

## Yorkshire and Humber Neonatology Network Executive Group Terms of Reference

The following presents the agreed structure and terms of reference for the Yorkshire and Humber Neonatology Operational Delivery Network. The standard contract from NHS England requires all providers of neonatal services to participate within the Network and to operate within the protocols and procedures agreed by the Network Executive Group.

### 1. Service Area Covered

The main focus of the Network is neonatal services which includes: -

- Neonatal medicine
- Neonatal intensive care
- Neonatal surgery

### 2. Network Aims

The Network's success will be measured on its ability to:

- Improve access and egress to/ from services at the right time
- Improve operating consistency
- Improve outcomes
- Increase productivity

### 3. Purpose of the Network

ODNs will respond to need through national, regional and local determination, depending on the identified challenge, for example, a local critical care bed crisis or a large scale mass incident.

An ODN will:

- Ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services
- Take a whole system, collaborative provision approach to ensure the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders
- Improve cross-organisational, multi-professional clinical 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 the facilitation of comparative benchmarking and auditing of services, with implementation of required improvements
- Fulfill 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 geographical areas
- Support capacity planning and activity monitoring with collaborative forecasting of demand, and matching of demand and supply

- The benefits of this will be improved outcomes, productivity and increasing efficiency through:
  - Stronger collaborative networked provision of services
  - Maintained and/or improved patient outcomes and quality of care and, where appropriate, standardisation of care.
  - New approaches associated with new hosts
  - Increased opportunities for risk sharing between providers
  - Opportunities to more accurately cost out the pathways of care and utilise resources more efficiently
  - Sharing the benefit of QIPP opportunities
  - Opportunity to move to a 'prime contracting focus' i.e. a single contract for a pathway of care over several providers, though this has not yet been agreed
  - More effective utilisation of contract levers for commissioners
  - Increased speed of adoption of innovation
  - Rapid learning and development
  - Improved system resilience, including major incident planning

**4. Overview of Network Structure see appendix 1 and appendix 2**

Members of this Network will work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of all within the neonatal environment.

The Network governance structure and its interdependent relationship are shown in appendix 2. This outlines the existing relationship between governance structures within provider units, links into the Network and escalation and feedback. In addition it recognises the differences between clinical governance processes and those of a more operational type which link directly in to the host organisation.

**5. Participating Organisations**

**Provider Trusts**

There are 15 provider NHS Trusts that participate within the Network.

<b>Trust</b>
Airedale NHS Trust
Barnsley Hospital NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS Trust
Northern Lincolnshire and Goole Hospitals NHS Trust
Sheffield Childrens NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
The Leeds Teaching Hospitals NHS Trust
The Mid Yorkshire Hospitals NHS Trust
The Rotherham NHS Trust
York Teaching Hospital NHS Foundation Trust

## Commissioners

Neonatal services are mainly commissioned by NHS England. The Network's main commissioning links will therefore be with specialised services within the South Yorkshire and Bassetlaw Area Team. HRG 5 normal care is commissioned by CCGs as are obstetric and maternity services with whom the Network has very strong links

There are 25 CCGs within the Network:

<b>NHS CCGs</b>
Airedale, Wharfedale & Craven
Barnsley
Bassetlaw
Bradford City
Bradford District
Calderdale
Doncaster
East Riding of Yorkshire
Greater Huddersfield
Hambleton, Richmondshire & Whitby
Hardwick
Harrogate & Rural
Hull
Leeds North
Leeds South and East
Leeds West
North Derbyshire
North East Lincolnshire
North Kirklees
North Lincolnshire
Rotherham
Scarborough & Ryedale
Sheffield
Vale of York
Wakefield

The Network also links in with:

- Embrace Reference Group
- The Yorkshire and Humber Maternity Clinical Network
- Local Maternity Systems
- The Yorkshire and Humber Senate
- Ambulance Trusts
- NHS England
- Voluntary Organisations/ Charities
- Neonatal CRG
- Regional Programme of Care Leads
- Public Health England
- Neonatal Surgical Services
- Other relevant ODNs

## 6. Membership and Terms of Reference of Groups

### 6.1 Network Executive Group

**The Executive Group is the key decision making group within the Network. It holds all sub groups to account and is responsible for ensuring the Network delivers against its work programme**

#### **Membership:**

- Chair
- Clinical Leads
- Nurse Leads
- ODN Network Manager
- Commissioning Representation
- A lead clinician or senior nurse from each hospital nominated by the trust (to provide clinical support and advice to the Network and share clinical learning from the Network back within the trust)
- One management representative from each hospital
- Network Information Manager
- Embrace representation
- Parent representation
- Specialist neonatal surgical services representation
- Maternity Clinical Network representation
- LMS Representatives
- CRG representative (on invitation)
- Senate representation (on invitation)

#### **Decision making/ spokesperson responsibilities of Executive members are:**

- The Chair of the Network Executive Group has spokesperson responsibility from the Executive Group to recommend decisions on its behalf in relation to neonatal services.
- Health Community representatives have similar spokesperson responsibilities on behalf of the unit they represent.
- Trust representatives bring with them decision making authority and have responsibility for providing advice to the Network and taking learning and decisions back to their organisations.
- Decisions are made through consultation with organisations within the Network and final agreement to any decisions is ratified at the Executive Group.
- Ratify and formal sign off of work undertaken on behalf of the network by various sub group/forums including guidelines.
- To ensure that Executive Group recommendations are strategic in focus, are made in the best interests of the network as a whole and avoid locality bias.
- To provide the Executive Group with their personal expertise as informed by professional and locality experience, ensuring their input reflects the breadth of understanding in their locality or specialty, avoiding purely personal opinion.

### **Frequency of Meetings**

Quarterly – it is expected that each trust will be represented or delegations made that have appropriate decision making authority.

### **Quoracy**

This meeting is quorate where more than 50% of the member trusts are represented.

## **6.2 Clinical Forums**

**The Group provides clinical expertise to the Executive Group and is responsible for developing methods for delivery of best neonatal services in North and South of the region.**

### **Membership:**

- Clinical Lead/locality lead
- Nurse Lead
- A clinician from each hospital
- A Nurse Lead from each hospital
- Information Manager
- ODN Network Manager

### **Frequency of Meetings**

Quarterly

The clinical forums will themselves have explicit terms of reference.

## **7. In-year Objectives**

The work areas identified to be taken forward are detailed in the annual work plan. The Area Team commissioners would expect to receive an annual account of Network activities and achievements to demonstrate improvements towards the NHS Outcome Framework to be shared with all stakeholders.

Users and carers will be engaged in any developments that arise from the work programme.

## **8. Roles and Responsibilities**

**Network Chair** – roles and responsibilities to be agreed.

**Clinical Leads** - As a Clinical Lead for the Network these post holders have responsibility for taking forward the clinical development agenda within the Network.

**Nurse Leads** - As a Nurse Lead for the Network this post holder has responsibility for taking forward the nursing agenda within the Network.

**Unit representation** – As a unit representative members are expected to have decision-making authority for the clinical/service aspects of neonatal provision, to be able to provide independent advice to the network and commit to feedback to colleagues within their Unit/Trust on key issues.

**ODN Network Manager** - will provide senior management input to support the Network and is employed by the host provider Sheffield Children's Hospital

**Network Information Manager** - manages the Network's information needs and is employed by the host provider Sheffield Children's Hospital.

**Network Co-Ordinator** - provides administrative support to the Network and is employed by the host provider Sheffield Children's Hospital

## **9 Network Budget**

The network has a budget for pay and non-pay costs.

## **10. Declarations of interest**

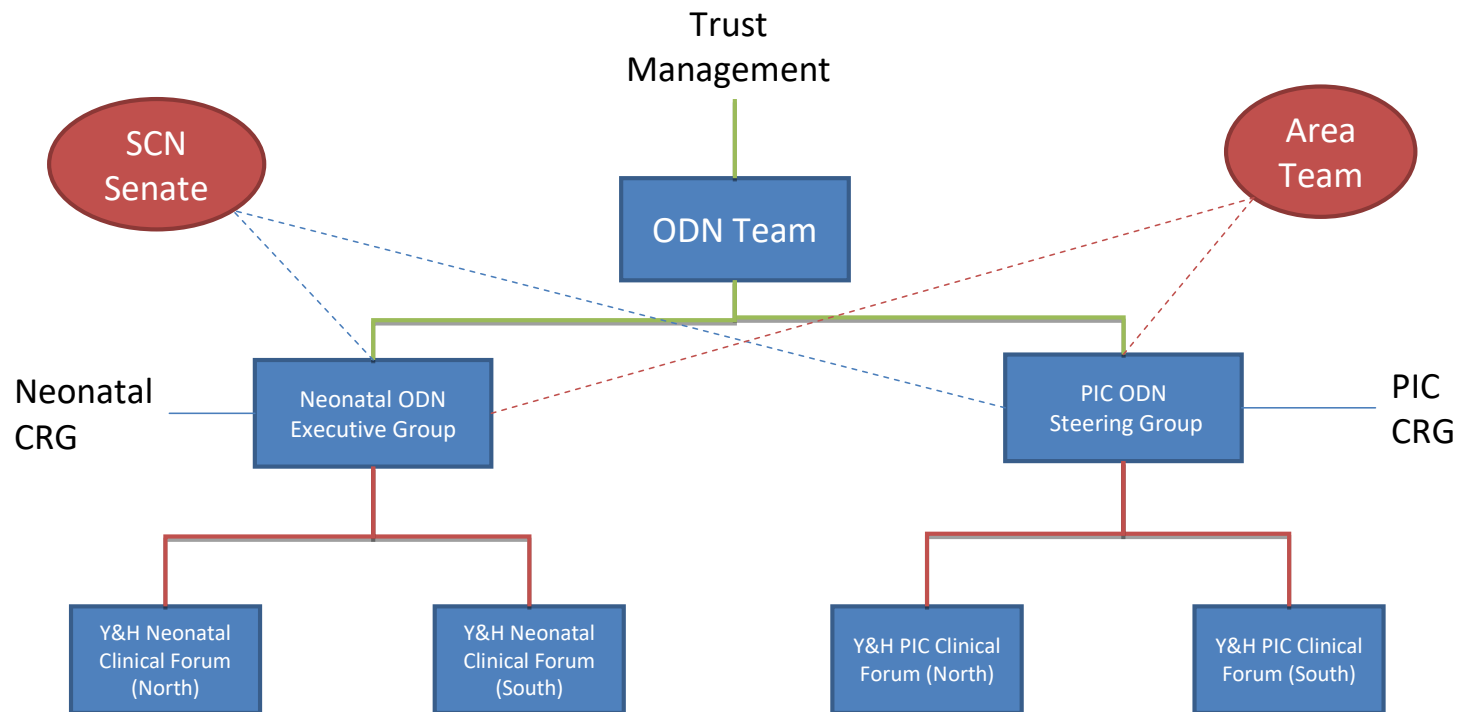
If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

## **11. The Host of the Network**

The Operational Delivery Network is hosted by Sheffield Children's Hospital who are responsible for ensuring the Executive Group is accountable to the organisations represented on it.



# Operational Delivery Networks Neonatal & PIC Additional Interrelations



**Appendix 2:** Clinical Governance sits firmly with each Network constituent member organisation and in order that Networks do not complicate formal clinical governance arrangements already in place within Trusts across the Network, ODNs are advised to ensure that they have a mechanism in place to address any clinical governance issues that impact on the network. The diagram below reflects this mechanism.

## Y & H Operational Delivery Networks Governance Structure

