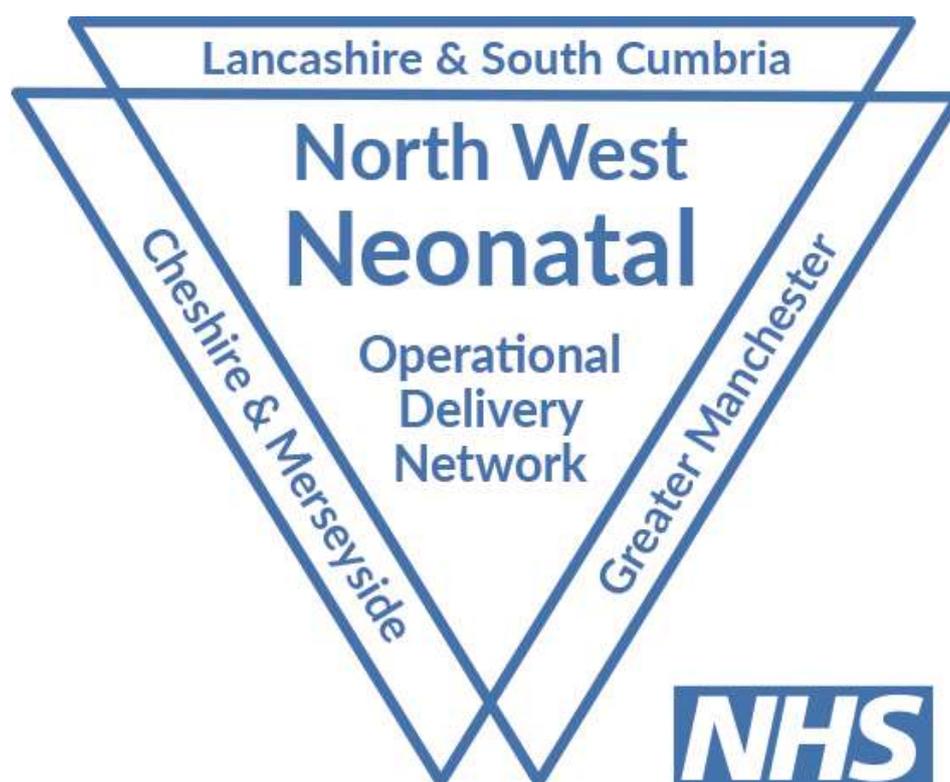


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NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK
OPERATIONAL POLICY



1. Introduction

Neonatal services within the north west are provided within three localities, Lancashire & South Cumbria, Cheshire & Merseyside and Greater Manchester which together form the North West Neonatal Operational Delivery Network (NWNODN).

Neonatal services have been organised into networks which work together to deliver neonatal care across pathways involving highly specialist care being available in local Neonatal Intensive Care Units (NICUs) in each area to minimise necessary travel for parents and their child. Eleven Neonatal Operational Delivery Networks (ODNs) are commissioned across the country by NHS England's Specialised Commissioning team. These have a mandate to develop and implement programmes of work to improve access to specialist resources, and to improve neonatal outcome and patient experience, working closely with both providers and commissioners.

The role of the NWNODN is to provide impartial advice and expertise to all providers and commissioners within the three localities; it serves to develop equitable, high standard services. In order to offer assurance to both provider and commissioner the four key success factors for ODNs, set out by the Chief Nursing Officer and Chief Medical Officer are utilised to review the network⁽¹⁾.

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

2. Purpose

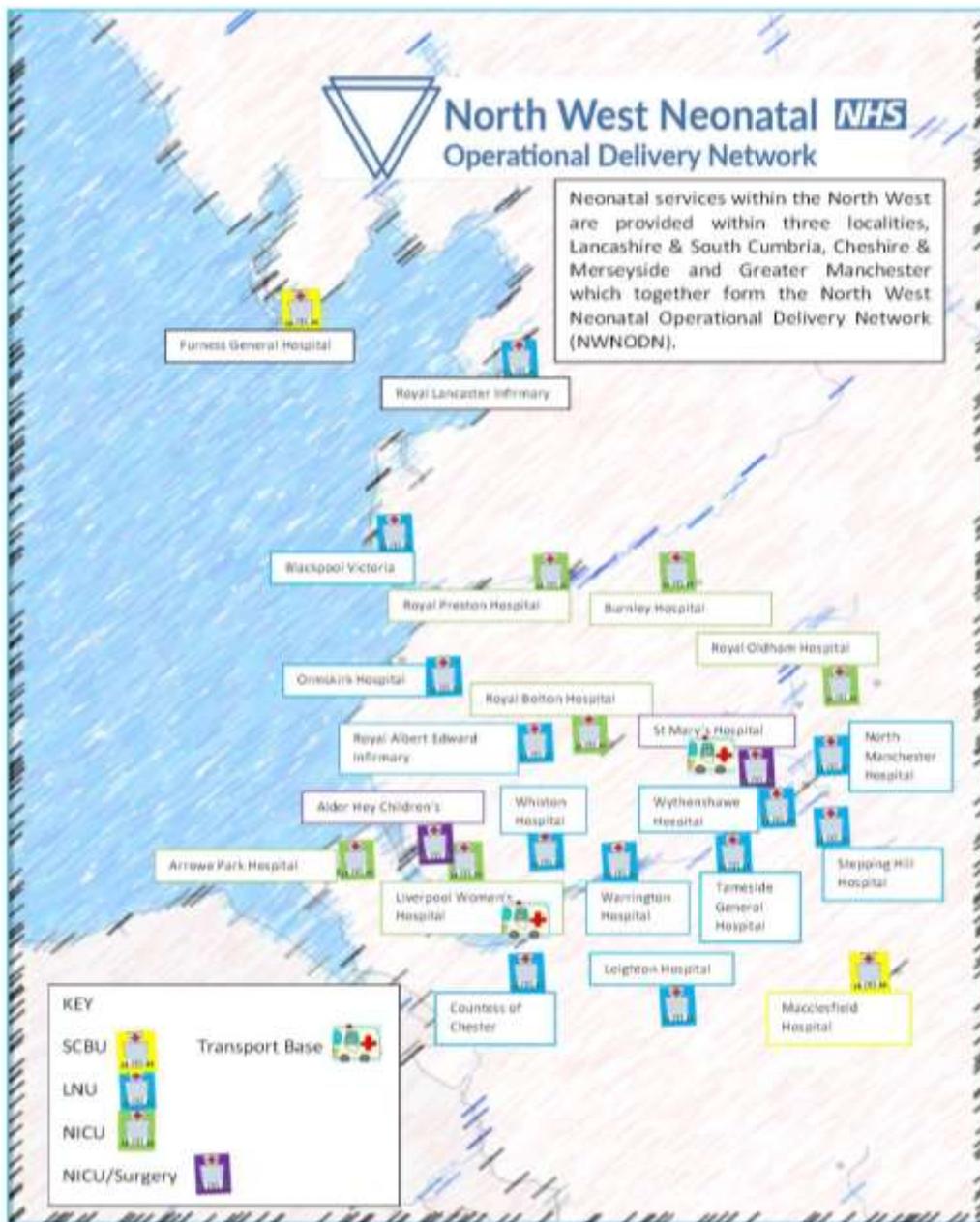
The purpose of this document is to outline the Operational Plan for the North West Neonatal Operational Delivery Network (NWNODN). It describes how the range of services function and the scope of the services offered. It also aims to clearly define the governance and assurance processes in line with national guidance, the Memorandum of Understanding (MOU) for networks, service specifications and the Neonatal Critical Care Review.

3. Services

3.1 Overview

The NWNODN serves a population of 6.1 million and has a birth rate of approximately 78,000 per annum. The 22 units that make up the ODN have a total of 474 cots and admit approximately 7,500 infants per year.

In order to maintain the ethos of care closer to home the NWNODN is split in to three localities each offering designated Neonatal Intensive care (NICU) and Local Neonatal Units (LNU). Specialist services are offered in two centres within the network, catering for infants requiring sub-speciality medical, surgical and cardiac services. The services are supported by Connect North West, the neonatal transport service which covers the three locality areas.



3.2 Cheshire & Merseyside

The Cheshire & Merseyside locality is made up of nine providers of neonatal care; 2 NICU facilities, 5 LNU's, 1 Special care and one designated surgical centre with access to paediatric sub-speciality support. There are recognised pathways into Cheshire and Merseyside from the Isle of Man and North Wales which are captured within the Activity, Capacity and Demand (ACD) annual report. Both the Isle of Man and North Wales feed into the NWNODN governance processes.

Whilst no maternity service exists at Alder Hey the neonatal service here falls within a single service offer between Liverpool Women's Hospital and Alder Hey with shared governance processes and shared workforce. It is recognised some neonatal activity sits outside of the neonatal surgical unit at Alder Hey

and may occur on PICU or on relevant paediatric wards within the hospital. This activity is captured within the NWNODN ACD report and is self-reported by Alder Hey.

The current cot configuration for Cheshire & Merseyside is detailed in the table below.

Cheshire & Merseyside	Unit Level	IC cots	HD cots	SC cots	Total
Arrowe Park Hospital	NICU	6	8	10	24
Countess of Chester Hospital	LNU	1	2	10	13
Leighton Hospital	LNU	3	4	8	15
Liverpool Women's Hospital	NICU	12	12	20	44
Macclesfield Hospital	SC	0	1	7	8
Ormskirk Hospital	LNU	1	1	8	10
Warrington Hospital	LNU	3	3	12	18
Whiston Hospital	LNU	0	2	13	15
Alder Hey Hospital	Surgical	0	9	0	9
Total		26	42	88	156

Engagement within Cheshire & Merseyside is demonstrated through attendance at Locality NSG and CEG meetings.

The unit managers across Cheshire & Merseyside meet as a group every 2 months with the NWNODN Quality Improvement Lead Nurse (QILN) for Cheshire & Merseyside in attendance. The unit educators across Cheshire & Merseyside meet as a group regularly with attendance from the NWNODN education QILN. Locality wide, work is undertaken by these groups with the production of locality guidelines and sharing of locality wide lessons learnt.

Links to maternity are maintained through NWNODN representation at the Cheshire and Mersey Local Maternity System meetings and the North West Coast Maternity Clinical Excellence Group meetings. The neonatal network director sits on the Cheshire & Mersey Woman and Children's Partnership Board and the Cheshire and Merseyside Local Maternity System Board, to ensure neonatal care and the NWNODN work programme is aligned with this work. The Cheshire & Merseyside QILN is part of the Clinical Advisory Group alongside the Cheshire & Merseyside Network Clinical Lead which informs the Cheshire & Mersey Women and Children's Partnership work. The Cheshire & Merseyside QILN is part of the Cheshire & Mersey Maternity Safety SIG and is able to link any governance concerns requiring maternity input to this group and share any relevant output from this group through neonatal providers.

3.3 Greater Manchester

The Greater Manchester locality is made up of 8 neonatal units from 6 Organisations; 3 NICUs, one which has surgery and sub speciality, facilities and 5 LNU's. There are recognised pathways into Greater Manchester from Lancashire & South Cumbria for surgical and subspecialty care.

Each neonatal service has a link surgical consultant from the surgical/sub speciality centre.

The current cot configuration for Greater Manchester is detailed in the table below.

Greater Manchester	Unit Level	IC Cots	HD Cots	SC Cots	Total
St Mary's Hospital	NICU	17	15	27	59
North Manchester General Hospital	LNU	2	2	15	19
Royal Albert Edward Infirmary	LNU	1	3	10	14
Royal Bolton Hospital	NICU	9	7	22	38
Royal Oldham Hospital	NICU	9	9	19	37
Stepping Hill Hospital	LNU	2	3	12	17
Tameside General Hospital	LNU	1	3	9	13
Wythenshawe Hospital	LNU	2	2	15	19
Total		43	44	129	216

Engagement within Greater Manchester is demonstrated through attendance at Locality NSG, CEG meetings in addition to the wider NWNODN programmes of work.

The NWNODN QILN for Greater Manchester chairs the quarterly unit managers and neonatal unit educators across GM meet as a group bi-monthly with attendance from the NWNODN education QILN. Locality wide, work is undertaken by these groups with the production of locality guidelines and sharing of locality wide lessons learnt.

Links to maternity are maintained through NWNODN representation at the Greater Manchester & East Cheshire Local Maternity System and Maternity Strategic Clinical Network meetings collaborating on joint programmes of work.

3.4 Lancashire & South Cumbria

Within the Lancashire & South Cumbria Locality there are 5 neonatal units with a total of 92 cot spaces, comprising of 2 NICUs, 2 LNUs and 1 SCU. All units also offer Transitional Care provision, enabling mothers & babies to remain together, which is delivered on either the post-natal ward or neonatal unit depending upon the individual unit's facilities.

The current cot configuration for Lancashire and South Cumbria is detailed in the table below:

Lancashire & South Cumbria	Unit Level	IC Cots	HD Cots	SC Cots	Total
Furness General Hospital	SCU	0	0	4	4
Royal Lancaster Infirmary	LNU	1	2	7	10
Royal Preston Hospital	NICU	6	8	14	28
Burnley Hospital	NICU	6	8	20	34
Victoria Blackpool	LNU	2	2	12	16
Total		15	20	57	92

Engagement within Lancashire & South Cumbria is demonstrated through attendance at Locality NSG and CEG meetings. The unit managers & educators across LSC meet as a whole group every 2 months with the NWNODN QILN for Lancashire & South Cumbria and with NWNODN Education QILN in attendance. Locality wide work is undertaken by these groups resulting in the production of locality guidelines, sharing of locality wide lessons learnt and the delivery of a biennial study day.

Links to maternity are maintained through NWNODN representation at the Lancashire & South Cumbria Local Maternity System meetings (Better Births) and the North West Coast Maternity Clinical Excellence Meetings.

4. Hosting arrangements

The NWNODN is hosted by Alder Hey Children’s NHS Foundation Trust. Within the agreed envelope of funds, the role of the ODN ‘host’ is to enable, oversee and performance manage the formal establishment of the ODN by way of establishing a facilitative, supportive framework to ensure clear lines of responsibility and reporting arrangements to provide assurance.

The host provider has a dual role as host and as a member of the ODN internal governance processes. The host is not accountable for the compliance of other ODN member organisations, accountability for this rests with the ODN Board and the Assistant Director of Specialised Commissioning in NHS England’s North of England Specialised Commissioning Team (North West Hub).

The host provider is also required to document their position as a network host in their 'statement of purpose' and to make a notification of practice to the CQC register of their position as the host of a network.

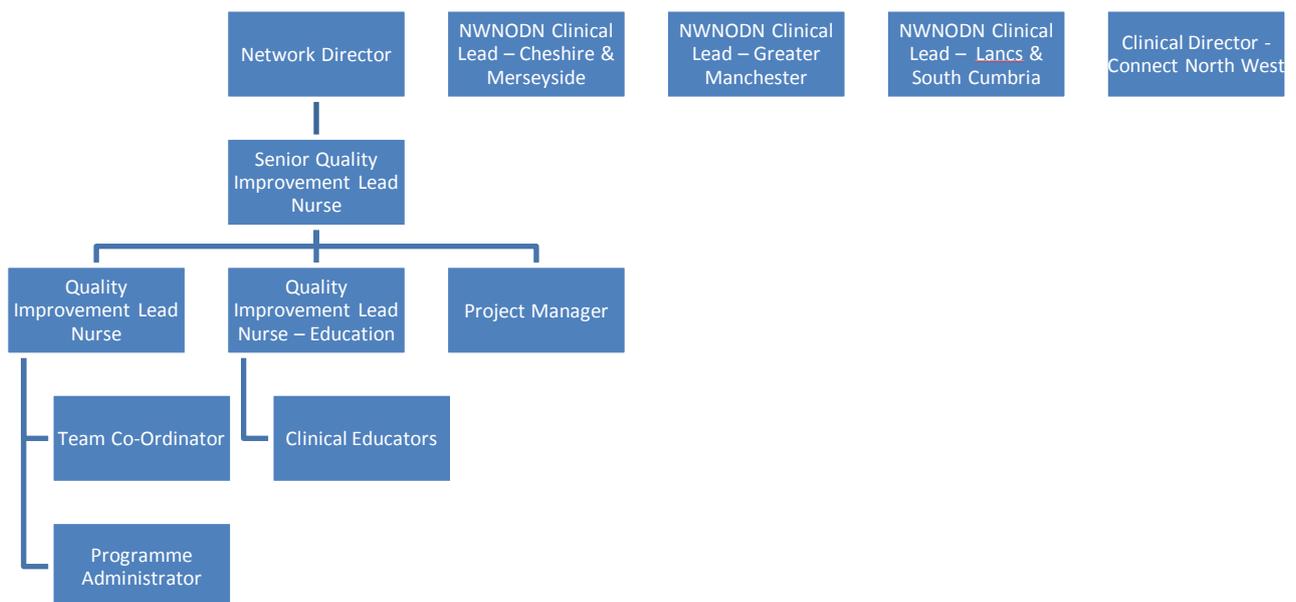
5. Commissioning Arrangements

The commissioning of neonatal services by NHS England is covered by Service Specification E08/S/a: Neonatal Critical Care (Intensive Care, HDU and Special Care).

6. Team Structure

The NWNODN team is overseen by the NWNODN Board and is accountable to NHS England Specialised Commissioning. Membership, participation in and engagement with the neonatal network is formally required by the 20 Trusts providing neonatal Services across the North West, as per the National Neonatal Service Specification.

The network team acts as a resource, coordinator and facilitator for all its stakeholders to achieve a collaborative approach to safe and equitable and effective specialised services. It consists of a small and dedicated workforce which is outlined below.





6.1 Network Director

The Network Director provides overall leadership, strategic direction and management for the NWNODN.

This includes ensuring effective engagement of patients, professionals and constituent organisations in network activities that support the delivery of national outcome ambitions in line with local needs and resources. The Director ensures that neonatal services meet national, local and trust standards and by optimising resources will ensure continuous progress is made in service improvements, ensuring service users experience the best possible care and care is delivered in line with commissioning strategies. The Director is required to deliver a whole system work programme for neonatal services across the north west of England, working collaboratively with commissioning leads, commissioning quality leads and national outcome leads.

6.2 Clinical Leads

Each locality has a Clinical Lead to provide clinical medical leadership in the locality. As a Clinical Lead, the post holder works as part of a dynamic network support service across the north west footprint. The post holder will support the strategic and operational development of coherent and effective network arrangements in a given geographical area, ensuring activities are aligned to and support commissioners in achieving outcome ambitions for patients and benefits to population health. The post holder will have responsibility for clinical leadership, advice and engagement. In addition, a Clinical Director leads Connect North West, the transport service for all three networks which has been in place since June 2017.

6.3 Quality Improvement Lead Nurse

Together with the Network Director, the Quality Improvement Lead Nurse leads the strategic direction of the network and takes a lead role in negotiating, identifying, and implementing plans which contain the required detail for neonatal services across the North West to be managed and delivered effectively.

The post holder provides professional expert neonatal nursing advice and leadership for the development, implementation and monitoring of strategies that deliver a high quality, patient and family centred service. Added to this, the QILN role will uphold the values and standards of the nursing profession. This will include ensuring effective engagement of patients and families, professionals and constituent organisations in network activities that support the delivery of national outcome ambitions in line with local needs and resources.

6.4 Quality Improvement Lead Nurse – Education

As a Quality Improvement Lead Nurse for Education, the post holder will work as part of a dynamic team in delivering an effective support service across network.

The role supports the business through driving transformation as well as value for money in planning, commissioning and service. The role is designed to build a combination of subject matter expertise and technical skills to develop a strong service delivery.



6.5 Clinical Educator

The post holder is responsible for ensuring the provision of high quality multi-professional learning environments and is required to work locally within services where inter-professional learning opportunities can be promoted. The post holder is required to support the breadth of the nurse experience, which will require cross boundary working.

6.6 Project Manager

The post holder supports the professional functioning of the directorate by ensuring sound systems are in place for delivery. The individual will be responsible for the development and monitoring of internal processes for project management, proposal delivery and providing up to date information to enable the provision of reports to Board, Senior Managers and other staff and members within the NWNODN. The role involves co-ordination of the NWNODN Plan and supporting the delivery of neonatal work streams. The post holder will be expected to support Clinical Leads and the Quality Improvement Lead Nurses in the development of proposals, project plans and new initiatives.

6.7 Team Co-Ordinator

The purpose of this post is to provide a comprehensive administrative service with the North West Neonatal Operational Delivery Network. The post holder's main duties will include planning, organising and, directing and coordinating the administration work of the network.

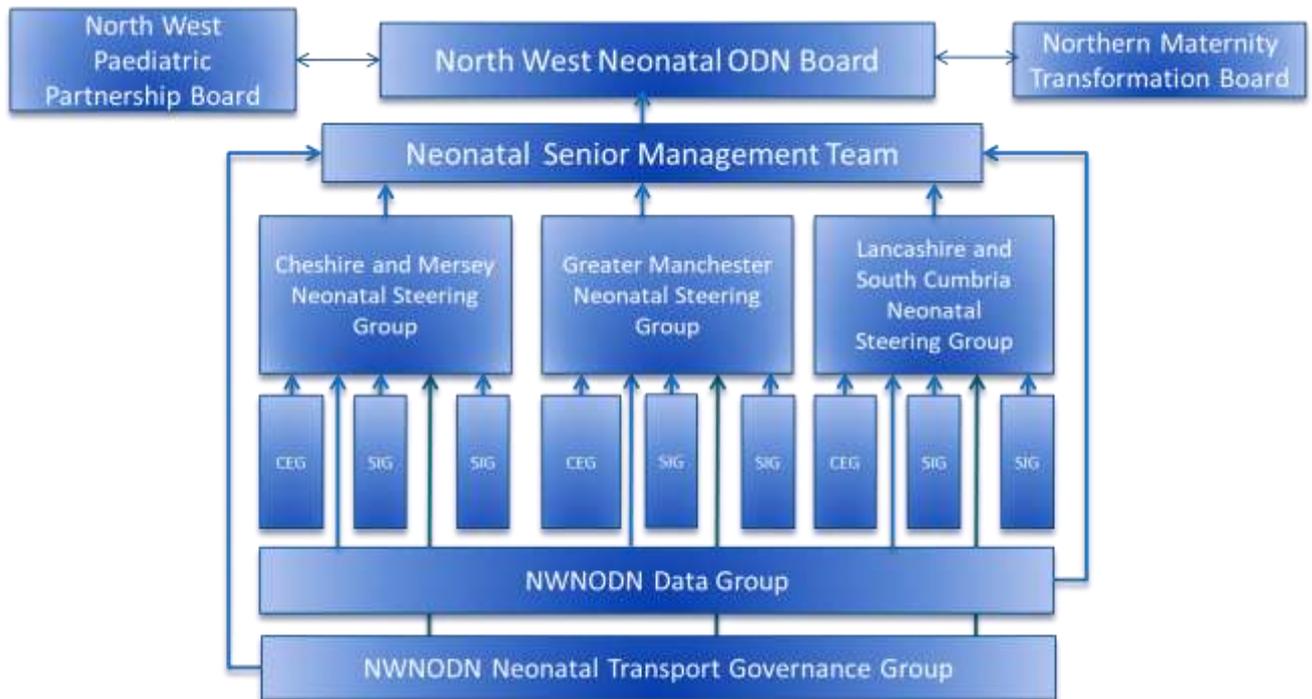
6.8 Programme Administrator

The purpose of this post is to provide a comprehensive administrative support service to the NWNDON Education team. The post holder's main duties will include planning, organising, directing and coordinating the administration work of the Education team and the associated education programmes.

Line Management roles are in place and an annual performance development review is undertaken for all members of the team.

7 Governance

7.1 Governance Framework



The Governance Framework is underpinned by an action plan to enable the NWNODN to monitor progress against their governance arrangements. This is completed on an annual basis and submitted to the NWNODN Board. Any issues or risks will be discussed with the NWNODN Board and a plan developed to address concerns.

In line with the Service Specification, the NWNODN has close links with NHS England Specialised Commissioning, maternity services including Local Maternity Systems (LMS) in all localities, Sustainability and Transformation Programmes (STPs), Regional Maternity Transformation Boards, Integrated Care Systems (ICS) and adjoining neonatal ODNs, to ensure a joined up consistent perinatal pathway.

7.2 NWNODN Board

The primary concern of the NWNODN Board is to facilitate, through ODN activity, high quality individualised care for patients requiring these services. It will identify and monitor strategic aims, align service development to national and local priorities and ensure identification of future needs to maintain and improve patient access and equity of service delivery to the required standards.

The Board consists of Executive representatives able to authorise plans and commit resources on behalf of their organisations. Collectively they provide clear direction and leadership for ODN teams and functions within the north west of England, North Wales and the Isle of Man. NWNODN Board members are chosen to represent their particular group of organisations (e.g. provider, commissioner, other ODN) on behalf of the patient pathway, to facilitate improved service delivery and outcomes on behalf of service users.



The Chair of the Board is independent of the ODN and of North West neonatal providers. Neil Thwaite, Chief Executive of Greater Manchester Mental Health took up the role of Chair in November 2018. The Board meets six monthly.

7.3 NWNODN Senior Management Team

The primary concern of the NWNODN SMT is to oversee and forward plan activity to develop new, and improve upon existing, high quality individualised care initiatives for patients requiring these services. It will identify and monitor NWNODN operational priorities to align service development to national and local priorities and ensure identification of future needs to maintain and improve patient access and equity of service delivery to the required standards. The NWNODN SMT comprises the NWNODN Network Director and Quality Improvement Lead Nurses, and Network Clinical Leads. The Network Director chairs the group. SMT is held every two months.

7.4 Neonatal Steering Group

There is a separate Neonatal Steering Group (NSG) for each of the three localities – Cheshire & Merseyside, Greater Manchester and Lancashire & South Cumbria – providing expertise, direction and advice to NHS England via NWNODN, service providers, and the wider NHS community to improve the quality, safety and effectiveness of neonatal care across the relevant locality. Core membership of the NSG is the appointed Chair, Neonatal Clinical Lead, Network Director and Quality Improvement Lead; this is enhanced by membership from across the NWNODN footprint recognising the diversity of the conurbation: two representatives from each Provider – Medical and Nursing lead. Other Provider representation is welcome however only 2 representatives will be acknowledged when consensus is needed for decision making. Each NSG meets quarterly.

7.5 Clinical Effectiveness Group

There are three Clinical Effectiveness Groups, representing each of the three localities of the North West. The Clinical Effectiveness Group (CEG) is a neonatal network sub group which reports directly to the Neonatal Steering Group. CEG is recognised as providing a clinically driven governance assurance framework. The locality NWNODN clinical lead chairs the group, which includes representatives of the NWNODN, medical and nursing leads for providers and colleagues from other professional groups with an interest in governance. Each CEG meets every two months. The focus of CEG is shared learning and offers the opportunity for colleagues to share high level incidents with peer's. All North West neonatal unit mortalities are peer reviewed at CEG. CEG does not replace the local review required for a neonatal death, but adds a layer of assurance any wider lessons learnt from any death are identified and shared. These peer reviews are then shared with the local CDOP panel to ensure all child death reviews have access to all information identified within mortality reviews. If members of CEG identify issues with the management of any incident/death they are able to request a multi-provider or independent review is carried out. The processes are facilitated by the NWNODN and again the focus is on learning, action plans and sharing of system wide improvements when identified.

7.6 NWNODN Data Group

The NWNODN Data Group provides expertise, direction and advice on data, to inform the three Clinical Effectiveness and Neonatal Steering Groups, the NWNODN Senior Management Team, the NWNODN Board and the NWNODN work programme. The Data Group meets quarterly.



8 Work Programme

The NWNODN produces a yearly work programme which is monitored via NHSE Specialist Commissioning. Assurance of adherence for this work plan will be via the NWNODN Board.

9 Data Analysis

The NWNODN has an agreement with NW Arden & GEM Data Management Service to provide information and data analysis to support the NWNODN in local services delivery. An activity report, outcomes dashboard and term admission report is produced on a quarterly basis, whilst the Activity, Capacity and Demand report is produced at the end of the fiscal year. These reports provide data for all individual neonatal units within the NWNODN, the three North West localities and the NWNODN as a whole.

10 Monitoring Outcomes

The quarterly reports and dashboards are a means of monitoring activity and clinical outcomes throughout the year, with measures being aligned to national standards (e.g. NNAP & ATAIN) where appropriate.

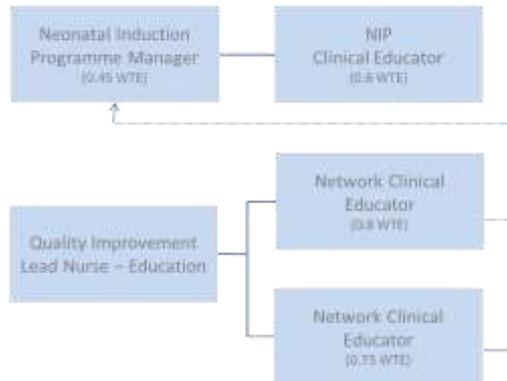
The NWNODN will publish its Annual Report in March each year. This will provide a summary of:

- Progress and key achievements
- Updates from all network work streams and work plan
- Themes and plans for following year

11 Education

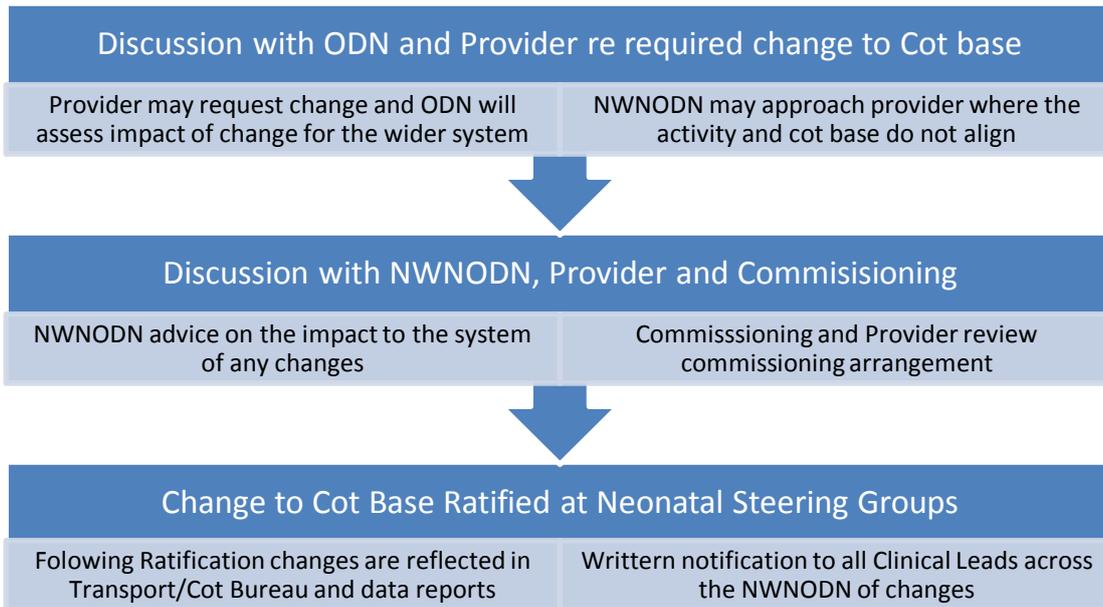
The NWNODN Education Team has developed and delivers a training and education programme which is funded by NHS England (NHSE) and Health Education England (HEE). NHSE funding supports the delivery of a north west wide induction programme which offers the induction training of new neonatal nurses into the neonatal care setting, running two programmes a year to an average of 120 new nurses. Through HEE funding, the NWNODN Education Team has developed a system wide programme which supports enhanced skills for non-registered workers and Nursing Associates; bespoke training in care of neonatal babies receiving surgery; support to quality improvement programmes and the implementation of the family integrated care model; leadership and change management skills.

NWNODN Education Team – Organisation Chart



12 Agreement of Cot base across the NWNODN

The NWNODN will, in line with the process outlined below, recommend to commissioners any changes in the cot base for all providers within the NWNODN.





12 Engagement

12.1 Provider Engagement

The NHS England 'Operational Delivery Network Memorandum of Understanding' document ⁽²⁾ sets out the principles against which the NWNODN will operate and engage with providers within the network area.

12.2 User Engagement

The NWNODN Parent and Public Engagement strategy sets out the NWNODN's approach to parental and public involvement across the three locality networks. The strategy aims to ensure that appropriate structures and support are in place to enable the engagement process.

References

1. NHS England. (December 2012). Developing Operational Networks: The Way Forward.
2. NHS England (March 2017) Operational Delivery Networks Memorandum of Understanding