



Staffordshire, Shropshire & Black Country Neonatal Operational Delivery Network

TERMS OF REFERENCE OF THE STAFFORDSHIRE SHROPSHIRE & BLACK COUNTRY NEONATAL OPERATIONAL DELIVERY NETWORK BOARD

Key functions of the network are:

- To support service improvements to enable neonatal services to meet the objectives and recommendations of the national neonatal transformation programme and the West Midlands Neonatal Service Review.
- Ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical engagement and patient/carer engagement to improve pathways of care.
- Enable the development of consistent provider guidance and improved service standards, ensuring a consistent patient and family experience.
- Focus on quality and effectiveness through facilitation of comparative benchmarking and auditing of services, with implementation of required improvements.
- Fulfil a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across wide geographic areas.
- Support capacity planning and activity monitoring with collaborative forecasting of demand, and matching of demand and supply.

The board is the executive committee of the network. It has the responsibility for steering the network, commissioning work streams, approving strategy and making final decisions regarding prioritisation of business cases and submission to the commissioners. It will also monitor progress against the network's annual work programme. The network board will:

- Receive summary reports from all network groups, monitoring progress and making recommendations
- Ratify common standards, protocols and datasets and endorse comparative benchmarking and audit of services
- Advise Commissioners, Maternity Clinical Network, Local Maternity Systems and West Midlands Clinical Senate on the plans and priorities for the development of neonatal services across the network
- Ensure compatibility between network-wide and health community plans for neonatal services
- Provide co-ordinated input to the Local Education and Training Board and West Midlands Deanery (Health Education West Midlands)
- Develop a culture of continuous service improvement that embraces the views and knowledge of user families and staff by ensuring appropriate input into the various work streams
- Provide co-ordinated input into other networks and the national Clinical Reference Groups (CRGs) for neonatal and maternity services
- Provide information and reports to the regional Programme of Care (commissioning) leads
- Receive regular reports from the Network Management Team on current developments and future objectives
- Receive regular reports on progress against objectives, milestones and deliverables together with necessary and appropriate information, data and evidence.

ACCOUNTABILITY, RESPONSIBILITIES AND PERFORMANCE MANAGEMENT

- The members of the Network Board will be accountable to the boards of each constituent organisation and are responsible for keeping these organisations informed.
- The Network Board will have overall accountability to the West Midlands hub of Midlands and East Specialised Commissioning with day to day accountability to University Hospitals of North Midlands NHS Trust (the host organisation) and the network's constituent organisations.
- The West Midlands hub of Midlands and East Specialised Commissioning will hold each Clinical Commissioning Group (CCG) and NHS Provider organisations in their respective areas accountable for playing an engaged part in the network, for adhering to decisions and for their delivery.
- The Chair of the network will be an experienced NHS leader. The lead clinician will deputise as necessary for the chairing of board meetings.
- The chair of the network will be accountable to the West Midlands hub of Midlands and East Specialised Commissioning with for the delivery of the network objectives as described in this document and for the effective performance of the network.
- The network will usually discharge the performance management process at the network board meeting where progress reports will be received.
- All network groups will have terms of reference, an agreed membership, a work programme and provide progress reports.

POWERS

The SSBC Neonatal Operational Delivery Network Board, in undertaking its remit, is empowered to:

- Request appropriate information from network members
- Request that external parties supply information to which the Board is entitled
- Obtain external professional advice
- Request the attendance of relevant SSBC Neonatal Operational Delivery Network members at its proceedings.

MEMBERSHIP

- Chair (Experienced NHS Leader)
- One Representative from each Provider Trust or a Deputy
 - Dudley Group NHS Foundation Trust
 - Shrewsbury and Telford Hospital NHS Trust
 - The Royal Wolverhampton Hospital NHS Trust
 - University Hospital of North Midlands NHS Trust
 - Walsall Healthcare NHS Trust
 - Birmingham Women's and Children's NHS Foundation Trust (Neonatal transport service)
- West Midlands hub of Midlands and East Specialised Commissioning Representative
- West Midlands Maternity Clinical Network Representative
- Lead Clinician (Deputy Chair)
- Network Manager/Lead Nurse
- Network Practice Educator
- CCG Representative(s)
- Chair of each network sub group
- Network Administrator (Minute Taker)

MEETINGS AND PROCEDURES

- The board shall hold meetings as necessary, however unless agreed otherwise, meetings should be held quarterly. Venue will be rotated. Dates will be set one year in advance.
- All meetings shall be arranged and serviced by the Network Administrator
- Board members will receive written notice of the meeting in the form of a copy of the agenda and relevant papers, which will be, circulated at least 5 working days in advance of the meeting.

- Special meetings may be called as necessary by either the Chairman or at least 2 members of the Board if it is determined that there are urgent matters to be considered. In such circumstances the written notice of the meeting may not be less than the prescribed 3 working days.
- Meetings of the SSBC Neonatal Operational Delivery Network Board will be deemed quorate if there are six or more members present including at least one member of the network management team and three or more Provider Trusts are represented. If the number of members assembled for a meeting of the Board does not constitute a quorum, then the meeting shall not be held. If, during the course of a meeting of the Board, the number of members present ceases to constitute a quorum, the meeting will be suspended and terminated immediately. The Chairman may in such circumstances require that a special meeting shall be convened.
- Every question to be decided at a meeting shall be determined by the majority of votes, as per the network board voting procedure, see appendix. Where there is an equal division of votes, the chair shall have a casting vote.
- No matter which the Board has agreed may be rescinded or varied at a subsequent meeting unless that rescission or variation is a specific item of business on the agenda for that meeting
- Deputies will be encouraged
- The board is accountable to the constituent members of the Network. This responsibility will be discharged in the following ways:
 - Annual general meeting to which all constituent organisations and relevant stakeholders will be invited
 - Annual report, which will detail progress during the year and plans for the future
 - Regular reports and updates on progress

DOCUMENTATION

- The proceedings of all meetings will be minuted
- At every meeting of the Board the minutes of the last meeting, will be approved and a final version with any agreed changes from the meeting will be circulated and posted on the Network Board website
- The Secretariat will aim to circulate the draft action points, which will incorporate timescales and lead responsibility and the draft minutes, within 10 working days of the meeting, both as approved by the Chairman of the meeting, to all Board members
- The agenda, supporting papers and minutes of the Board will remain confidential until they are reported to the Board.
- Any minute which is either commercially sensitive or provides details of named SSBC Neonatal Operational Delivery Network employee or prospective employee shall remain confidential



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NETWORK BOARD VOTING PROCEDURE

Each Provider Trust that comprises the SSBC Neonatal Operational Delivery Network will have one vote.

Provider Trusts

One Representative from each provider Trust ie one vote per Trust. Where there is more than one representative present from a Trust it will be the responsibility of the lead representative to vote on behalf of their Trust.

Lead representatives recognised by the board are:

- Dr Raghu Krishnamurthy, Walsall Healthcare NHS Trust
 - Deputy Lisa Poston
- Dr Alison Moore, University Hospitals of North Midlands NHS Trust
 - Deputy Lynn Davies
- Dr Subramanian Mahadevan, Dudley Group of Hospitals NHS Foundation Trust
 - Deputy Julie Marks
- Dr Tilly Pillay, Royal Wolverhampton Hospitals NHS Trust
 - Deputy Dawn Homer
- Dr Sanjeev Deshpande, Shrewsbury and Telford Hospitals NHS Trust
 - Deputy Dr Wendy Tyler
- Dr Alex Philpott, Birmingham Women's and Children's NHS Foundation Trust (Neonatal transport Service)
 - Deputy Catherine Rutherford

If the lead representative does not attend the board meeting it will be the responsibility of the deputy representative to vote. If either representative are unable to attend then an alternative representative can be appointed via the Chief Executive of the Trust in question with the Network to be informed prior to the meeting.

In the event of an equal division of the votes the Chair of the board will have the casting vote.