



Critical Care Network
East Midlands

Governance Framework - Toolkit

June 2024

Classification: General

Organisation	East Midlands Critical Care Network
Document Purpose	Guidance
Title	Governance Framework - Toolkit
Author	Dr Sue Shepherd
Last Updated by	Craig Esberger
Date and Version	June 2024, Version 3
Linkages	<p>NHS Commissioning Board; “Developing Operational Delivery Networks; The Way Forward”, 2012</p> <p>NHS England; Adult Critical Care Network Service Specification, 2023</p> <p>NHS England; NHS Standard Contract. Schedule 2 – The Services – A. Service Specifications for:</p> <ul style="list-style-type: none"> • D02 Major Trauma and Burns Service (All Ages) • 170118S (D05) Adult Critical Care <p>NHS England Operational Delivery Network Memorandum of Understanding (Partnership Agreement), 2014</p> <p>Operational Delivery Networks Governance Framework Toolkit, 2017</p> <p>Operational Delivery Networks Value for Money Framework, 2017</p>
Circulation	<p>Provider/Acute Trusts</p> <p>Commissioner organisations</p> <p>NHS England Regional Teams</p> <p>Operational Delivery Networks</p>
Description	<p>This Toolkit underpins the Operational Delivery Networks’ Governance Framework. It is designed to assist ODNs in identifying and evidencing current Network governance systems and processes. The Toolkit provides an illustrative Red/Amber/Green (RAG) rated scoring mechanism to facilitate a visual overview of the assessment process and highlight any gaps or areas for further development.</p>
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Version Control

Version	Date	Name	Changes
2	June 2021	Jill Guild CMrg MCMI	
2.1	December 2021	Craig Esberger	Updated to most recent Network position
2.2	June 2023	Craig Esberger	Updated to most recent Network position
3	June 2024	Craig Esberger	Updated linkages to include Network Service Specification Updated to most recent Network position

This Toolkit, designed to assist Operational Delivery Networks to monitor progress against their governance arrangements, underpins the Operational Delivery Networks' Governance Framework¹. It is recommended that this Toolkit be completed on an annual basis and submitted to the relevant Network Executive/Oversight Group. Any issues or risks should be discussed openly at the Network Executive/Oversight Group and a plan developed to address any concerns. A RAG rated scoring mechanism is included to facilitate a visual overview of the assessment process. This is scored as follows:

Assessment criteria:	Red = Problem meeting criteria	Amber = Good progress made with work on-going	Green = Criteria fully met
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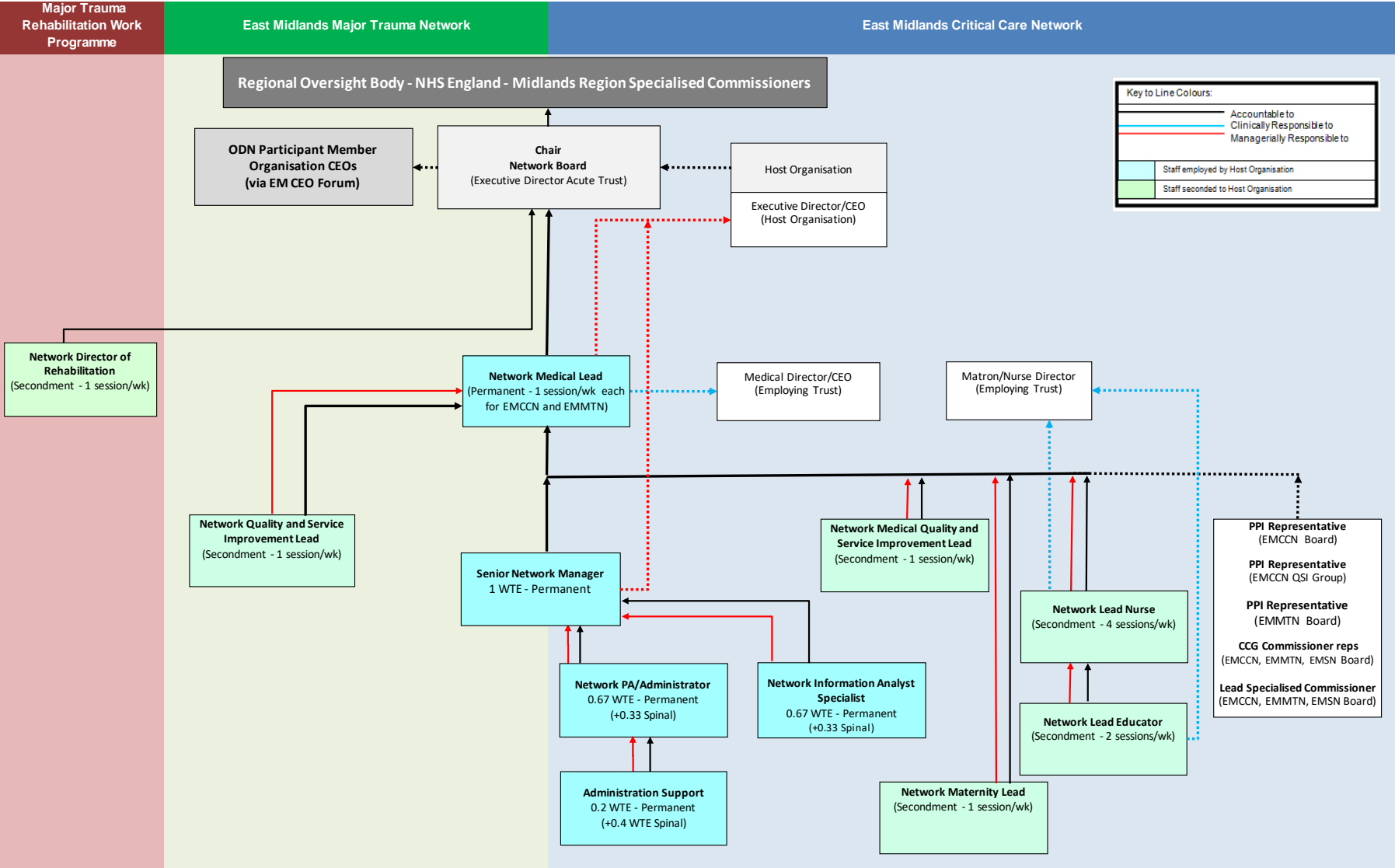
ODN Governance Framework - Toolkit			
Network:	East Midlands Critical Care Network	Name of person completing form:	Craig Esberger
Telephone Number:	07385 038 553	email:	Craig.esberger@emas.nhs.uk
Date Completed:	17 th May 2024	Version:	3

Network Team Members					
Network Role	WTE	Contract Type	Tenure with end date	Host/Seconding Organisation	Funding Source
Network Chair	n/a	Voluntary	n/a	Nottingham University Hospitals NHS Trust	n/a
Network Manager	1.0 WTE (Shared EMMTN)	Permanent	No end date	East Midlands Ambulance Service NHS Trust	Network Management Budget
Network Medical Lead	0.1 WTE	Permanent	No end date	East Midlands Ambulance Service NHS Trust	Network Management Budget
Network Medical Service Improvement Lead	0.1 WTE	Secondment	TBC	Nottingham University Hospitals NHS Trust	Network Management Budget
Network Lead Nurse	0.4 WTE	Secondment	Currently vacant		Network Management Budget

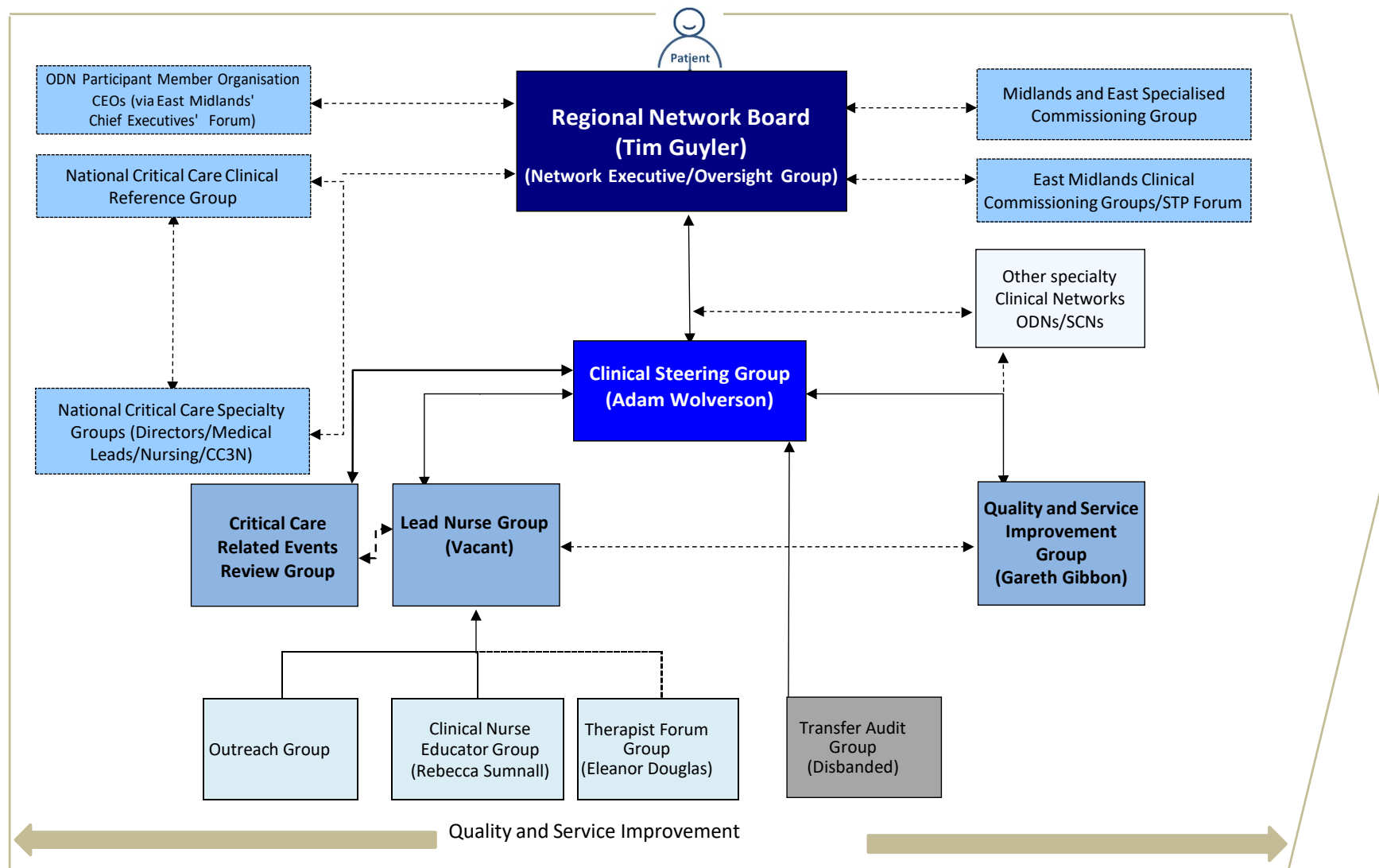
¹ Shepherd, S. C. April 2017. Operational Delivery Networks, Governance Framework. Unpublished – available at anna.johnson@emas.nhs.net

Network Team Members					
Network Role	WTE	Contract Type	Tenure with end date	Host/Seconding Organisation	Funding Source
Network Data Analyst Specialist	1.0 WTE (Shared EMMTN)	Permanent	n/a	East Midlands Ambulance Service NHS Trust	Network Management Budget
Network PA/Administrator	1.0 WTE (Shared EMMTN)	Permanent	n/a	East Midlands Ambulance Service NHS Trust	Network Management Budget
Network Lead Educator	0.1WTE	Secondment	May 2024	University Hospitals of Leicester NHS Trust	Network Management Budget
Network Maternity Lead	0.05WTE	Secondment	September 2024	Nottingham University Hospitals NHS Trust	Network Management Budget
Network Lead Commissioner	n/a	Voluntary	n/a	Tbd	n/a

Network Management and Organisational Structure



East Midlands Critical Care Network Organisational Structure



Governance Framework – Outcomes – Part 1

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Structure and Scope						
The purpose and remit of the Network is clearly defined	The Network vision is included in the Network annual objectives and work plan. It is also stated in Network Board Terms of Reference					The purpose and remit of the Network is reviewed on an annual basis
The Network boundaries and scope are confirmed	The scope of the Network and the Network Boundaries are outlined in the Network Board Terms of Reference and Network Governance Statement					
The Network funding model is established (define 1-year, 3-year, 5-year)	The Network funding model is identified with funding confirmed to March 2025.					Substantive funding from NHSE Spec Comm
The Network membership model is defined and agreed. This includes clear rules of engagement for Network members (including PPI representatives) and an accountability structure. Monitoring and dispute resolution processes are in place	Members are signed up to the Network model. Membership includes Provider and Commissioner organisations, Independent Sector partners, transport partners, education bodies etc. as outlined in the Network Terms of Reference				Engagement by Trusts has improved however representation from ICSs is problematic. No formal PPI members however 2 have been identified.	Generally partners remain engaged in the work of the Network. Plan in place for onboarding substantive PPI members.
A regional Network Executive/Oversight Group/Board is identified within the Network Structure with clearly defined responsibility and accountability	The Network Board is the accountable body for the Network as outlined in the Network Terms of Reference. The Network Board is included in the Network organisational structure					
The regional Network Executive/Oversight Group/Board is constituted in line with regional network plans. Representative members attend meetings. A process is in place to review membership to maintain relevance	The Network Board is constituted from current member organisations. Executive leads or appointed representatives attend Board meetings				Engagement by Trusts has improved however representation from	Generally partners remain engaged in the work of the Network. Plan in place for onboarding substantive PPI members.

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
					ICSs is problematic. No formal PPI members however 2 have been identified.	
Terms of Reference for the regional Network Executive/Oversight Group/Board are written and approved, with an agreed timescale for review. This includes delegation of authority and responsibility to the Group in accordance with the ODN/regional model	The Network Board Terms of Reference are written and approved. Terms of Reference for all Network Groups are written and approved					In place and recently reviewed.
Terms of Reference for all other Network Groups are written and approved, with an agreed timescale for review	Terms of Reference for all other Network Groups are written and have been ratified by the Network Board					
The Network organisational structure is designed to facilitate delivery of the Network objectives. This is approved by the regional Network Executive/Oversight Group/Board	The Network organisational structure outlines the Network Groups to deliver the work of the Network					Task and finish groups are developed to deliver programmes of work
Network standards are agreed and implemented for the administration of all Network meetings - the Network operates within the agreed standards	The Network works to an agreed standard in respect of the administration of all Network Meetings as outlined in each Group Terms of Reference					Meetings are administered by the Network Administrator. All minutes are edited and approved by the Network Manager prior to circulation. The Network Manager and/or Chair sets the meeting agenda for all Network meetings.
The Network Chair's roles and responsibilities are defined and approved by the regional Network Executive/ Oversight Group/Board	The Network Chair role is a voluntary role undertaken by an Executive Officer. The role of the Network Chair is outlined in a Job Description					The Network Chair has a defined job remit but no agreed tenure for the position. Approval of the Network Chair is via the East

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
						Midlands Chief Executives' Forum
The Network Chair is appointed, and tenure of appointment and accountability arrangements are agreed	The Network Chair is in post					The current Network Chair is Tim Guyler of Nottingham University Hospitals NHS Trust
Deputising arrangements are in place in the absence of the Network Chair	The Network Clinical Lead deputises in the absence of the Network Chair					The Network Clinical Lead or Senior Network Manager deputises as required as evidenced in Board Minutes
The Network Management Model is designed with clear lines of responsibility and accountability and includes Network and Host organisation line management arrangements. This is approved by the regional Network Executive/Oversight Group/Board as appropriate	An integrated Network Management model is defined and approved					The management model has recently been reviewed and updated.
The Network Chair holds line management responsibilities for relevant Network Team members in line with the agreed Network Management Model	The Network Medical Lead has line management responsibility for the Network Manager (in place of the Chair)					The Network Chair, Medical Lead and Manager have responsibility for several Operational Delivery Networks in the region.
A process is in place with the host organisation for the appointment of Network Team members. Contracts are in place (Permanent/Secondment/Fixed term/Honorary) for team members, signed by the relevant host and seconding Trusts as appropriate	The Network has a Service Level Agreement with the Host organisation which outlines HR responsibilities for Network team members (substantive posts). Network substantive staff have contracts with the Host organisation				One secondment needs review due to length of contract An SLA needs putting into place with the MTC for the Medical Leads time	The Network Manager has discussions with the Host's HR Team as required

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
Network team members are appointed, and the tenure of each appointment is agreed as appropriate to each role	All Network posts are currently filled, and the tenure of each post is outlined in the Network Team Members table illustrated on page 4 of this document					
An annual Personal Development and Review process is in place for all members of the Network Team. PDRs are undertaken on an annual basis and team and personal objectives reflect Network objectives and individual personal development plans. Progress against objectives is evidenced	All Network staff are accountable to the Network Manager as illustrated in the Network Management Structure. A PDR Process is in place and objectives are set for team members. PDRs are undertaken on an annual basis with 6 monthly follow-up meetings as required					The Network Manager holds an electronic copy of PDR documents and copies are submitted to the Host organisation for substantive posts via an on-line system. Additionally, Network team members are supported through 1:1 meetings and daily Team Meetings. Appraisals are currently underway for 2024 (1 completed, 1 booked in).
Changes to the constitution of the Network, including changes in Network team staffing, are approved by the regional Network Executive/Oversight Group/Board as appropriate	Staffing issues are discussed at the Network Board and approval sought for any changes/reappointment to roles					
Where appropriate, supporting organisations have agreed their financial contribution to the Network and a process is in place to extract/obtain the money in year	Funding for ODNs is currently via a nationally agreed mechanism. Monies are sent from the Midlands and East Specialised Commissioners directly to the Host/Network.					
The Network annual budget/financial plan is developed, and budget management and monitoring arrangements are in place and approved by the regional Network Executive/Oversight Group/Board. This includes	The Network Budget is set on an annual basis and ratified by the Network Board					The Network Manager meets monthly with the Host's Financial Representative. In addition there are quarterly updates to Board on the

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
a mechanism for the management of any under or over expenditure						current financial and predicted position. A updated financial monitoring system has been implemented from April 2024.
A regional risk sharing agreement is in place should the Network cease to exist. This includes agreement in respect of financial implications to the host organisation	The risk sharing arrangement is included in the Network/Host SLA.					
A Network Patient and Public Involvement (PPI) strategy is developed and implemented as appropriate and patient views inform critical care service development. This is ratified by the regional Network Executive/ Oversight Group/Board	Patient stories are shared at the annual conference Input from patients is sought by informal methods through members of groups.				Patient and Public representatives aren't currently in post.	Plan in place to onboard PPI reps
A Network communication and engagement strategy is developed and implemented taking account of internal and external relationships. This is ratified by the regional Network Executive/Oversight Group/Board	Network Communication and Engagement is included in the Network Terms of Reference. Additionally, evidence of engagement of members and member organisations is included in the Governance Framework – Outcomes Part 2					Engagement of Network members is on going and a full stakeholder list is being developed to include the wider East Midlands footprint
A mechanism is in place to facilitate joint working between other networks/senates in the Network region. A partnership agreement is in place where appropriate	Relationships are formed with representatives of other specialty ODNs in the region and nationally					The Network Manager is the co-chair of the National CCN Managers Group.
A mechanism is in place to ensure links to the relevant national bodies including Clinical Reference Groups	The Medical Lead receive the minutes of the national Critical Care CRG. The Network is a registered stakeholder with the Critical Care Clinical Reference Group					The Network Medical Lead and/or Network Manager provide updates in respect of the national picture for critical care from the CRG and other meetings to Network Board

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
						Meetings and Network Clinical Meetings
The Network is a registered stakeholder with the relevant national Clinical Reference Groups	The Network is a registered stakeholder with the Critical Care Clinical Reference Group					Updates/communication are received by the Network Medical Lead and Manager and shared with Network members as appropriate
A mechanism is in place to facilitate joint working with specialised commissioners, local Clinical Commissioning Groups and Regional Teams as appropriate. This includes links to the relevant regional and national Programme of Care Leads (NPoC)	The Network has links to the relevant commissioning organisations via membership of the Network Board. The Network Value for Money Framework and completed ODN Governance Toolkit is shared with all commissioner organisations in the Network region on an annual basis					Communication with commissioner organisations and representative members via telephone and e-mail is established. Network advice is sought from both NHSE and the ICSs when appropriate.
Stakeholder Support and Engagement						
A contractual agreement is developed between the Network and the host organisation defining clear rules of engagement and decision-making processes. This is signed by the appropriate executive/management leads	A Network/Host SLA is in place					
Monitoring and Reporting						
Network annual objectives and work plan are written and ratified by the regional Network Executive/Oversight Group/Board	The Network management team meet on an annual basis to discuss the Network Objectives. Input to the process is requested from Board Members and members of the Network Clinical Groups. Progress against the current Network Objectives and Work Plan are delivered to the Board on a bi-yearly basis					Workplan & Objectives for 2023-25 have been approved and published on the website

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
A mechanism is in place to monitor progress against the Network annual objectives and work plan. Progress reports are submitted to the regional Network Executive/Oversight Group/Board as appropriate and shared with other Network Groups within an agreed timeframe	Progress reports are provided to the Network Board verbally at Board Meetings with a formal progress report.					
Other Network Groups' (i.e. Clinical Group; Lead Nurse Group; Transfer and Audit Group; Quality and Service Improvement Group) key priorities and work plans are developed in line with the Network Annual Objectives	Each Network Group agrees a set of priorities in line with the Network Objectives and Work Plan					
The national ODN Service Specification is defined and agreed on an annual basis with the Regional Team. This includes relevant annual Network outcomes and outputs	The national Network Service Specification has now been published					
A mechanism is in place to monitor progress against the agreed ODN Service Specification. Gaps are identified, and an annual action/improvement plan is developed. This is signed off by the regional Network Executive/Oversight Group/Board	Work plan has been reviewed in line with the national Service Specification and updated. A gap analysis was also produced.					
Monitoring and Reporting						
Network agreed key performance indicators are linked to local, regional and national standards and relevant NHS Standard Contract Service Specifications and are included in local contact commissioning agreements as appropriate	Key Performance Indicators are included in the Network Self-Assessment Tool					
A mechanism is in place for Network provider organisations to identify gaps in relevant clinical services (against nationally mandated service specifications) to the Network	Annual Self-Assessment process is embedded					

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
The Network provides appropriate advice to providers and commissioners regarding action planning	Following self-assessment, a Network report is developed to illustrate a regional picture; Trusts develop action plans for improvement					
Any delays in meeting key service requirements have been agreed by commissioner and provider organisations and action plans have been developed collaboratively by the Network and the relevant provider organisations	Action plans are developed by Trusts following self-assessment					
A process is in place to assist Network provider organisations in identifying compliance against set standards outlined in service specifications. The Network provides support, as and where appropriate, to member provider Trusts to achieve standards (responsibility for compliance remains with the provider Trust)	Currently all Network Units assess against an agreed set of Network Standards and Key Performance Indicators					
An annual account of Network activity and outcomes is published demonstrating improvements to support achievement within the current Network funding model	Network activity is recorded on an ongoing basis via Network meetings and Meeting Minutes. Network annual Objectives and Work Plan are established with an agreed mechanism for reporting progress against these. Additionally, Network activity is captured in the Network Value for Money Framework and ODN Governance Framework Toolkit					Summary report has been published to the website
A Network Peer Review/Quality Assurance Framework/Tool with a template action/improvement plan is developed/identified and a mechanism of assessment is agreed	The Network has an agreed Performance Framework and mechanism of assessment via a self-assessment process and completion of a Network Self-Assessment tool					
A Network facilitated external/internal peer review/quality assurance process is undertaken	An annual process of self-assessment is facilitated by the Network and a					

Criteria	Evidence	Assessment			Identified Gaps	Comments
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with relevant member organisations. Completed action/improvement plans are submitted to the Network Executive/Oversight Group as appropriate	comparative report is submitted to the Network Board on completion of all assessments					
A summary Network action/improvement plan is developed following peer review/quality assurance with key milestones and an agreed mechanism for review	As evidenced above					
Network audit structures and reporting and monitoring processes are agreed and implemented	The Network benefits from a full-time Data Analyst Specialist. Reporting and monitoring structures are in place and reports are provided at every Network meeting. Data collection and analysis includes Network Benchmarking measures, Transfer Audit and data related to Network Quality Service Improvement Projects and care bundles					The Data Analyst Specialist works across the East Midlands Critical Care Network and the East Midlands Major Trauma Network
Network standardised operating policies and procedures and care pathways are developed and implemented with an agreed review process	The Network has an agreed Admission and Operational Policy which has been updated and published in line with commissioning of ACCOTS.					Network members work together to develop local and regional policies and procedures, and these are shared freely across the Network
A mechanism is in place to identify Network clinical governance issues with an agreed process to investigate critical incidents and share findings	The Network has a Clinical Governance Framework. Clinical Governance is a standing agenda item on the Network Board and Network Clinical Group meetings. Members share incidents openly and freely to facilitate shared learning. The Network reviews all events raised to it via its CCRED					

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
	(Critical Care Events Database) system and processes					
Risk Management						
Risk management and assurance processes are in place to ensure risks are identified, analysed, evaluated, controlled, monitored and communicated appropriately	Risk management processes are in place in all Units in the Network. Additionally, risks are raised to the Network via e-mail and Network meetings. Risks are shared with all members as appropriate					The Network Risk Register illustrates risks which are shared with the Board at each meeting as appropriate
Risk sharing agreements are established across provider organisations	The Network adopts an open and honest culture for the sharing of risks and incidents					
A Network escalation/surge plan is developed in the event of a major incident/surge with links to appropriate organisations for effective Emergency Preparedness, Resilience and Response (EPRR) arrangements	The Network has developed a joint Surge Framework and Toolkit. Trusts are encouraged to complete the Acute Provider Toolkit at self-assessment. The Network links with Trust EPRR arrangements.					The Network has designed and procured a bespoke EMERGO kit for critical care and trauma and has run several emergency events
Member organisation draft service development/reconfiguration plans are shared with the Network and ratified by the regional Network Executive/Oversight Group/Board as appropriate	Network Member Organisations share development/reconfiguration plans at each Network Meeting. A more formal process of presenting plans is established via representation at the Network Board meetings					Members of the Network Management team represent the Network on Trust Project Groups as appropriate
Network specification agreements are in place with Independent/Third Sector partners as appropriate	Agreements for transfers from IS Providers to NHS hospitals are now managed by ACCOTS. There are gaps due to expiration of current agreements however the Hospitals involved have communicated that the agreement still applies whilst the final agreements are resolved					

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
The contractual agreement between the Network and the host organisation includes the provision of relevant accommodation, facilities and corporate services and an outline of associated costs. The agreement ensures that HR support for Network staff employed by the host organisation is in line with NHS HR policies/procedures	The Network/Host SLA includes the provision of relevant accommodation, facilities and corporate services and an outline of associated costs. The agreement ensures that HR support for Network staff employed by the host organisation is in line with NHS HR policies/procedures					
The contractual agreement with the host organisation confirms Network compliance with the host organisation's standing orders and standing financial instructions	The Network/Host SLA confirms Network compliance with the host organisation's standing orders and standing financial instructions					The Network operates within the Host Organisation standing financial instructions
The contractual agreement with the host organisation outlines the responsibilities and accountability of the host organisation in line with the Operational Delivery Network specification	The Network/Host SLA outlines the responsibilities and accountability of the host organisation in line with the Operational Delivery Network specification					ODN accountability is devolved from the Host to the Network Board as outlined in the Network/Host SLA
Added Value and Benefits						
A mechanism is in place to capture the added value and benefits of the Network including patient feedback. This is communicated to Network stakeholders on an annual basis	The Network Value for Money Framework is completed on an annual basis. This is shared with Network Members via the Network Board and Clinical Groups and with the Acute Trust CEOs, NHSE Midlands and East and ICS Executives					
A mechanism is in place to ensure that outcomes from the Network peer review/quality assurance process inform service design and delivery	Following self-assessment, the completed assessment tool is shared with each Unit. Results are collated into a Network wide report and findings are shared. Following assessment, each Unit is encouraged to complete an Action Plan/Quality Improvement Plan					

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
	and findings inform service design and delivery					
A mechanism is in place to capture learning from Network wide audit and research with evidence of service change and development	Learning is shared via CCRED, QSI and Clinical Groups. This triangle approach ensures that learning is shared with all relevant colleagues. The Network wide self assessment and peer review report also provides an opportunity to share learning and development.				No process to capture Network wide research however this is usually undertaken by units.	
Quality and Service Improvement						
A Network wide annual quality and service improvement programme/plan is developed and approved in line with Network and national priorities	The Network has an agreed Quality Service Improvement Programme. All Units are signed up to the programme and deliver at least 1 local service improvement projects a year plus Network wide projects and care bundles				An annual funding request is submitted to the Network Board to fund the cost of the Network Quality Service Improvement Programme	The Network currently funds the cost of 1 session of Service Improvement Lead Nurse time per week in each Trust
Quality and service improvements are identified and implemented, and best practice is shared widely for service development and delivery of safe patient care	Several quality service improvement projects are continually being delivered in the Network. These projects have clear aims and measures and outcomes are shared.					
An agreed set of Network benchmarking measures/dashboards are captured and audited in a timely manner and outcomes are shared as appropriate	The Network has an agreed set of Benchmarking Measures with clear definitions. The measures are captured by the DOS system on a daily/weekly basis as well as through ICNARC and fed back to Units for discussion at					

Criteria	Evidence	Assessment			Identified Gaps	Comments
		R	A	G		
	meetings e.g. Clinical Group, ACC Capacity calls.					
A Network research and education strategy is developed with key milestones and a review process	The Network has an agreed Education Strategy. This is developed by the Network Lead Clinical Nurse Educator.					
Links are established with local Health Education England Local Education and Training Boards and education providers	The Network has well established links with the Universities in the Region. University representatives are invited to have a stand at the Network Annual Conference				Missing regular HEE rep on the Board.	Head of School of Anaesthetics invited to be a board member
A Network Workforce Framework is developed with key milestones and a review process	The Network has a Nurse Education Strategy. The Network has developed a Registered Nurse Workforce Framework					
Clinical governance issues are included as a standing agenda item on Network Clinical and regional Network Executive/Oversight Group/Board meetings with an agreed mechanism for feedback and shared learning	Clinical governance issues are included as a standing agenda item on Network Clinical and Board meetings. Issues are discussed openly and honestly, and findings shared					
PPI representative members attend Network groups to inform service development and delivery as appropriate	PPI strategy in place Input from patients is sought by informal methods through members of groups.				Patient and Public representatives aren't currently in post.	Plan in place to onboard PPI reps

Governance Framework – Outcomes – Part 2

Criteria	Assessment			Comments
	R	A	G	
Respect				
Network members apply the rules of engagement				Members are polite and courteous to each other and demonstrate respect for colleagues
Network members show consideration for colleagues and demonstrate respect for member organisation culture				Organisational culture is recognised in the Network
Ambiguity is reduced through collaboration and co-operation across pathways of care				Members work together to design and implement pathways of care for critically ill patients
Leaders in the Network respect the opinion of Network members working collaboratively for the benefit of patients				Leaders in the Network are from the Network Management Team and member organisations. Members can lead elements of work. All members and organisations have an equal voice in the Network
Trust				
The Network has a clear sense of purpose				As evidenced in Governance Framework Outcomes - Part 1
The work of the Network is focussed around the patient				As evidenced in Governance Framework Outcomes - Part 1
The Network fosters a culture of sharing and support and members are encouraged to participate in the work of the Network without fear of recrimination				The Network fosters a culture of sharing and members are actively encouraged to participate in the work of the Network
Creativity and innovation is encouraged				The Network provides opportunity for staff to be creative and innovative
The Network demonstrates openness and transparency in decision making processes				As evidenced in Governance Framework Outcomes - Part 1
Information and data is shared openly and honestly				As evidenced in Governance Framework Outcomes - Part 1
Relationships				
Leaders in the Network work with colleagues to develop and maintain sound relationships				Leaders in the Network work hard with colleagues to maintain sound relationships. The Network fosters an engaging culture and facilitates the bringing together of colleagues in critical care within the Network region
Patients (and where appropriate carers/relatives) are involved in shaping the Network				The patient voice is captured through several mechanisms as evidenced in Governance Framework Outcomes - Part 1
The Network consists of multi-professional, multidisciplinary staff working in partnership				As evidenced in Governance Framework Outcomes - Part 1
Network members work together and share best practice and are actively involved and engaged in the work of the Network				As evidenced in Governance Framework Outcomes - Part 1
The Network has an agreed process for conflict management				As evidenced in Group Terms of Reference and the Network/Host SLA
Integrated working reduces duplication of effort and improved productivity and effectiveness				The Network has many examples of working together in an effective way as evidenced in the Network Value for Money Framework
The Network explores new ways of working and embraces change				As evidenced in the work of the Lead Nurse/Workforce Group

Criteria	Assessment			Comments
	R	A	G	
Accountability structures are designed to take account of formal and informal relationships				As evidenced in Governance Framework Outcomes - Part 1
Support				
The Network model supports a culture of shared learning and collaboration with strong leadership and clarity of purpose				As evidenced in Governance Framework Outcomes - Part 1
There is widespread clinical involvement and support in the Network				As evidenced in Governance Framework Outcomes - Part 1
The Network utilises the skills and expertise of members				The Network provides a forum to elicit clinical expertise and share best practice
The Network has an education and research strategy outlining opportunities for shared learning, training and development				As evidenced in Governance Framework Outcomes - Part 1. Additionally, the Network provides a number of training programmes and delivers an annual Network Conference
Network member organisations are equal partners in the Network				As evidenced in Governance Framework Outcomes - Part 1
All staff in the Network are supported by their employing organisation when participating in Network activities				Network members attend meetings and Network events. However, when organisations are under pressure members might find it difficult to attend
Commitment				
Network members and member organisations deliver the work of the Network				As evidenced in the delivery of the Network Objectives and Work Plan
Patient pathways are developed in line with the Right Care Principles				As evidenced in Governance Framework Outcomes - Part 1
Staff work collaboratively across the Network				As evidenced in Governance Framework Outcomes - Part 1
The Network has a shared vision and objectives with a clearly defined work plan				As evidenced in Governance Framework Outcomes - Part 1
The Network has a communication strategy				Whilst the Network has a mechanism for effective communication, a more formal communication strategy could be developed
The Network demonstrates clinician and user involvement				As evidenced in Governance Framework Outcomes - Part 1
Engagement				
Constituent member organisations are actively engaged in the Network				As evidenced in Governance Framework Outcomes - Part 1
Staff participating in the Network are actively engaged and supported				As evidenced in Governance Framework Outcomes - Part 1
The Network facilitates the collaborative design and delivery of patient led services				As evidenced in Governance Framework Outcomes - Part 1
Equity and access to care is improved				As evidenced in Governance Framework Outcomes - Part 1
Patient experience, outcomes and quality of care is improved				The Network has carried out both qualitative and quantitative research in respect of the Network in order to better understand clinical networks and has demonstrated that the Network improves the experience and outcomes for critically ill patients