



Terms of Reference - Clinical oversight Group (COG)

Frequency: Quarterly
Duration: 1 day as appropriate
Location: virtual – 1 F2F per year
Chair : Sajeev Job neonatal clinical lead

Purpose

- Deliver a whole system work program for neonatal care across the East of England (EOE).
- Align with the neonatal clinical Reference Group (CRG) outputs and encompass National projects as they are released.
- Ensure equitable provision of care throughout the EOE with effective clinical flows through the provider system according to right care principles. This includes support for capacity planning and collaboration with commissioners.
- Measure quality of service provision against national agreed standards.
- Network clinical guidelines will be ratified at COG and SSMOG informed as part of the neonatal Highlight Report. Any guideline which impacts service provision/ structure will be agreed by COG but will require ratification by the JCC.
- Escalations will be made via the SSMOG and then to JCC as appropriate
- Facilitate improved governance through sharing of risk, feedback, audit of services and education provision. Ensure a network approach to problem solving and decision making.
- Monitor the quality outputs of providers by providing data analysis of services
- Share information from maternity services and other national bodies around neonatal care

Reporting/ governance

- This meeting will report through to the Joint commissioning committee by exception
- Agenda and meeting notes will be circulated no later than one week prior to the meeting Admin support will be provided by the ODN.
- Meeting minutes will be sent out following the meeting within 2 weeks
- Action logs will be included in the minutes

Membership

- Network Clinical Lead (CHAIR)
- Network Director (VICE CHAIR)
- Network core team (nursing lead, education lead, data coordinator and administrator)
- Medical lead from each of the 17 neonatal units (or nominated deputy).
- Nursing lead from each of the 17 neonatal units (or nominated deputy).
- Co-opted members as appropriate for delivery of network business.
- Transport representative
- ICB representative
- Commissioning representative

Members from the trusts and ODN as appropriate this will include but not exclusively lead nurses, clinical leads, educators, national leads

Quoracy

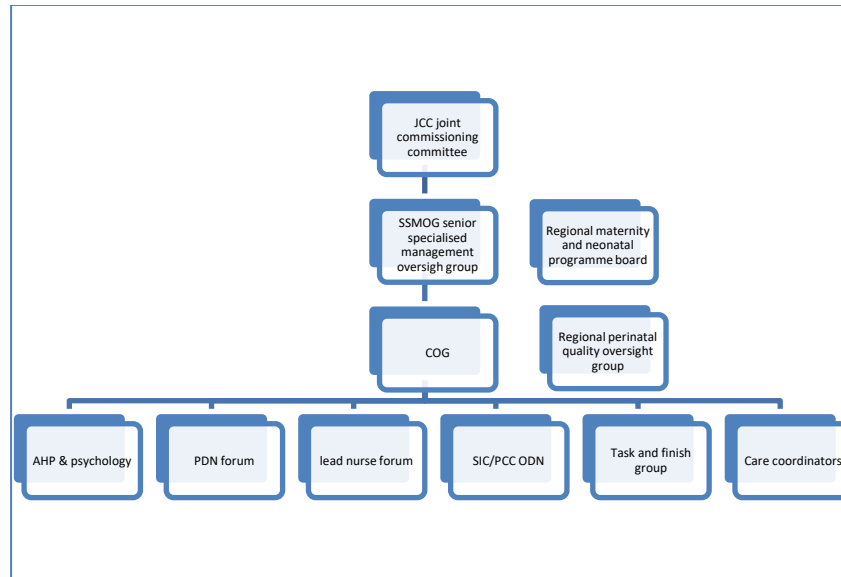
- The quorum is reached when at least two thirds of the membership is present, including network chair (clinical lead) or vice chair and appropriate representation from each of the 17 providers.
- Meetings which start with a quorum will not be deemed to continue to be quorate in the event of members departing early. Members may agree to adjourn the meeting. The final decision will reside with the chair (or vice chair).
- The chair will advise the SSMOG if provider organisations fail to provide members for 2 consecutive meetings. The provider organisation will be made aware.

Confidentiality

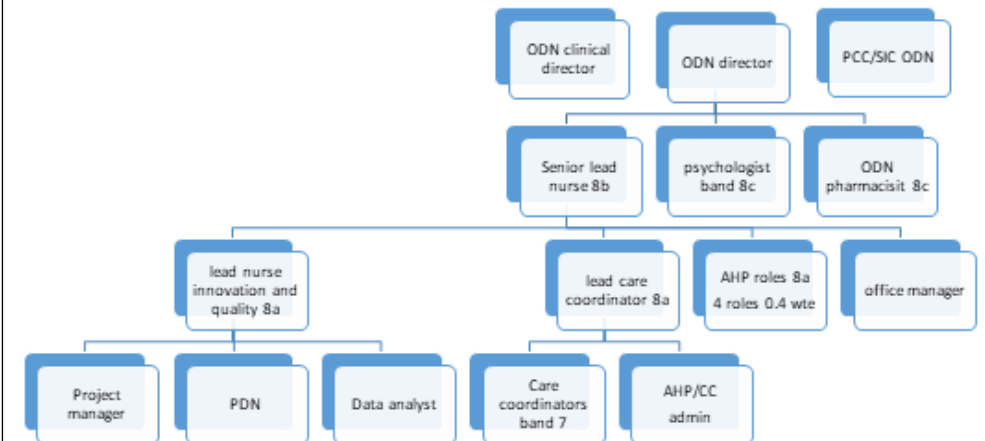
Where there are discussions of a confidential nature these must remain confidential within the group



Reporting structure



Neonatal Network structure



Ratified COG : June 25

Review date: June 27