

Memorandum of Understanding – Hosting Agreement for the Operational Delivery Network (ODN) as part of the Major Trauma Network for South Wales, West Wales and South Powys

This Memorandum of Understanding is made on **insert date**

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
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CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon
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HYWEL DDA UNIVERSITY HEALTH BOARD
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,
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POWYS TEACHING HEALTH BOARD
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD – Trauma Unit and EMRTS (as hosted by SBUHB) Headquarters, 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot SA12 7BR

WELSH AMBULANCE SERVICE NHS TRUST
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,
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Collectively established as the Major Trauma Network for South Wales, West Wales and South Powys

- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the 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 major trauma learning thus improving patient outcomes, patient experience and quality standards from the point of wounding to recovery. Further detail of the role and responsibilities of the ODN are described in paragraph 2 below.
- (2) This Memorandum of Understanding (MoU) should be read in conjunction with the board paper that was approved by each MTN member health board in or around April 2018.
- (3) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all MTN member health boards.

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1. Background

- 1.1. The vision for the establishment of the Major Trauma Network (MTN) is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and also including injury prevention. The network will improve patient outcomes by saving lives and preventing avoidable disability, returning patients to their families, work and education. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading trauma network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.
- 1.2. The programme for the MTN was established, following full endorsement by all six health boards in the region, of the following recommendations made by an independent expert panel, following a period public consultation:
- A major trauma network for South Wales, West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
 - The adults' and children's Major Trauma Centres (MTC) should be on the same site. The MTC should be at University Hospital of Wales (UHW), Cardiff.
 - Morriston Hospital, Swansea, should become a large Trauma Unit (TU) and should have a lead role for the major trauma network.
- 1.3. Swansea Bay University Health Board (SBUHB) was designated as the host of the Operational Delivery Network (ODN) for the Major Trauma Network (MTN). This is entirely separate from the role of SBUHB as provider of trauma unit 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.**
- 1.4. The primary purpose of the ODN is to provide the management function for the network, to coordinate operational delivery and enhance major trauma learning thus improving patient outcomes, patient experience and quality standards from the point of wounding to recovery.

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 trauma services and EMRTS) is to manage the ODN in line with the service specification: CP199 Trauma Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the MTN 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 specifications 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.

- Essential - These aspects are considered essential and are critical to the successful delivery of the ODN and its key investment objectives.

Strategic planning

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network through TARN – supporting the enhancement of data collection.
- Effective linkage into commissioning groups – in this case, WHSSC and Emergency Ambulance Service Committee (EASC).
- Hosting a risk register and undertaking risk management across the network.
- Produce quarterly and annual reports – Year 1.
- Develop an annual working plan for the network to deliver against the quality and delivery framework – Year 1.
- Contribute to evaluation of the network – Year 2.
- Develop a longer-term plan going out 5-10 years to ensure new capabilities can be brought into core operations as quickly and efficiently as possible – Year 2.

Operational delivery

- Develop coordinated patient clinical pathways between services over a wide area to ensure access to specialist major trauma care.
- Develop a comprehensive system of delivery through A) a pre-hospital triage tool and criteria for immediate inter-hospital transfer and transfer within 48 hours of referral; B) Automatic acceptance and repatriation policies; and C) rehabilitation pathways.
- Ensure improved access and equity of access to trauma services – Year 1.
- Responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand – Year 1.
- Support capacity planning and activity monitoring for collaborative matching of demand and supply (e.g. through implementing a trauma tracking system) – Year 1.
- Ensure appropriate repatriation for ongoing 'care with treatment closer to home' – Year 1.
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit – Year 1.

Tactical (local) advice and support to commissioners

- Provide local information, data and intelligence to support performance monitoring of the network (i.e. TARN clinical reports, process measures, key performance and quality indicators, case-mix standardised outcomes, workforce data) – Year 1.

- Support national annual trauma peer review and assurance of the MTC, Trauma Units/Local Emergency Hospitals (TUs/LEHs) and prehospital services with commissioners – Year 1
- To provide ongoing programme management of a phased implementation across the network – Year 1.
- Support local implementation of products produced by the national trauma clinical reference group (NHS England) as appropriate – Year 1

Improved quality and standards of care

- Develop and implement network protocols for trauma patients.
- Deliver a clinical governance framework with the MTC, TUs, LEHs, pre-hospital services and rehabilitation services including a process for incident reporting with follow up action plans and network morbidity and mortality review. This includes collaborative serious incident investigation.
- Deliver a network-wide training and education programme encompassing the whole patient pathway prioritising key areas (see section 5.6 of PBC).
- Implement a clinical informatics system for the network – Year 1(see section 5.5 of PBC).
- Ensuring on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures) – Year 1 and ongoing.
- Monitoring of MTC and TU dashboard measures and provide advice on improvements to clinical services and commissioners – Year 1.
- Use clinical process and clinical outcome measures to compare and benchmark providers – Year 1.
- Deliver an annual quality improvement and audit programme – Year 1.

Partnership development

- Engagement with third sector organisations.
- Linkage with other relevant networks (e.g. North Wales and North West Midlands Trauma Network).
- Enhance relationships with other MTN member health boards to ensure the network reaches optimal effectiveness.
- Embed communication strategy and key communication deliverables – Year 1.
- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs – Year 1.
- Participation in relevant national policy or guideline development – Year 2.

Desirable/aspirational areas of development

- Research programme for trauma pathway.
- Injury prevention scheme.
- Sharing ODN developments.

- Support development of trauma networks in other parts of the world.
- 'Silver' trauma working group established looking at rehabilitation requirements, enhancing outcome assessment and a bespoke educational programme for staff within the MTN.

Veterans Trauma Network (VTN)

- Create a single point of referral for all eligible people resident in Wales.
- Appointment of a VTN clinical lead and deputy – funded from 'military protected time'.
- Develop infrastructure enabling secure communication between VTN England and VTN Wales.
- Create referrals pathway.
- Ensure appropriate links between VTN Wales and leads for veteran's affairs in all health boards.
- Develop communications and stakeholder engagement strategies.

Trauma in Older People

- ODN will lead development of system to ensure older people have equity of access to MTN services.

2.3.A Service Specification for the ODN has been developed by WHSSC. Note: the document is out to consultation at the time of writing this MoU and is therefore in draft form, any significant changes in the specification will lead to a corresponding change in this document.

2.4. Swansea Bay University Health Board responsibilities continued:

- To have in place appropriate governance arrangements and a Scheme of Delegation as necessary and required on the part of SBUHB to enable the ODN to carry out its duties.
- To hold and manage the budget for the ODN making payments and receiving income as necessary.
- To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, procurement contracts, quotations, terms of engagement commissioned by the ODN and to ensure that the individuals appointed and employed to support the functions of the ODN.
- To be authorised to appoint lawyers and other professional advisors and to agree the terms and conditions from time to time on behalf of the ODN/MTN.

2.5. SBUHB will *not* be responsible or accountable for the planning, funding or providing of clinical services within the MTN.

2.6. In fulfilling its obligations and responsibilities under this MoU, SBUHB shall not be required to or not do and shall not do or omit to do anything which does not comply with SBUHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

- 2.7. The ODN will contribute to mass casualty planning and be actively involved in the event of a major incident.

3. Employment of Staff

- 3.1. To appoint and employ staff in line with the posts agreed through the Major Trauma Network (MTN) 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 ODN staff will be accountable for their performance to the Interim Associate Service Director who, for this role, is accountable to the ODN SRO.
- 3.4. The ODN team will be situated on a non-hospital site.
- 3.5. 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.
- 3.6. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.7. 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. The repatriation policy has been updated and approved by the MTN Board. See paragraph 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 MTC or an inability of a health board to accept a patient back into their 'home' health board, the ODN SRO will have the final say on the action to be taken. If the ODN SRO is not a clinician, this decision will be taken following consultation with clinicians.
- 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 Senior Leadership Team (SLT) 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 following framework of meetings:
- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive with the Vice Chair being the Chief Ambulance Services Commissioner. Attendance at the DAG is described in the South Wales Trauma Commissioning Arrangements document and will include the ODN Clinical Director 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 Director and service specific Clinical Leads (training and education, paediatrics, governance, QI/audit/research, Rehabilitation) and the ODN Manager. Representation from all of the network health boards (including SBUHB) will include the COO along with senior representation from Welsh Ambulance Services Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS). There are a series of service specific meetings e.g. paediatric working group, as outlined in the PBC that will feed into the COB.
 - MTN 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 Director
 - 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 Director plus five specific area Clinical Leads. These posts will not necessarily be clinicians that are substantively employed by SBUHB, rather they are likely to be clinicians employed by other network health boards. 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 MTN. The ODN will be responsible for ensuring regular and complete reporting into the COB on clinical governance matters relating to the trauma network.
- 7.2. All network 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 MTN member health board.
- 8.2. All organisations will be required to report against parameters set out in the clinical governance policy (incl. TARN dashboards, trauma incidents)
- 8.3. In the event of a SUI involving the MTN, 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. MTN Policies

- 9.1. The policies listed below have been developed collaboratively and approved by the MTN Board. All health boards are expected to adopt each policy/agreement through their own processes at or before go-live of the MTN.
 - Clinical Governance Policy
 - Data sharing agreement
 - MTC acceptance policy
 - Automatic repatriation policy

- Trauma team activation policy

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 MTN 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.

10. Clinical Guidelines

- 10.1. All clinical guidelines have been developed collaboratively with the process of development having been approved by the MTN 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. Ownership of Assets

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.

13. Duty of Care

- 13.1. 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.

14. Legislation

- 14.1. 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.

15. Audit

- 15.1. 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.
- 15.2. SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

16. Management of Concerns

- 16.1. 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.
- 16.2. 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 relevant organisation.
- 16.3. 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.
- 16.4. 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).

17. Management of FOIA/GDPR Requests

- 17.1. 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.

18. Dispute

- 18.1. In the event of a dispute between the ODN and any of the MTN member health board's that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.

- 18.2. In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 18.3. A dispute may include non-adherence to this MoU.

19. General

- 19.1. 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.
- 19.2. No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.
- 19.3. 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.
- 19.4. 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.
- 19.5. 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.
- 19.6. 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.

20. 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
MTN	Major Trauma Network
OND	Operational Delivery Network
PBC	Programme Business Case
QI	Quality Improvement

SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Officer
TARN	Trauma Audit Research Network
TU	Trauma Unit
VTN	Veterans Trauma Network
WAST	Welsh Ambulance Service Trust
WHSSC	Welsh Health Specialist Services Committee