

BOARD MEETING

Minutes of the meeting held on
Monday 25th June 2012 at 10 am

Room A, Telford Education Centre, Princess Royal Hospital, Telford, TF1 6TF.

PRESENT:

Alex Philpott, Transport Consultant
Anand Mohite, Consultant Neonatologist
Andy Spencer(Chair), Network Lead Clinician
Anjan Bhaduri, Consultant Neonatologist
Ann Clare, Matron for Maternity and Paediatrics
Babu Kumararatne, Consultant Paediatrician
Jo Cookson, Practice Educator
Lynn Davis, NNU Clinical Nurse Manager
Melanie Sutcliffe, Clinical Effectiveness Lead
Pam Smith, Matron for Paediatrics and Neonates
Robin McMahan, ANNP
Ruth Moore, Network Manager
Sanjeev Deshpande, Consultant Neonatologist
Sarah Carnwell(Minutes), Administrator
Shree Vishna Rasiah, Consultant Neonatologist

Newborn Transport Service
Dudley Group of Hospitals
Newborn Network
Walsall Manor Hospital
Walsall Manor Hospital
Royal Wolverhampton Hospitals
Newborn Network
University Hospital of North Staffordshire
Newborn Network
Dudley Group of Hospitals
Royal Wolverhampton Hospitals
Newborn Network
Shrewsbury and Telford Hospitals
Newborn Network
Southern West Midlands Newborn Network

APOLOGIES:

Alison Moore, Consultant Neonatologist
David Coan, Matron for Women and Children's Services
Kate Palmer, Consultant Paediatrician
Chrisantha Halahakoon, Consultant Neonatologist
Melody Bridges, Commissioning Manager, Specialised
Children's Services
Simon Jenkinson, Lead Obstetrician
Liz Jones, Senior Breastfeeding & Neonatal Research
Practitioner
Cathy Smith, Head of Midwifery and Deputy Centre Chief
Julie Ebrey, Parent Representative
Caroline Southall, Parent Representative
Jackie Harrison, Transport Nurse Consultant

Shrewsbury and Telford Hospitals
Royal Wolverhampton Hospitals
University Hospital of North Staffordshire
Royal Wolverhampton Hospitals
WMSCT

Newborn Network
University Hospital of North Staffordshire

Shrewsbury and Telford Hospitals
Newborn Network
Newborn Network
WM Newborn Transport Service (NTS)

ACTIONS

2. MINUTES OF THE MEETING HELD ON THE 21ST MARCH 2012

The minutes were agreed.

3. MATTERS ARISING

Perinatal Institute(PI) Neonatal Data Access Requirements

The Board agreed the Network proposal for the PI to have access to the neonatal data for the year 1 April 2010 – 31 March 2011. RM to write to Jason Gardosi outlining the Boards agreement to the proposal.

4. NETWORK DATA REQUIREMENTS

SWMNN Data and Audit Role - Presentation

AS introduced VR as Melanie Sutcliffe's equivalent in the Southern West Midlands Newborn Network (SWMNN). VR gave a presentation on how data is used in SWMNN, a copy of the presentation will be circulated with the minutes. Questions and discussion took place during the presentation. All agreed that the definitions/classifications for collecting data items in Badger are not always correct which means that the data is not an accurate reflection of the numbers of babies treated, for example for NEC or CLD. All agreed that we need to work with Badger to improve quality of data, VR suggested starting with a few items and getting those as accurate as possible before adding additional data items.

Deaths were double counted where a baby had transferred between units. AS felt that deaths should be attributable to where a baby is born in order to provide an incentive for babies to be born in the most appropriate unit, in order to get the best outcome. SD thought that deaths should also be attributable to the Network where they are born, again as an incentive to keep babies within own Network, to get the best outcome possible. VR agreed that where babies are born is crucially important to the outcome therefore deaths should be attributable to the unit/Network born, for mortality review to then take place as to whether they should have been transferred.

Much discussion took place regarding the accuracy of discharge summaries. All agreed that it was the Consultants responsibility to check these, however Badger should be updated

SC

contemporaneously with significant diagnosis/changes in care positive or negative, as it cannot all be added at the end.

VR has had read only access to all the units data in SWMNN from the start. No honorary contract is required, as no data is being entered. SWMNN have a monthly Activity and Quality Data dashboard which VR completes and presents quarterly to the SWMNN board, this is what the SSBCNN Activity & Outcome matrix is based on, all agreed that our Network should do the same. Data will not be used by the Network without the appropriate checks being made with the unit of its accuracy. Data will remain anonymous and will not be identifiable on a unit basis. MS has got 2 PA's to undertake the analysis of the data and provide support to sub groups in collecting/reviewing data for audit purposes. The network will not provide any third party with individual unit data, they will be directed to request the data directly from the individual unit concerned. The network received a letter from UHNS raising concerns of the possible conflict of interest with MS employed by New Cross in her substantive Consultant role. MS is aware of this and undertook to ensure that the use of all data is appropriate and access is only used to produce agreed reports and for checking the accuracy and completeness of data. VR found that checking data quality was an important aspect of the role. Following the discussion and re-assurances all units agreed to MS having read only access to their data.

13. TRANSFER USER GROUP AND NEWBORN TRANSPORT SERVICE (WMNTS)

WMNTS Briefing Paper

AS thanked AP for attending whilst on maternity leave. The WMNTS is seeking the support of the Board in changes to the way they currently work. The situation has arisen due to the number of declined transfers and the need for a 24/7 cot locator service. There is no additional funding available to resolve the situation therefore a proposed merger of locations (not clinical teams currently) has been put forward in order to reduce overhead costs, the savings made would then be re-invested in the cot locator service provision. BWH will be sad to see the WMNTS leave but understand the benefits this would have, SWMNN have agreed to the opening up of discussions, AP asked for the views of Board members on the proposal. BK agreed that this was the way forward, however both services would need to have equal priority. AP felt this was the beginning of discussions therefore an opportunity to shape the service for the future. AS thought this would also be an opportunity to resolve the PDA issue and that service changes would need to be done quickly otherwise the commissioners might claw back any savings that the WMNTS have made. BK raised the need for introducing rotational posts into the transport team in order to prevent 'burn out'. AP stated that they were currently advertising for a secondment opportunity. AP felt that it would not be outside of their remit for KIDS to undertake term transfers where appropriate and for the right reasons. AB said it was important to not just get the cot locator service but to try to attain a better service as part of the process. AS agreed that the Network wished to start the process and see how the service develops in the future. AP, VR and SD left the meeting.

5. SSBCNN ACTIVITY AND QUALITY MONITORING

WM Neonatal Clinical Quality Indicators Update

The next meeting is to take place on the 6th July 2012 in light of the national neonatal dashboard, feedback following that meeting will be given at the next Board meeting.

Network Activity and Workload Matrix

Not all units have provided the live birth data therefore only half the data is represented; RM will circulate once complete. Each unit needs to have discussions with obstetric colleagues to confirm whether this data is available, MS to ask for read only access to maternity systems.

RM
All
MS

Care Pathways/Exception Reports

IUT/Ex UT reports will be circulated following the Board. RM gave a brief summary at the meeting.

RM
RM

An extraordinary meeting is to be arranged to discuss the capacity issues in the Network that the exceptions are highlighting and how the situation can be improved. AB is aware that Walsall has not got enough capacity however the cost of two additional cots cannot be justified, as the additional back transfer activity would not generate the funding required.

RM proposes to change to monthly rather than the current ad hoc reporting to the network by units of all exceptions for that period in line with the maternity reporting of IUT's. AB suggested having an area for comments where discussions have taken place/care been agreed by units for that particular baby can be written.

RM

Network Standards Assessment Snapshot Report

Please can all units complete any unanswered tests, and provide an action plan where units are not currently meeting the standards. This should be completed before 14 September 2012.

All

6. NATIONAL PROPOSALS FOR CLINICAL NETWORK IN THE MODERNISED NHS

<p>No further information is available. BAPM, BLISS and the National Newborn Network Managers wrote a letter which will be circulated with the notes. It is proposed that there will be 12 clinical senates nationally aligned with the geographic areas of the 27 Local Area Teams (LAT's) recognising patient flows. Information which has been released on the NHS Commissioning Board and the geographic areas of the LAT's will also be circulated. The current West Midlands Commissioning Team will be hosted in the Birmingham and Black Country LAT.</p>	RM
<p>7. COMMISSIONING UPDATE There were no commissioners at the meeting. The written report was circulated with the papers. The Commissioners finance report mentioned in the other report will be circulated to the Board once it has been received.</p>	RM
<p>8. FINANCE RM gave an update to the Board. AS congratulated on miracles worked with funding and that it was a pity that the training budget was a diminishing budget.</p>	SC
<p>9. MATERNITY NETWORK UPDATE SJ gave his apologies and will be attending the next Board meeting. RM gave an update on his behalf which will be circulated with the minutes. AS on behalf of the Board appreciated all the work being undertaken.</p>	SC
<p>10. BUSINESS PLANNING AS highlighted the key achievements. AS asked all to review the Business Plan to make sure everyone is in agreement with the objectives/work required from your unit and asked that everyone make colleagues aware of the networks objectives. RM to prepare a single side highlighting the key achievements from last year and the key objectives for this year to be publicised in all neonatal units.</p>	All RM
<p>11. NETWORK POSTS UPDATE <u>Transport Lead Role</u> Locum starts in August with transport experience therefore will be able to fulfil the Network Transport role. <u>Practice Educator Maternity Leave Cover</u> Anne Chatfield who works on the unit at Stafford has agreed to provide part time cover, 1-2 days per week, which will be through the bank due to recruitment freeze at the PCT. <u>Governance Arrangements for Network Manager/Lead Nurse</u> Updated governance arrangements have been produced in line with the change in Chair arrangements.</p>	All All All
<p>12. ANNUAL REPORT AND AGM Members were asked to advertise the event as widely as possible to all staff. The Board meeting will be at the end of the day but will be finished by 5 pm. Please can you identify any abstracts that could be submitted to the audit competition from your unit. Please could all units provide a copy of their annual report to RM for her to check this against the data that is on Badger.</p>	All All All
<p>14. NETWORK SUB GROUPS <u>Equipment</u> All units have been asked to update equipment lists. Collaboratively looking at cluster purchasing consumables with the various supplies departments. <u>Education and Workforce</u> Next meeting is being held following the Board today. The group is looking at the possibility of commencing a network bank for neonatal staff. JC and CH are looking at developing a network simulation training programme.</p>	All
<p><u>Guidelines</u> Please can all members ask staff to complete and return the questionnaire at the back of the book. <u>QIPP</u> The Mortality Sub Group met for the first time, there were some emerging themes and the group have learnt a lot from the process. A new amended template document will be circulated for completion.</p>	RM
<p><u>Feeding and Nutrition</u> The group are planning the next study day. The group are also looking at standardising TPN and will be inviting units for representatives with an interest in this area along with pharmacists and dieticians.</p>	RM

Parents Representatives

The Parent Representatives continue to meet regularly with RM and have decided that they can use their time more effectively outside of the Board meetings, they will be attending the Stakeholder/AGM event..

Follow Up Group

The results of the 2 year follow up will be presented at the AGM.

15. ANY OTHER BUSINESS

New Cross Hospital Rota

RMcM informed the Board that Wolverhampton had separate rotas for NNU and paedls for SHOs, Registrars (from this March) and have appointed a consultant.

16. DATE AND TIME OF NEXT MEETING

The next meeting of the Board will be held following the AGM at 4 pm on Tuesday 25 September 2012 at Stafford PGMC, Weston Road, Stafford.

**NETWORK BOARD MEETING
ACTION POINTS
for the meeting held on Monday 25th June 2012**

ACTION:	PERSON(S) RESPONSIBLE
A copy of the presentation given by VR on how data is used in SWMNN will be circulated with the minutes.	Sarah Carnwell
RM will circulate Network Activity and Workload Matrix once complete.	Ruth Moore
Each unit needs to have discussions with obstetric colleagues to confirm whether data is available.	All
MS to ask for read only access to maternity systems.	Melanie Sutcliffe
IUT/Ex UT exception reports to be circulated following the Board.	Ruth Moore
An extraordinary meeting is to be arranged to discuss the capacity issues in the Network that the exceptions are highlighting and how the situation can be improved.	Ruth Moore
An area for comments where discussions have taken place/care been agreed by units for that particular baby can be written to be added to the units exception form.	Ruth Moore
All units to complete any unanswered tests, and provide an action plan where units are not currently meeting the standards to be completed before 14 September 2012.	All
BAPM, BLISS and the National Newborn Network Managers wrote a letter which will be circulated with the notes.	Ruth Moore
Information which has been released on the NHS Commissioning Board and the geographic areas of the LAT's will also be circulated.	Ruth Moore
The Commissioners finance report mentioned in the other report will be circulated to the Board once it has been received.	Sarah Carnwell
RM gave an update on behalf of Simon Jenkinson which will be circulated with the minutes.	Sarah Carnwell
AS asked all to review the Business Plan to make sure everyone is in agreement with the objectives/work required from your unit and asked that everyone make colleagues aware of the networks objectives.	All
RM to prepare a single slide highlighting the key achievements from last year and the key objectives for this year to be publicised in all neonatal units.	Ruth Moore
Members were asked to advertise the AGM/Stakeholder Event in September as widely as possible to all staff.	All
Please can you identify any abstracts that could be submitted to the audit competition from your unit	All
Please could all units provide a copy of their annual report to RM for her to check this against the data that is on Badger.	All
Please can all members ask staff to complete and return the questionnaire at the back of the Neonatal Guidelines book	All
A new amended mortality template document will be circulated for completion.	RM