan are written and ratified by the Network Executive/Oversight Group	Annual Work Plan ratified by Board each April					
A mechanism is in place to monitor progress against the Network annual objectives and work plan. Progress reports are submitted to the Network Board and shared with other Network Groups within an agreed timeframe	Specified in Annual Work Plan and referenced as monitored in Network Board minutes					
Other Network Groups' (i.e. Parent Group, research and other "sub groups" including designated "task & finish groups") objectives and work plans are developed in line with the Network Annual Objectives	Included within Network TOR					Set up as required
The Operational Delivery Network Service Specification is defined and agreed on an annual basis with the host Trust and NHSE. This includes relevant annual Network outcomes and outputs	Specified in ODN Service Specification					
A mechanism is in place to monitor progress against the Operational Delivery Network Service Specification. Gaps are identified and an annual action/improvement plan is developed. This is signed off by the Network Board	Current ODN Service Specification but no clear process in place for this				Partially in place but needs further development	Network Manager to monitor and action as national Neonatal Review clarifies when final Report and recommendations published. Review by April 2018
Network agreed key performance indicators are linked to local, regional and national standards and are included in relevant commissioning frameworks/service specifications as appropriate	Not always clearly specified				Some gaps exist but clear in some cases (e.g. LMS Plans)	Network Manager to monitor and action as national Neonatal Review clarifies when final Report and recommendations published. Review by April 2018
A mechanism is in place for Network provider organisations to clearly identify derogation of relevant clinical service (against nationally mandated service specifications) to the Network Team	Not currently clearly specified				Operating but needs further development to clarify formally	Network Manager to monitor and action as national Neonatal Review clarifies when final Report and recommendations published. Review by April 2018
The Network team is consulted on derogation of service and provides appropriate advice to providers and commissioners	Not currently clearly specified					Network Manager to monitor and action as national Neonatal Review clarifies when final Report and recommendations published. Review by April 2018

Monitoring and Reporting (continued)						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Derogation of service has been agreed by commissioner and provider organisations and action plans have been developed collaboratively by the Network and the relevant provider organisations	Not currently clearly specified				Operating but needs further development to clarify formally	Network Manager to monitor and action as national Neonatal Review clarifies when final Report and recommendations published. Review by April 2018
A process is in place to assist Network provider organisations in identifying compliance against set standards outlined in service specifications. The Network provides support, as and where appropriate, to member provider Trusts to achieve standards (responsibility for compliance remains with the provider Trust)	Unit Annual Reports, Annual & quarterly Network reports					To be further developed within new LMS
An annual account of Network activities and outcomes is published demonstrating improvements to support achievement within the current Network funding model	Network Annual Report					
A Network facilitated external/internal peer review/quality assurance process is undertaken with relevant member organisations. Completed action/improvement plans are submitted to the Network Board	Peer Review Reports as drafted and made available by the national Quality Surveillance Team (NQST)					Awaiting Peer Reviews and subsequent action plans (as required when requested by NQST) following Reviews booked for October/November 2017
A summary Network action/improvement plan is developed following peer review/quality assurance with key milestones and an agreed mechanism for review	A full collated report from Unit Reports will be collated and used to create a summary plan for the Network following Peer Review visits and Reports made available by the NQST				To be developed	Will be actioned once all Unit Reports with action plans for serious concerns/areas for improvement have been published. For completion by January 2018 and discussion at Board
Network audit structures and reporting and monitoring processes are agreed and implemented	Network Board minutes and reports					
Network standardised operating policies and procedures and care pathways are developed and implemented with an agreed review process	Included within Network TOR Network Board minutes and reports					Full set of agreed Network Pathways in place but require ongoing development and revision
A mechanism is in place to identify Network clinical governance issues with an agreed process to investigate critical incidents and share findings	Quarterly clinical governance/case review meetings to discuss issues and identify actions required. Rapid escalation of identified risks					Aligned to Death Review meetings to share learning outcomes and other clinical governance issues.

Risk Management						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Risk management and assurance processes are in place to ensure risks are identified, analysed, evaluated, controlled, monitored and communicated appropriately	Quarterly clinical governance/case review meetings to discuss issues and identify actions required. Rapid escalation of identified risks					Aligned to Death Review meetings to share learning outcomes and other clinical governance issues.
Member organisation draft service development/reconfiguration plans are shared with the Network and ratified by the Network Board as appropriate	Board meeting minutes					
Network specification agreements are in place with Independent/Third Sector partners as appropriate	Specified in appropriate memorandums of understanding/Board meeting minutes				Past MOA with Tiny Lives Charity but now not operational	Original MOA was dropped by previous Head of Charity – for further review by April 2018
The contractual agreement between the Network and the host organisation includes the provision of relevant accommodation, facilities and corporate services and an outline of associated costs. The agreement ensures that HR support for Network staff employed by the host organisation is in line with NHS HR policies/procedures	Specified within SLA				SLA drafted and submitted to CHS – awaiting sign-off	Review and action by Network Manager in April 2016 for new financial year
The contractual agreement with the host organisation confirms Network compliance with the host organisation's standing orders and standing financial instructions	Specified within SLA					
The contractual agreement with the host organisation outlines the responsibilities and accountability of the host organisation in line with the Operational Delivery Network specification	Specified within SLA					

Added Value and Benefits						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
A mechanism is in place to capture the added value and benefits of the Network. This is communicated to Network stakeholders on annual basis	Network Annual Report					
A mechanism is in place to ensure that outcomes from the Network peer review/quality assurance process inform service design and delivery	Specified in ODN Service Specification				Partially in place but needs further development	Review following publication of Peer Review reports and recommendations by January 2018
A mechanism is in place to capture learning from Network wide audit and research with evidence of service change and development	Specified in ODN Service Specification				Partially in place but needs further development	Review following publication of Peer Review reports and recommendations by January 2018
Quality and Service Improvement						
Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
A Network wide annual service improvement programme/plan is developed and approved in line with Network and national priorities	Included within Annual Work Plan					
Service improvements are identified and implemented and best practice is shared widely to inform and improve service delivery and quality of safe patient care	Included within Annual Work Plan					
An agreed set of Network benchmarking measures/dashboards are captured and audited in a timely manner and outcomes are shared as appropriate	Included within Annual Work Plan and Network Reports					
A Network research and education strategy is developed with key milestones and a review process	Network Education Strategy				In place but out of date and needs review	Review and action by Network Educational Lead by January 2018
Links are established with local Education and Training Boards and education providers	Included within Network TOR and Annual Work Plan					Good links with Universities providing Modules
A Network Workforce Strategy/Framework is developed with key milestones and a review process	Agreed Network Workforce Strategy drafted and signed off by the Network Board				Under development	Awaiting national data and feedback/recommendations from National Neonatal Review. For completion by April 2018
Clinical governance issues are included as a standing agenda item on Network meetings with an agreed mechanism for feedback and shared learning	Quarterly clinical governance/case review meetings to discuss issues and identify actions required. Rapid escalation of identified risks					
PPI representative members attend Network groups to inform service development and delivery as appropriate	Network Board meeting minutes				In place but needs improved engagement	For further review on the back of recommendations from the Parent Workshop facilitated in May 2017. Ensure in place for April 2018

Governance Framework – Outcomes – Part 2				
Respect				
Criteria	Assessment			Comments
	R	A	G	
Network members apply the rules of engagement				Independent Board Chair for quarterly meetings
Network members show consideration for colleagues and demonstrate respect for member organisation culture				
Ambiguity is reduced through collaboration and co-operation across pathways of care				
Leaders in the Network respect the opinion of Network members working collaboratively for the benefit of patients				
Trust				
Criteria	Assessment			Comments
	R	A	G	
The Network has a clear sense of purpose				
The work of the Network is focussed around the patient				
The Network fosters a culture of sharing and support and members are encouraged to participate in the work of the Network without fear of recrimination				
Creativity and innovation is encouraged				
The Network demonstrates openness and transparency in decision making processes				
Information and data is shared openly and honestly				Via Network Data Manager – Network Reports
Relationships				
Criteria	Assessment			Comments
	R	A	G	
Leaders in the Network work with colleagues to develop and maintain sound relationships				
Patients are involved in shaping the Network				For further review on the back of recommendations from the Parent Workshop facilitated in May 2017. Ensure in place for April 2018
The Network consists of multi-professional, multidisciplinary staff working in partnership				
Network members work together and share best practice and are actively involved and engaged in the work of the Network				
The Network has an agreed process for conflict management				Not currently developed
Integrated working reduces duplication of effort and improved productivity and effectiveness				
The Network explores new ways of working and embraces change				
Accountability structures are designed to take account of formal and informal relationships				

Support				
Criteria	Assessment			Comments
	R	A	G	
The Network model supports a culture of shared learning and collaboration with strong leadership and clarity of purpose				
There is widespread clinical involvement and support in the Network				
The Network utilises the skills and expertise of members				
The Network has an education and research strategy outlining opportunities for shared learning, training and development				For review and action by Network Educational Lead by January 2018
Network member organisations are equal partners in the Network				As per ToR
All staff in the Network are supported by their employing organisation when participating in Network activities				As per ToR
Commitment				
Criteria	Assessment			Comments
	R	A	G	
Network members and member organisations deliver the work of the Network				
Patient pathways are developed in line with the Right Care Principles				
Staff work collaboratively across the Network				
The Network has a shared vision and objectives with a clearly defined work plan				
The Network has a communication strategy				Operates via Host Trust
The Network demonstrates clinician and user involvement				
Engagement				
Criteria	Assessment			Comments
	R	A	G	
Constituent member organisations are actively engaged in the Network				Listed in TOR
Staff participating in the Network are actively engaged				Variable. Ongoing issues with some but being addressed as core Quality Indicator for Peer Reviews
The Network facilitates the collaborative design and delivery of patient led services				
Equity and access to care is improved				
Patient experience, outcomes and quality of care are improved				