

Memorandum of Understanding – Hosting Agreement for the South Wales Neonatal Transport Operational Delivery Network (ODN).

This Memorandum of Understanding is made on ** July 2022

Between

SWANSEA BAY UNIVERSITY HEALTH BOARD as host of ODN
1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot
SA12 7BR

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon
Taff CF45 4SN

HYWEL DDA UNIVERSITY HEALTH BOARD
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,
Carmarthen SA31 3BB

POWYS TEACHING HEALTH BOARD
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD –Headquarters, 1 Talbot Gateway,
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WELSH AMBULANCE SERVICE NHS TRUST
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,
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Collectively established as the South Wales Neonatal Transport Operational Delivery Network.

- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the Neonatal Transport Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to coordinate operational delivery and enhance neonatal transport learning thus improving patient outcomes, patient experience and quality standards. Further detail of the role and responsibilities of the ODN are described in section 2 later in this document.
- (2) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all Neonatal Transport provider health boards.

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1. Background

- 1.1. The vision for the establishment of the Neonatal Transport Operational Delivery Network is to enhance patient outcomes and experience. The network will be a partnership between participating organisations, working collaboratively to achieve common goals and purpose. The aim is to develop an inclusive, collaborative, world leading neonatal transport services, with quality improvement, informed through evidence-based practise and lessons learnt from others.
- 1.2. Swansea Bay University Health Board (SBUHB) was appointed by the Welsh Health Specialised Services Committee, Joint Committee as the host of the Neonatal Transport Operational Delivery Network (ODN). This is entirely separate from the role of SBUHB as provider of neonatal services and EMRTS. **All references to SBUHB throughout this MoU, unless otherwise stated, refers to the health board's role as host of the ODN.**
- 1.3. The primary purpose of the ODN is to provide the management function for the transport service, to coordinate operational delivery and enhance neonatal transport learning thus improving patient outcomes, patient experience and quality standards.

2. Responsibilities of Swansea Bay University Health Board (SBUHB)

- 2.1. Role of SBUHB as host of the Operational Delivery Network (as distinct from SBUHB as provider of neonatal services and EMRTS) is to manage the ODN in line with the service specifications: CP190, Neonatal Transport Service and CP244 South Wales Neonatal Transport Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the neonatal services on behalf of the Welsh Government, (note: EASC are the commissioner of WAST and EMRTS).
- 2.2. To undertake the role and responsibilities as detailed below:

Service Specification

- The specification will need to be in place before the ODN becomes operational (i.e. before Day 1). Each element will be ongoing from the point of implementation, unless otherwise stated.

Strategic planning

- Provide professional and clinical leadership across the operational delivery network.
- Develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme;
- Hosting a risk register and undertaking risk management across the network.
- Produce quarterly and annual reports.

- Develop an annual working plan for the operational delivery network to deliver.
- Contribute to an evaluation of the network.

Operational delivery

- Lead the development, and implementation of single point of contact for all neonatal transport requests.
- Lead the development, and implementation of cot bureau to support the timely transfer of neonates.
- Lead the development, and coordinate implementation and delivery of standards and pathways;
- Develop an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand.
- Ensure the quality of the ODN is monitored and subject to a process of continuous quality improvement through clinical audit

Tactical (local) advice and support to commissioners

- Development of policies, and specifications to support the commissioning of neonatal transport.
- Improved availability of quality and performance data to inform the commissioning of neonatal transport.

Improved quality and standards of care

- Develop and implement network protocols for patients.
- Deliver a clinical governance framework with the ODN
- Development of policies and protocols to support the delivery of neonatal transport.
- Ensuring on-going service improvements and best practice models are embedded and contribute to improved quality performance
- Use clinical process and clinical outcome measures to compare and benchmark providers
- Deliver an annual quality improvement and audit programme

Partnership development

- Engagement with third sector organisations.
- Promote and support cross-organisational and clinical multi-professional collaboration;
- Linkage with other relevant networks
- Embed communication strategy and key communication deliverables
- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs
- Participation in relevant national policy or guideline development

3. Employment of Staff

- 3.1. To appoint and employ staff in line with the posts agreed through the Neonatal Transport ODN Project Board.
- 3.2. New staff appointed to work within the ODN will be employed by SBUHB, they will be entitled to be treated as any other SBUHB employee. They will be expected to abide by all SBUHB policies, procedures and guidance including, but not limited to, fire safety and health and safety procedures. ODN staff will benefit from access to all applicable policies and procedures including training and development.
- 3.3. The staffing arrangements for the clinical model will be consistent with historic arrangements, with honorary contracts in place as appropriate.
- 3.4. The ODN staff will be accountable for their performance to the Children & Young People's Division within SBUHB and to the ODN SRO.
- 3.5. The ODN team will be situated on a non-hospital site.
- 3.6. ODN staff members will be expected to maintain professional CPD, complete all mandatory training and uphold competencies in line with the requirements of the role.
- 3.7. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.8. Where there are unavoidable long term staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover.

4. Operational Authority

- 4.1. Neonatal Transport policies should be updated and approved by the Neonatal Transport ODN Project Board. See section 9 below for further detail on policy adoption and policy updates.
- 4.2. Where there is a difference of opinion with patients waiting to be admitted into the Network or an inability of a health board to accept a patient back into their 'home' health board, the expectation is that a decision will be made locally by the Clinical Teams, when a decision cannot be reached locally escalation will be to the ODN. The ODN will consult with the Wales Maternity & Neonatal Network as appropriate.
- 4.3. Where operational authority has been exercised, the incident will be reported through the Clinical Operations Board (COB).

5. Governance Arrangements

- 5.1. SBUHB will have in place appropriate governance arrangements and schemes of delegation as may be necessary and required on the part of the health board to enable the ODN to carry out its functions.
- 5.2. The ODN will be accountable to the SBUHB for all arrangements pertaining to the running of the ODN. This will include, but not be limited to,

employment of staff to work within the ODN, provision of all employment and corporate services, accommodation and training.

- The ODN will report quarterly into the SBUHB Management Board (MB) meeting to provide assurance and evidence that the service is being delivered in line with expectations.
- The SRO of the ODN will report twice yearly into the SBUHB Quality and Safety Committee providing assurance on the on-going compliance with the clinical governance requirements of the service specification. This reporting will include a summary of issues escalated via the Clinical Operations Board (COB) to the Delivery Assurance Group (DAG).

5.3. The ODN will be held to account by the Delivery Assurance Group (DAG) for delivery of all elements of the Service Specification. In discharging its accountability role the ODN will:

- Ensure any significant matters under consideration by the COB are brought to the attention of the DAG.
- Seek assurance that actions have been taken by health boards and appropriate Executives (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation of the ODN or the reputation of NHS Wales.

5.4. The ODN will discharge its responsibilities for delivery via the agreed governance structure attached as appendix 1. The following provides further details on the role and responsibilities of the Groups that sit within that governance structure:

- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive. Attendance at the DAG is described in the 'Formal reporting structure meetings for the development of the Neonatal Transport Operational Delivery Network' document and will include the ODN Clinical Lead and ODN Manager as a minimum.
- The COB will meet on a monthly basis. Attendance from the ODN will include the ODN SRO, the ODN Clinical Lead and the ODN Manager. Representation from all of the network health boards (including SBUHB) along with senior representation from Welsh Ambulance Services Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS).
- ODN teleconferences will take place on a regular basis. Representation from the network health boards should include clinical and managerial leads. Representation from the ODN will be the ODN Manager and/or the ODN Clinical Lead
- Note the frequency of the meetings may change, with the agreement of all health boards, depending on the needs of the network.

5.5. The ODN will 'employ' on a sessional basis a Network Clinical Lead. This post will not necessarily be a clinician that is substantively employed by SBUHB, rather it is likely to be clinician employed by another network health board. Where this is the case, SBUHB will require written confirmation from the substantive employer that all competence monitoring is up to date and

that by taking on the sessional responsibility for the ODN they will not be exceeding the Working Time Directive.

6. Reporting Arrangements

- 6.1. The ODN will discharge its accountability to the DAG via reporting through the Clinical Operations Board (COB) which will be organised and managed by the ODN.
- 6.2. Escalation from the COB of clinical concerns will be considered by the DAG and referred to the WHSSC Quality and Patient Safety Sub-Committee as deemed necessary by the DAG in order to provide assurance to the Joint Committee.

7. Clinical Governance Arrangements

- 7.1. The ODN will not have statutory responsibility for clinical governance arrangements within each health board within the Neonatal transport service. The ODN will be responsible for ensuring regular and complete reporting into the COB on clinical governance matters relating to neonatal transport.
- 7.2. All provider health boards will provide the information requirement outlined in the PBC and the Network Clinical Governance and Quality Improvement Structures document thus enabling the ODN to be compliant with reporting requirements.
- 7.3. All network health boards will provide confirmation to the ODN that clinical governance information and incidents have been reported to own health boards Quality and Safety Committee.

8. Data requirements

- 8.1. Full details of data sharing requirements as per the Wales Accord on the Sharing of Personal Information (WASPI) has been shared with the Caldecott Guardian and the Information Officer in each neonatal transport provider health board.
- 8.2. In the event of a SUI involving the transport service, health boards will:
 - provide information as required enabling the ODN to complete investigations following SUI;
 - Disseminate learning following the outcome of the investigation by the ODN

9. Neonatal Transport Policies

- 9.1. The policies listed below have been developed collaboratively and approved by the Project Board. All health boards are expected to adopt each policy/agreement through their own processes at or before go-live of the Neonatal Transport ODN.
 - Clinical Governance Policy

➤ Data sharing agreement

- 9.2. The policies are accessible on the SharePoint website to all health boards. New policies and updates to existing policies will be developed and approved through the ODN governance structure. Each health board will be responsible for ensuring it has a process in place for receiving and implementing notifications of new policies and updates to existing policies. A full list of the Neonatal Transport policies/ standing operating procedures are attached as annex a.

10. Clinical Guidelines

- 10.1. All clinical guidelines have been developed collaboratively with the process of development having been approved by the Project Board. Each health board should acknowledge access to the guidelines.
- 10.2. The ODN will update the clinical guidelines as required and provide notification to all health boards. Health boards are responsible for having in place a system of receiving updates to clinical guidelines.

11. Budget and Funding

- 11.1. WHSSC will transfer funds to SBUHB on a quarterly basis to allow SBUHB to perform its functions as the Operational Delivery Network, provided that WHSSC may attach conditions to the expenditure of such funds.
- 11.2. SBUHB will set up and manage an income and expenditure account for the ODN. This includes all income received from WHSSC and health boards and all ODN expenditure. This account will be separate from all other SBUHB funds.

12. Hosting

In its capacity as host of the ODN, Swansea Bay UHB will provide all organisational supporting arrangements. The ODN will escalate, through Swansea Bay UHB, matters which relate to enabling or support functions for the delivery of the network.

These include (but are not restricted to):

- HR and workforce
- Financial and procurement
- Project and programme management
- Health and safety
- Statutory and mandatory training for ODN staff
- Risk and incident management
- Planning and managerial support

13. Ownership of Assets

- 13.1. All assets (including intellectual property rights) acquired by SBUHB in connection with the ODN shall belong to SBUHB but be held upon trust for the ODN.
- 13.2. SBUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the commissioner shall require and within such timescales as are reasonably required.
- 13.3. In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the ODN income and accounted for accordingly.

14. Duty of Care

- 14.1. SBUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under the agreement properly and efficiently in accordance with this Memorandum of Understanding and its overall responsibilities under the National Health Service (Wales) Act 2006 and all other appropriate legislation. SBUHB shall keep the Commissioner informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this MoU as the Host health board.

15. Legislation

- 15.1. SBUHB shall ensure that it, and its employees and agents, shall in the course of this MoU comply with all relevant legislation, Welsh Government directions and Guidance and procedures.

16. Audit

- 16.1. SBUHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements. This will be in accordance with NHS Wales

Internal Auditing Standards and any other requirements determined by the Welsh Government.

- 16.2. SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

17. Management of Concerns

- 17.1. Where a matter is received into the ODN and is regarded as an individual concern, SBUHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relates to its geographical area of responsibility. In such circumstances, the Chief Executive of SBUHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.
- 17.2. Individual concerns received into the ODN and relating to patients resident outside SBUHB's geographical area of responsibility will be referred to the Chief Executive of the health board in the appropriate geographical area.
- 17.3. Where a matter is regarded as a concern and where qualifying liability in Tort has been established, SBUHB will only be responsible for managing the arrangements for redress arising from its own resident population.
- 17.4. Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

18. Management of FOIA/GDPR Requests

- 18.1. Where a request under the Freedom of Information or General Data Protection Regulations is received by the ODN, the request will be dealt with in accordance with SBUHB's procedures. Where the request is considered to be an issue relating to information which is held by other health boards, then the request will be forwarded to the Board Secretary of the respective health board to respond in accordance with the Freedom of Information Act Code of Practice.

19. Dispute

- 19.1. In the event of a dispute between the ODN and any of the Neonatal Transport provider health board's that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.
- 19.2. In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 19.3. A dispute may include non-adherence to this MoU.

20. General

- 20.1. This MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 20.2. No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.

- 20.3. This MoU shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 18 above, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 20.4. In the event of SBUHB's determining (acting reasonably) that the performance by SBUHB of its obligations under this MoU is having a detrimental effect on SBUHB's ability to fulfil its core functions, SBUHB may instruct the ODN SRO and SBUHB's Chief Executive to review the operation of this MoU.
- 20.5. In carrying out a review of this MoU further to paragraph 19.4 above, the ODN SRO and SBUHB's Chief Executive shall consider the source and manner of any detriment identified by SBUHB's Board further to paragraph 19.4 and shall put forward such amendments and variations to this MoU and the associated governance arrangements between the ODN and SBUHB as they may consider appropriate.
- 20.6. SBUHB's Board shall consider the recommendations made further to paragraph 19.5 and may recommend to the ODN SRO and the Chief Executive of SBUHB that this MoU and the associated governance arrangements are amended accordingly.

21. Abbreviations

COB	Clinical Operations Board
CPD	Continued Professional Development
DAG	Delivery Assurance Group
EASC	Emergency Ambulance Services Committee
EMRTS	Emergency Medical Retrieval and Transfer Service
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulations
LEH	Local Emergency Hospital
IPFR	Individual Patient Funding Request
MoU	Memorandum of Understanding
OND	Operational Delivery Network
QI	Quality Improvement
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Officer
WAST	Welsh Ambulance Service Trust
WHSSC	Welsh Health Specialist Services Committee

Annex A

	Title	Date Issued	Review Date	Target Audience
1	Parents Travelling in Ambulance	10th February 2021	5th February 2022	CHANTS staff and service users
2	NEONATAL TRANSFER referral between 2000-0800 hours	10th February 2021	Feb-22	CHANTS staff and CHANTS service users
3	Repatriations and Nurse-Led Transfers	10th February 2021	5th February 2022	CHANTS staff and service users
4	Staffing (including sickness and Group insurance)	10th February 2021	5th February 2022	CHANTS staff and service users
5	Standing down from duty	10th February 2021	5th February 2022	CHANTS staff and service users
6	Time critical transfers	5th February 2021	5th February 2022	CHANTS staff and service users
7	Neonatal Uplift Transfers	10th February 2021	Feb-22	CHANTS staff and CHANTS service users
8	Use of Blue Lights and Sirens	10th February 2021	5th February 2022	CHANTS staff and CHANTS service users
9	Guidance for the Transport Team –plan of the day and principles of transfer	10th February 2021	5th February 2022	CHANTS staff and service users
10	Governance	10th February 2021	5th February 2022	CHANTS staff and service users
11	Gases	10th February 2021	5th February 2022	CHANTS staff and service users
12	Cot Locator	10th February 2021	5th February 2022	CHANTS staff and service users
13	Decontamination Guidance For CHANTS Transport Equipment	10th February 2021	5th February 2022	CHANTS staff and service users
14	Baby too sick to transfer and Baby dies on route	Jan-20	Jan-23	CHANTS staff and CHANTS service users
15	Gastroschisis: Stabilisation and transfer	May-19	May-22	N/A