



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



Annual Work Plan 2017-18

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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 included input from the Network during a dedicated planning session in January 2016 in order to identify and discuss the current issues we collectively face and to then agree the priorities for the year ahead. These broad suggestions have since been translated into this document, highlighting 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 is fed back to the Network Board at our Quarterly meetings where appropriate and then formally subsequently via the Network Annual Report for 2017-18, due to be published in Autumn 2018.

Current position

The Northern Neonatal Network is one of 11 Operational Delivery Networks (“ODNs”) in England (16 across the UK) and is hosted by City Hospitals Sunderland (CHS) NHS Foundation Trust. It has agreed Terms of Reference (TOR) and a 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 also maintains a Risk Register, periodically reviewed and edited as required.

The main Network priorities for 2016-17 as identified and set out in last year’s Annual Plan have largely been either met or are ongoing and as a result and where appropriate, “rolled over” into this new current Plan for 2017-18. A notable exception was the planned local course to train Advanced Neonatal Nurse Practitioners (ANNPs). The Network had worked hard on this for several years and had support and funding agreed with Health Education North East (HENE) in place but when offered for tender, none of the local HEIs applied, so the 3-year funding stream has been used to support nurses needing to train on a course in Sheffield. Early feedback on this is very positive.

Much work has also been put in to supporting the reconfiguration of Neonatal Intensive Care (NICU) services on the back of the RCPCH Report from August 2015. Progress has been slower than hoped for and anticipated, but movement towards agreed new pathways towards the ultimate recommendations for one NICU at JCUH, Middlesbrough has been made and this will continue in the next 12 months and beyond. However, additional intensive and high dependency cot capacity is required at the RVI for this to be fulfilled and the Network is continuing to work with NHS England on this. The potential for the new NHS local Sustainability & Transformation Plans (STPs) to influence further reconfiguration of neonatal services is real but as yet unknown, but the Network will remain responsive to these and work to support them and offer appropriate expertise for neonatal input as and when required.

On a positive note, the business case drafted for a new funded, supernumerary stand-alone neonatal transport service (Northern Neonatal Transport Service – NNeTS) for the Network as submitted by Newcastle Hospitals NHSFT to NHS England was accepted and funding provided by NHSE. The service made recruitment appointments to key posts in 2016-17, particularly in respect of transport ANNPs in order to start developing the new service and this is already making excellent progress, fulfilling one of the main recommendations from the RCPCH Report. The Network will continue to support this.

It was hoped that a sustainable funding model for ODNs would finally be created by the DH on the back of the previous review in 2015-16, but this did not happen. However, it has been proposed that for the next 2 financial years (2017-18 & 2018-19), that CQUIN funding will continue, but not from ma 0.1% top-slicing, rather by local agreement. Whilst it is useful that this is a 2-year proposal, it is unclear what will happen after this and not guaranteed in terms of total budget, however, NHSE have committed to providing this and the Network is grateful, as this has now been confirmed for the first year as per page 7. This enables the Network can continue to fulfil its one key principal aim – *To give the highest possible standard of safe, effective care to babies and their families.*

Key Network Aims & Objectives for 2017-18

During the year April 2017 – March 2018, the NNN will;

- Continue to support the process for the reconfiguration of neonatal intensive care across the Network that was started in August 2015 following the publication of the Royal College of Paediatrics & Child Health (RCPCH) Review Report. Progress has been made on the Tees with the aim of ultimately moving to one NICU at JCUH with a SCU at North Tees, facilitated by the proposal to create a “Tees Neonatal Service” operating across both sites. The initial agreement and aim is to centre the care of babies less than 27 weeks gestation at JCUH.
- Work in the north which would see a new pathway for babies across the north less than 26 weeks cared for at the RVI only is dependent on increased capacity at the RVI and the Network will continue to work with NHS England and NuTH NHSFT to help have this facilitated in a phased manner as new funding is sourced and agreed.
- Continue to develop the initial Draft for a Network Workforce Strategy document presented to the Board in October 2016 with the aim of assisting Units to identify the shortfalls in current staffing levels when mapped against recommended levels. This will be done according to the current shortfalls for current workloads, capacities and establishments in order 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. It will also identify the variance in provision of Allied Healthcare Professionals (AHPs) according to Toolkit standards and make recommendations as to how this should be addressed. A Network Task & Finish Group has been formed to undertake this.
- Continue with the plan to migrate the dormant Perinatal Mortality Survey from the now defunct Regional Maternity Survey Office (RMSO) to CHSFT to enable more comprehensive and timely data to be maintained than that offered by the annual MBRRACE-UK report. A formal application to enable this as made with the national Clinical Advisory Group (CAG) but remains ongoing. This would fulfil the Network’s aim of a new PMS becoming a key part of the Network’s data and reporting function is fulfilled.
- Undertake work where possible and appropriate to address the concerns expressed by NHS England in response to the first 2014 MBRRACE-UK Report which suggested outlier status for some mortality metrics. This will include quarterly case discussions and the sharing of key learning outcomes from individual Units/Trusts as agreed as the January 2017 Board meeting
- Undertake a review of how to better engage with and take account of the views of parents, families and service users.
- Work to fulfil the recommendations that will emerge from the National Neonatal review once the Report from this is published – expected to be in the Autumn of 2017
- Migrate the current website to a new professionally designed and hosted site. This is essential as the service now being used has become unfit for purpose and very unreliable. The Network aims to use the new site as the prime default source for information and resources.
- Maintain its emphasis on the education and training of neonatal staff across the Network as a key priority, so continuing to facilitate study days and other educational days, as well as Case Reviews at the SCUs. This includes supporting staff to attend them both locally and nationally as funding and needs allow.

- Continue to produce useful, timely and valid data reports and audits for the Network and all Units involved in neonatal care, equipping them with the information they require to underpin all aspects of strategy, planning and delivery of that care.
- Work with the NHS Quality Surveillance Team (NQST) on the proposed new neonatal Peer Reviews to support the reviews and co-ordinate and support action on common themes that emerge as well as from individual Units
- Support the new Local Maternity Systems (LMS) created to implement the Better Births Report and continue to collaborate and work with the Maternity Clinical Network on appropriate and agreed joint work streams.
- Produce further new Guidelines and continue to revise existing ones as required.
- Continue to fulfil national requirements expected of it as an Operational Delivery Network (ODN) within the current national specification.

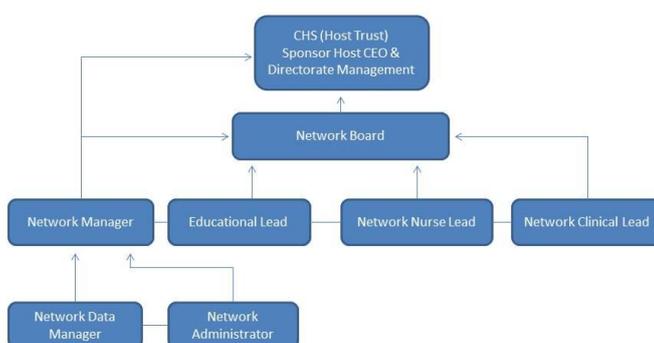
Organisational Structure

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 nine 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 Trusts provide neonatal care on 11 sites. 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 (Northumbria Emergency Care Hospital, Cramlington - 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;

Northern Neonatal Network Organisation Chart



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, Network Data Manager and Network Admin Assistant (the latter shared with the Northern Trauma Network across an ODN "Hub" within the joint host – CHS NHSFT). Non-substantive but remunerated posts include the Network Clinical Lead, Network Nurse Lead and Network Educational Lead, whose substantive post employing Trusts receive remuneration at agreed rates for work undertaken within their role.

Between September 2013-October 2016, the Network also benefitted from the input of a BLISS Family Care Co-ordinator nurse, based at James Cook University Hospital. This was a co-funded post between South Tees Hospitals FT and BLISS, for a 3 year period that ended in mid-September 2016 and the Network committed to funding the post with South Tees NHSFT until the end of March 2017, but the post-holder resigned to take up a new post elsewhere. The Network Chair and Network Audit Lead are unpaid roles but together with the above officers 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 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 & Directors Forum via the Network Manager, who is also currently Chair of this group. Locally, the NNN has cross-Board membership with the Maternity Clinical Network (CN) and Paediatric Network and also 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 2017-18 as part of the first of a two-year proposal, funding is again being taken from CQUIN funding, but not via a 0.1% top-slicing arrangement. It had been hoped that a more long term, sustainable and equitable model would be found on the back of the national review being led by Thelma Daly in 2016, but unfortunately this did not materialise and the future remains unclear.

For the year 2017-18, the Network budget has already been agreed with NHS England and amounts to a total of £228901. This will allow the Network to fully meet and achieve the plans outlined in this document, including all pay and non-pay costs and the host Trust overheads and costs as agreed with them in as outlined in a formal Service Level Agreement (SLA). This details the hosting costs and obligations of each party to the other to enable the Network to operate as agreed and meet its remit via the priority aims and objectives contained in the Work Plan.

For the current year 2017-18, 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	143009
Host Trust Overheads/costs	28613
Travelling expenses	5000
Hosting Network meetings and study days costs as per Training & Education Plan	9632
Available for NNN work streams and priorities, other meetings, workshops, projects, printing, expenses and other costs	47418
Total	228672

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). These are approximate only as calculated to include the changes to the pay on-costs due to the proposed 1% NHS Pay rise and 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).
2. The Host Trust costs are as agreed and signed off for 2017-18 with CHSFT.
3. "Travelling expenses" relate to those that can be claimed by Network Officers, Network Management Team and others engaged on agreed Network business. It also 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 allowed for is based on costs incurred in the previous year across the Network as a working estimate as well as known costs already available.
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 module towards the full day programme that the Network has provided.

Martyn Boyd
 Network Manager
 April 2017

Network Aims & Objectives 2017-18

Objective 1: Network Strategy for reconfiguration of neonatal services							
	Aim/objective	Reference	Programme/ work stream	Audit/quality indicators	Lead(s) 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 three sites, based on RCPCH Review Team Report & recommendations as published and taking account of agreed alignment with Better Health Programme on the Tees for public consultation exercise.	RCPCH Final Report	Sundeep Harigopal/ Martyn Boyd	October 2017	N/A
			Work with NHS England to agree the funding and phased introduction of the required and extra capacity required for IC/HD cots across the Network on the 3 NICU sites, based on the undertaken detailed modelling taking account of new patient flows under agreed reconfiguration and the BAPM 80% average occupancy and staffing recommendations. Also taking account of required support services/Unit facilities.	Progress reports to NNN Board	Sundeep Harigopal/ Martyn Boyd	October 2017	N/A
			Draft a full and comprehensive Network Workforce Strategy document to quantify the required future workforce (medical, nursing, AHPs) moving to BAPM standards.		Martyn Boyd/ Lynne Paterson/ Sundeep Harigopal	July 2017	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	Support the move to develop of sustainable SCBU services on the North Tees site as per the RCPCH Report recommendation, initially for the care of babies >27 weeks gestation. Plan for appropriate number of cots at level required and staffing as per BAPM recommendations as IC services transfer to JCUH	Progress reports to NNN Board	Sundeep Harigopal/ Martyn Boyd/ Lynne Paterson	October 2017	N/A

Objective 2: Network educational aims for appropriate training of neonatal staff to enable provision of high quality care							
2.1	Oversee implementation of new QIS standards	National QIS Standards (RCN/BAPM/NNA)	Liaise and work with HENE & local HEIs to agree content of post-reg modules that will meet nationally agreed QIS standards and explore previous aim of combining IC/High-low modules with appropriate curriculum/programme	Progress reports to NNN Board	Lynne Paterson/ Martyn Boyd	July 2017	N/A
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	Agree future Network-facilitated content for proposed new post-reg modules (currently two separate - Low/High dependency & Intensive) once curriculum agreed as per 3.1 and arrange teaching/facilitators as required.	Discussions with Universities and progress reports to NNN Board	Martyn Boyd/ Lynne Paterson/ Richard Hearn	July 2017	Hosting costs for all-day meetings TBC depending on venue (Currently remunerated at £150 per module per day from the Universities)
2.3	Support and facilitate new "Foundation Training" sessions for new/recently appointed nursing staff	National QIS Standards (RCN/BAPM/NNA)	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 NNN Board	Lynne Paterson	July 2017 – these days are provisionally arranged for September 2017	Hosting costs for all-day meetings TBC depending on venue. Estimated to be ~£600 per day
2.4	Support provision of ongoing Network education & training	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 four established Stabilisation training days for SCBU staff and designated SCBU Case Discussion & teaching sessions	Feedback sheets from staff attending training Progress reports to NNN Board/Annual Reports	Richard Hearn/ Martyn Boyd/ Sundeep Harigopal/ Lynne Paterson/ Martyn Boyd/ Richard Hearn	October 2017 Ongoing through 2017-18	£9632 (Estimated)

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	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, feeding into Network Workforce Strategy	Quarterly & annual reports Progress to Network Board	Mark Green Mark Green	Ongoing through 2017-18	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 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	July 2017	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, supplied to CSU for anonymising & copying to Trusts for validation	Quarterly reports, copied to Trust Clinical & Finance Leads	Mark Green	Ongoing through 2017-18	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 NHS Outcomes Framework	Provide regular (at least annually) reports, listed by Unit/Trust highlighting patient pathway compliance and incidences of variation Quarterly monitoring of pathways and exception reporting of any incidence in the quarter when the pathway was not followed Lead regular data/audit discussions	Annual audit and Pathway Reports fed back to NNN Board	Martin Ward Platt/ Mark Green Mark Green Sundeep Harigopal/ Martin Ward-Platt	Ongoing through 2017-18	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	Transcribe Network Parent Survey forms as submitted and collate Unit & Network Reports, fed back to Managers & Leads Undertake review of Parent Survey	Quarterly Network & Unit Reports Progress to Network Board	Mark Green Martyn Boyd/ Mark Green	Ongoing through 2017-18 October 2017	N/A

3.6	Migrate Perinatal Mortality Survey (PMS) database and archives to CHS to provide ongoing mortality data for Network	DH Toolkit (Principles 1, 7, 8) National Specifications NICE Quality Standards NHS Outcomes Framework	Liaise with CHS Director of Information to oversee migration process and meet IT/data governance requirements Ongoing PMS data input and reporting according to agreed processes to meet Network needs and support Death Review discussions (local & Network)	Feedback and progress reports to Network Board Summary Reports as agreed	Martin Ward-Platt Martin Ward-Platt/ Mark Green	Ongoing through 2017-18 Quarterly once available	Annual cost of £3000 plus initial migration costs TBC
3.7	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 Clinical Network (CN) leads highlighting Trust-level performance on key indicators affecting neonatal outcomes (via cross representation on NNN and Maternity CN Boards)	Reports collated and fed back to NNN and Maternity CN Boards Annual Audits of agreed metrics	Martyn Boyd/ Martin Ward Platt/ Mark Green	Ongoing through 2017-18	N/A
3.8	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 Seek to get better engagement and feedback for reporting by copying in other identified Trust leads/contacts	Feedback to Network Board Unit Annual Reports	Mark Green	Ongoing through 2017-18	N/A
Objective 4: High quality family-centred care across the Network							
4.1	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 BFFAS Audit, including preparation for accreditation peer review visits in conjunction with BLISS. Continue to develop Network Parent App & website to enhance resources for parents, including audio & video files with support as needed	Completed BLISS Audits Progress reports to Network Board Progress reports to Network Board	Martyn Boyd/ Lynne Paterson	September 2016 September 2016	N/A N/A

4.2	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 NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework	Facilitate open discussion with parents and families from across the Network via a one-day "Parent Workshop" to explore how better to engage with and involve parents and carers	Report and recommendations to Network Board	Deborah Jenkins Martyn Boyd/ Martin Leake	July 2017 (Workshop booked 20/05/17)	£750
4.3	Undertake a review of the current Network Parent App	DH Toolkit (Principle 3) National Specifications NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework	Engage with Unit Leads to determine whether to continue with the Parent App when current 3-year contract expires in January 2018 – assess current usage and potential for further development offset against costs and available Network budget when considering funding for further 3-year period	Report and recommendations to Network Board	Martyn Boyd/ Lynne Paterson	October 2017	TBC
Objective 5: Improved Network governance, functionality & engagement with stakeholders							
5.1	Continue to improve engagement across Network through increased collaborative participation at all levels, particularly at Board level	DH Toolkit (Principle 1) National ODN Specification NICE Quality Standards BLISS Baby Charter & Standards NHS Outcomes Framework	Continue with quarterly NNN Board and meetings to enhance participation from members as per TOR Continue to facilitate and promote quarterly nurse manager & clinical forum sessions for revalidation purposes, keep content topical and relevant.	Attendance audits and feedback to Network Board Attendance audits and feedback to Network Leads	Deborah Jenkins/all Board members Sundeep Harigopal/ Richard Hearn/ Martyn Boyd/ Lynne Paterson	Ongoing through 2017-18	Meetings costs TBC
5.2	Enhance and improve Network functionality and governance	DH Toolkit (Principle 1) National ODN Specification NICE Quality Standards NHS Outcomes Framework	Ensure appropriate governance documents (Network Board TOR, Governance Framework & Toolkit & Risk Register) embedded in Network operational delivery and reviewed/updated as required and published on NNN website Ensure new SLA agreed & co-signed with host Trust (CHS)	Progress reports to Network Board where required Progress reports to Network Board	Martyn Boyd Martyn Boyd/ Ken Bremner	Ongoing through 2017-18 April 2017	N/A

5.3	Create new Network website	DH Toolkit (Principle 3) National ODN Specification NHS Outcomes Framework	Migrate existing content to new professionally designed and hosted website as current provision is no longer fit for purpose or providing required functionality for users and editing access for Network officers	Progress reports to Network Board	Martyn Boyd/ Mark Green/ Lisa Purves/ Sundeep Harigopal	July 2017	4980
5.4	Address NHSE Commissioner concerns raised in response to MBRRACE-UK 2014 Report	DH Toolkit (Principle 1) MBRRACE-UK 2014 Report recommendations National ODN Specification NHS Outcomes Framework	Facilitate regular neonatal death case review discussions and collate Learning Outcomes from individual Unit/Trust based reviews as agreed with NHSE at January 2017 Board meeting. Discuss forthcoming MBRRACE-UK 2015 Report when published and any required new actions	Progress reports to Network Board	Sundeep Harigopal	Ongoing through 2017-18	N/A
5.5	Support proposed neonatal Peer Reviews once introduced	NHS Five Year Forward Plan Neonatal National Review	Support the National Quality Surveillance Team (NQST) with neonatal Peer Reviews once process clarified, including any actions identified in Review Reports as required/appropriate once published	Expected from September 2017 Progress reports to Network Board	Martyn Boyd/ Sundeep Harigopal	Ongoing through 2017-18	N/A
5.6	Support new Local Maternity Systems (LMS)	Better Births Report	Participate and engage with the new LMS as it develops, with appropriate neonatal input, support and representation as requested once LMS membership and governance structures are clarified	Progress reports to Network Board	Martyn Boyd/ Sundeep Harigopal	Ongoing through 2017-18	N/A

Network Annual Training & Education Plan 2017-18

Title	Number of places	Date(s)	Venue	Organiser	Cost per place (£)	Total cost to NNN (£)
Loss & Bereavement study day	50	12/05/2017	Durham Centre	NNN	Free	1085*
BLISS BFFAS Workshop	24	18/05/2017	Durham Centre	NNN	Free	522*
Parent Workshop	30	20/05/2017	Lumley Castle	NNN	Free	750
Foundation Toolkit Course in Developmental Care	40	24-25/06/2017	Durham Centre	NNN	Free	7700*
Network Research meeting	40	12/10/17	Durham Centre	NNN	Free	1015*
NNN 8th Annual Conference	70	23/09/2016	Durham Centre	NNN	Free	1600*
Case discussions and local training meetings	Locally set	Up to 7 per year	Network SCBUs as arranged	NNN	Free	0
Foundation sessions for new starter nurses	20 per day	08/09/2017 15/09/2017	Sunderland	NNN	Free	1200
NLS training	36	TBC	TBC	Resus Council	Free	5040
Stabilisation Training days x 4	16 per course	TBC	Network SCBUs TBC	NNN	Free	0
NNN Annual Respiratory Workshop	40	March 2018	Durham Centre	NNN	Free	1182
Totals					All places on all training funded by NNN	£20094 (total) *£10462 already paid (from 2016-17 budget)

* These events/study days have already been fully or partly pre-funded from the 2016-17 Network Budget (including £6240 for the Foundation Toolkit Course fees), so the amount from the NNN budget for 2017-18 to meet the current known proposed training plan is £9632. Some costs are estimates only based on previous similar events and days but may be subject to amendment.