

## NETWORK BOARD MEETING

Minutes of the meeting held on  
Wednesday 22<sup>nd</sup> June 2011 at 10 am

Seminar Room 9, Walsall Manor Learning and Conference Centre, Walsall Manor Hospital, WS2 9PS.

### PRESENT:

Babu Kumararatne, Consultant Paediatrician	Royal Wolverhampton Hospitals
Gail Fortes-Mayer, Assistant Director, Specialised Commissioning (Children)	WMSCT
Anjan Bhaduri, Consultant Neonatologist	Walsall Manor Hospital
Anand Mohite(AnM), Consultant Neonatologist	Dudley Group of Hospitals
Andy Spencer, Network Lead clinician	Newborn Network
Ann Clare, Matron for Maternity and Paediatrics	Walsall Manor Hospital
Lynsey Clarke, Practice Educator	Newborn Network
Gina Hartwell, Senior Nurse Manager SCBU	Mid Staffordshire General Hospital
Julie Crabtree, Acting Practice Educator	Newborn Network
Jon Crockett (Chair) (JC) Chief Executive	Wolverhampton City PCT
Kate Palmer, Consultant Paediatrician	University Hospital of North Staffordshire
Melody Bridges, Commissioning Manager, Specialised Children's Services	WMSCT
Pam Smith, Matron for Paediatrics and Neonates	Dudley Group of Hospitals
Ruth Moore, Network Manager	Newborn Network
Sarah Carnwell, Administrator	Newborn Network
<b>APOLOGIES:</b>	
Dave Roden, Associate Specialist in Neonatology and Congenital Heart Disease	University Hospital of North Staffordshire
Caroline Southall, Parent Representative	Parent Representative
Chris Thomas, Clinical Nurse Manager NNU	University Hospital of North Staffordshire
Simon Jenkinson, Lead Obstetrician	Newborn Network
Deb Lane, Finance	WMSCT
Julie Ebrey, Parent Representative	Parent Representative

### 2. MINUTES OF THE MEETING HELD ON THE 23<sup>rd</sup> MARCH 2011

The minutes were agreed.

### 3. MATTERS ARISING

There were no matters arising.

### 4. WEST MIDLANDS NEONATAL PALLIATIVE CARE PROJECT PRESENTATION

LC gave a presentation to be circulated with the minutes. LC to forward presentations that were given on the study days to SC to put these on the network website for all staff to access. KP has used the draft palliative care pathway, it saved work and made sure that nothing was forgotten. The neonatal integrated comfort care pathway was based on ACT neonatal pathway for babies with palliative care needs therefore it refers to the multi disciplinary team who may be involved in the pathway. Community paediatric nurses as well as midwives attended the the neonatal palliative care study days. The University of Coventry and Warwickshire videoed one of the study days, this has been incorporated into their standalone e learning module. NNU Champions are to be identified through the Workforce Group from the units in the network to take forward palliative care across the network, The network will fund each champion to complete the neonatal e-learning module. JC said that this was an excellent piece of work and that it was important that this continued in the network.

### 5. WEST MIDLANDS SHA

#### West Midlands Perinatal Network - Update

The Perinatal Network has two arms; commissioner and provider. The Network were invited and attended the inaugural provider group meeting on 10<sup>th</sup> June. AS provided an update from the meeting and that the network had raised the importance of IUT's in order for women to deliver in the right place. RM has also attended the commissioning group meetings. GFM and JC agreed that network representation was important at both meetings.

### 6. FINANCE

The funding for the network from the WMSCT is 1.5% less this year, in line with the reduction in

### ACTIONS

SC  
LC

funding across the NHS. Agenda for Change introduced pay cost pressures for the Network. The amount of educator time has been reduced in the network due to maternity leave over the past couple of years whilst an effective network education and training programme has still been delivered it is therefore proposed to reduce the WTE for the Practice Educator posts to 0.8 WTE each. JC reduction needs to take place with minimal detriment to the work of the Network. The remaining non recurrent training budget has been carried forward.

**7. COMMISSIONING NEWBORN SERVICES UPDATE**

2011/12 Funding of Neonatal Services

GFM to forward paper to SC for circulation to the Board. All CQUIN payments for 2010/11 have been made to units. Payments have been made based on 12 months activity. The WMSCT has moved towards a standardised/tariff based approach, however it is not clear what the tariff level will be as moving to National Commissioning arrangements. The SCT are awaiting further details around the move to the National Commissioning Board.

Two CQUINS in 2011/12:

ROP for which there is a requirement for 95% of babies less than 1,500g to be screened, and exception reporting relating to the care pathways and unit designation level.

**GFM**

**8. WEST MIDLANDS NEONATAL CLINICAL QUALITY INDICATORS - UPDATE**

A meeting was held on the 23 May 2011 with both networks and the WMQI, the notes of which are available at:

[http://www.networks.nhs.uk/nhs-networks/wmqi-neonatal-network/documents/Draft\\_Meeting\\_Notes\\_23-05-11.pdf/view](http://www.networks.nhs.uk/nhs-networks/wmqi-neonatal-network/documents/Draft_Meeting_Notes_23-05-11.pdf/view)

Richard Wilson is to work up a set of suitable indicators and a quality matrix based on a shortened list of potential indicators by the group. A workshop is then to be held in the Autumn which everyone will be invited to attend to discuss and provide feedback on the proposed indicators and quality matrix. The date and details to be circulated shortly.

A national dashboard is being proposed, the list of draft indicators do not appear to be of particular value, due to the limited data available nationally.

The network outcomes and monitoring matrix was reviewed. The purpose of the network outcomes and monitoring matrix is to allow adjustments in practice to be made where required. BK raised concerns that the NEC and ROP data may not be accurate and that a breakdown by unit would be more useful. It was suggested that ROP should be attributed to the unit where treatment was given, rather than where born. RM to include screening CQUINS as requested by the commissioners. Deaths to be attributed to where the baby dies. Concerns were also raised that there may be double counting of admissions due to transfers within the network. The QIPP Group to review the data in order that it can be made as accurate as possible. When and where an anomaly is identified the QIPP Group can review that individual baby or undertake a mortality review. All unit representatives were asked to attend the Board meetings with knowledge of the numbers for their Trust in order to be able to check the accuracy of the data at future Board meetings.

**AS**

**QIPP Group  
RM**

**Unit Reps**

**9. MATERNITY NETWORK UPDATE**

The Maternity Network is to continue with SJ as Lead Obstetrician with support from the Newborn Network. A Maternity Network Planning Group has been established which is to meet on a quarterly basis, with the next meeting to be held in July. Draft objectives were agreed at the last meeting in April. The Obstetric Guidelines User Survey is currently being undertaken. AG has agreed to take forward a review of data collection across the Maternity Network. A joint Maternity Stakeholder and Perinatal Education Event will be held on the second Friday in February each year in order for people to be able to put it in their diaries well in advance of the day. It was agreed to request that all units participate in the inter district audit. IUT research is being undertaken by John Moore's University, the results of which will be presented later in the year. The data collected around IUT's in the network has been reduced/targeted more appropriately. Tracy Vanner presented the data collected at the Harrogate Conference. The Commissioners expressed concern that maternity data collection should not be seen in isolation to neonatal data and that it was important that the two systems were able to interface. SJ has looked at the Badger system and Walsall are currently in the process of procuring the maternity Badger system.

**10. CARE PATHWAYS UPDATE**

Following circulation of the Draft Care Pathway Document two units expressed concerns at the last Board meeting. Following which a meeting has taken place with Shrewsbury, where the issues raised were not around the principle of the Care Pathways but with their implementation. The network is awaiting a date for a meeting with Dudley.

Exception Reports

In the meantime a letter has been sent to each of the units in the Network asking them to implement the draft care pathways and exception monitoring process based on the draft proposal. Care pathways have been designed based on the SCT approved designation levels. RM reported that despite this request, to date the Network had not received any exception reports. RM is hoping to work with Clevermed to design an exception report that will be generated automatically by Badger. The network is monitoring activity through the Badger network reports and the NTS activity data, Letters will be sent to units where exception reports would have been expected. The Care Pathway Exception Report Template and Guidance is available on the network website. Walsall raised concerns that the unit was running at over its capacity, and that due to this was not able to accept babies. The commissioners clarified that Walsall have been provided with additional investment. AB to take forward with the Trust and Commissioners. The network asked that Lead Clinicians in the units encouraged maternity colleagues to complete and send an exception report where IUT's are performed unnecessarily. Dudley raised the issue that they had a Shrewsbury baby that they were unable to back transfer and do they need to raise an exception report, as Shrewsbury would have already had to complete an exception report on transfer to Dudley. Babies that cannot be back transferred to units both in and out of the network due to capacity issues at that unit, require an exception report to be completed by the returning unit. RM to amend the guidance around exception reporting to clarify that this should be done after a week if the referring unit is still not able to accept the baby back to their unit. All the Trusts in the Network have signed up to the Exception Reporting process therefore reports need to be generated as part of CQUINS in order for payment to be made, otherwise the unit carrying out the activity will not be paid for this.

**AB  
Lead  
Clinicians**

**RM**

Parent Information Leaflets

The Parent Information Leaflets are to be printed and circulated in the network.

**11. LEAD CLINICIAN SUCCESSION PLANNING**

AS was appointed for a final term of office as Lead Clinician last summer, at that time it was identified that a succession planning process would be put in place prior to this ending in 2013 however AS will be retiring at the end of December 2011, but has agreed to provide support (1 PA per week) to the new post holder up to the end of March 2012. Applications to take on the Network Lead Clinician role from Dec 2011 are requested from experienced neonatologists in the network. The board agreed the succession planning process.

JC gave an update as to succession planning following his retirement from the end of September. The Black Country Cluster will make a decision regarding who will take over as Chair of the Board from October. JC thanked AS for agreeing to provide support to the end of March 2012 in order for consistency to be maintained during this period of change.

**12. PIP/KEELE UNIVERSITY STUDY TO COMPARE VOLUNTARY (PIP) AND MANDATED (SSBCNN) NETWORKS**

UZ will present an initial proposal at the next meeting, in order for the Board to provide feedback/comments. He has undertaken a literature review, with most of the information obtained based on activity and not cost benefit, therefore his proposal will focus on an economical evaluation, which is not an easy thing to do given the intangible elements.

**13. NETWORK STANDARDS ASSESSMENT UPDATE**

Quarterly Progress Review

The snapshot is unchanged from the last quarter. The network is in the process of updating the tool to reflect the toolkit standards and NICE guidance. The Parent Representatives have provided an update for the parent section, RM to circulate for comments. The staffing section is to be reviewed by the Workforce Group. Unit specific standards relating to designation will also be updated with involvement of the senior nurse and lead clinicians from the relevant units.

**RM**

**14. NETWORK BUSINESS PLANNING PROCESS**

Review of 2010/11 Business Plan

RM felt this demonstrated the amount of work that has been achieved. Some work streams however will take a number of years to complete. JC congratulated the network on the exceptional progress made last year.

Business Plan 2011/12

The Business Plan for 2011/12 has been based on the current arrangements however there will be a need to be flexible given the changes taking place within the NHS. All agreed the Business Plan demonstrates the work required in the Network. JC thanked RM for all her work.

**15. NETWORK SUB GROUPS**

Equipment

A Ventilation Study Day is being held on the 11 July at Telford. The ultrasound scan machines purchased by the network are now reaching the end of their life, an evaluation day is being organised however as Trusts will be purchasing them this time, the Equipment Group can only make a recommendation. JC the reason for funding being provided previously was in order to start the process of standardisation across the network, even though funding from the network is not available this process of standardisation should continue across the network and will also allow for negotiation around price due to economies of scale.

Workforce

RM provided an update on behalf of Chris Thomas. The group are meeting after the Board today. The group have reviewed the Terms of Reference and as it is mainly nurse focused there was some discussion around membership of the group by clinicians, however the group have agreed that clinician and ANNP representation is a continued requirement. Deanery representation is also included. The first Foundation Nurses that have completed the accredited course with Wolverhampton University will be giving a poster presentation on the 19 July. The group is undertaking a staffing gap analysis against NICE and skill mix. The group is taking forward the work around palliative care. AB raised concerns that Walsall struggle with 24/7 SHO/ANNP cover, there is an action plan to address this however there is uncertainty as to whether this will be achieved.

Guidelines

The group are busy reviewing/writing guidelines for the 2011 edition. Kate Palmer has taken over the role as the Neonatal BCGP Editor from Paddy McMaster. The SWMNN are getting involved this year and will be receiving copies of the books/guidelines but will not be getting involved in the writing/editing process until next time round. All agreed that this would provide the benefit of consistency of care across the West Midlands.

QIPP

RM provided an update on behalf of Sanjeev Deshpande. The attendance at the 24<sup>th</sup> May meeting was a little disappointing, in relation to the importance of the group and the issues being discussed. RM requested that each Trust provide appropriate representation from their unit as it is difficult to take forward items if there is no representation from each of the units. GCP training will be taking place on the morning of the 22 September followed by the audit competition presentations in the afternoon. The group have produced a draft proforma to review mortality which all units will be asked to complete. JC suggested each unit has both a representative and a deputy on the group, as it is important that accurate quality data is provided to the Board. Attendance at the July meeting to be reviewed.

All

All  
SD

Transport

LC provided an update on behalf of Jackie Harrison. The Transport Study Day is a fantastic day, looks at preparation for transfer and cooling, it is very beneficial for staff to attend in preparing babies for transfer. The next Transfer User Group meeting is to be held on Monday 10 October at Wolverhampton Medical Institute. If units have any transport issues this is the forum for these to be raised. The group are working with the NTS and WM PICU transfer service to get a single number for cot locator and transfer service. KP raised a concern that notification had not been received of incidents having taken place. RM clarified that where an incident happens a letter is sent to the Trust involved from the WMNTS raising the issue. KP to take forward with the WMNTS. A meeting is being held on the 1 July 2010 to look at the two proposals for the Transport Lead role following the stepping down of Alyson Skinner.

KP

Feeding and Nutrition

GH gave an update on behalf of the chair. The group are working on guidelines around warming expressed breast milk to room temperature, and non-nutritive sucking. GH has stepped down as Chair, therefore Liz Jones and Pat Bloor have jointly taken on this role until a permanent replacement is made. The network has purchased a copy of the breastfeeding CD-ROM for each unit in the network, these have been given to the units representative on the group.

Parents Representatives

RM gave an update with parent rep objectives having gone into the Business Plan. Discharge planning is being discussed with UHNS with an aim of identifying how parent reps may be able to help with this across the network. The parent reps have updated the parent and family support section of the SAD Tool and been asked to provide comments on the transport parent information leaflet and questionnaire given out to parents.

Follow Up Group

RM provided an update on behalf of Chrisantha Halahakoon. Some of the data has had to be corrected for prematurity, therefore once this work is completed the report will be produced.

Resuscitation Group

NLS guidelines came out at the end of last year, however the training material was not available

until May. A meeting was held to review the guidelines. The group were concerned at the vagueness of this edition of the guidelines. DR is writing an updated guideline for the 2011 Network Guidelines Book.

**16. ANNUAL REPORT, AGM AND NETWORK SUMMER NEWSLETTER**

SC asked for all units to provide any submissions for inclusion in the newsletter by the 14 July and any submissions for inclusion in the annual report by the 31 July.

**17. ANY OTHER BUSINESS**

Education

LC appealed for all staff both medical and nursing to complete the Network Education Survey BEFORE the 4 July in order for appropriate multi-disciplinary training to be provided across the network. LC also asked that junior doctors be made aware of study days available to them in the network.

All

Transport

KP raised the issue that the Transport Service is independent of any Trust, however it does not have its own website, currently it is hosted by Birmingham Women's Hospital. RM to feedback to WMNTS.

All

RM

BLISS

BLISS have released their five year strategy which will be circulated with the minutes.

SC

National Neonatal Network Managers Group

RM attends the National Neonatal Network Managers meeting where it was agreed subject to Board approval to approach the NCB for representation at the Network Managers meeting in order that work streams can be provided directly to them. JC expressed concern that any additional work would need to be approved by the Board.

Badger.net Platform

All units using Badger are being moved across to the Badger.net platform, please can units make sure they are moved across at the same time as the other units in the network, as otherwise this could cause difficulties.

All

Acting Practice Educator

This was Julie Crabtree's last meeting, as her role end at the end of June. JC thanked Julie for all her support to the network.

**17. DATE AND TIME OF NEXT MEETING**

The next meeting of the Board will be held on Wednesday 28<sup>th</sup> September 2011 at 10 am in the Seminar Room 9, Walsall Manor Learning and Conference Centre, Walsall Manor Hospital, Walsall, WS2 9PS. The AGM will follow immediately afterwards at 12 pm.

**NETWORK BOARD MEETING  
ACTION POINTS  
for the meeting held on Wednesday 22<sup>nd</sup> June 2011**

<b>ACTION:</b>	<b>PERSON(S) RESPONSIBLE</b>
LC presentation to be circulated with the minutes.	<b>Sarah Carnwell</b>
LC to forward presentations that were given on the study days to SC to put these on the network website for all staff to access.	<b>Lynsey Clarke</b>
GFM to forward paper to SC for circulation to the Board.	<b>Gayle Fortes-Mayer</b>
A workshop is then to be held in the Autumn which everyone will be invited to attend to discuss and provided feedback on the proposed indicators and quality matrix. The date and details to be circulated shortly.	<b>Andy Spencer</b>
BK raised concerns that the NEC and ROP data may not be accurate and that a breakdown by unit would be more useful. It was suggested that ROP should be attributed to the unit where treatment was given, rather than where born.	<b>QIPP Group</b>
RM to include screening CQUINS as requested by the commissioners.	<b>Ruth Moore</b>
All unit representatives were asked to attend the Board meetings with knowledge of the numbers for their Trust in order to be able check the accuracy of the data at future Board meetings.	<b>Board Unit Representatives</b>
The commissioners clarified that Walsall have been provided with additional investment. AB to take forward with the Trust and Commissioners.	<b>Anjan Bhaduri</b>
The network asked that Lead Clinicians in the units encouraged maternity colleagues to complete and send an exception report where IUT's are performed unnecessarily.	<b>Unit Lead Clinicians</b>
RM to amend the guidance around exception reporting to clarify that this should be done after a week if the referring unit is still not able to accept the baby back to their unit.	<b>Ruth Moore</b>
The Parent Representatives have provided an update for the parent section, RM to circulate for comments.	<b>Ruth Moore</b>
RM requested that each Trust provide appropriate representation at the QIPP Group meetings from their unit as it is difficult to take forward items if there is no representation from each of the units.	<b>All</b>
The group have produced a draft proforma to review mortality which all units will be asked to complete.	<b>All</b>
JC suggested each unit has both a representative and a deputy on the group, as it is important that accurate quality data is provided to the Board. Attendance at the July meeting to be reviewed.	<b>Sanjeev Deshpande</b>
KP raised a concern that notification had not been received of incidents having taken place. KP to take forward with the WMNTS.	<b>Kate Palmer</b>
LC appealed for all staff both medical and nursing to complete the Network Education Survey BEFORE the 4 July in order for appropriate multi-disciplinary training to be provided across the network.	<b>All</b>
LC also asked that junior doctors be made aware of study days available to them in the network.	<b>All</b>
KP raised the issue that the Transport Service is independent of any Trust, however it does not have its own website, currently it is hosted by Birmingham Women's Hospital. RM to feedback to WMNTS.	<b>Ruth Moore</b>
BLISS have released their five year strategy which will be circulated with the minutes.	<b>Sarah Carnwell</b>
All units using Badger are being moved across to the Badger.net platform, please can units make sure they are moved across at the same time as the other units in the network, as otherwise this could cause difficulties.	<b>All</b>