

BOARD MEETING

Minutes of the meeting held on
Tuesday 11th December 2012 at 10 am

Wolverhampton Medical Institute, New Cross Hospital, Wolverhampton, WV10 0QP.

PRESENT:

Amar Asokkumar, Locum Consultant Neonatologist
Andy Spencer, Chair
Anjan Bhaduri, Consultant Neonatologist
Ann Clare, Matron for Maternity and Paediatrics
Babu Kumararatne, Lead Clinician
Chrisantha Halahakoon, Consultant Neonatologist
Kate Palmer, Consultant Paediatrician
Melanie Sutcliffe, Clinical Effectiveness Lead
Alex Philpott, Transport Consultant
Melody Bridges, Commissioning Manager, Specialised Children's Services
Ruth Moore, Network Manager
Dawn Homer, Senior Nurse
Sanjeev Deshpande, Consultant Neonatologist
Sarah Carnwell (Minutes), Administrator
Simon Jenkinson, Lead Obstetrician

University Hospital of North Staffordshire
Newborn Network
Walsall Manor Hospital
Walsall Manor Hospital
Newborn Network
Royal Wolverhampton Hospitals
University Hospital of North Staffordshire
Newborn Network
Newborn Transport Service
WMSCT

Newborn Network
Royal Wolverhampton Hospitals
Shrewsbury and Telford Hospitals
Newborn Network
Newborn Network

APOLOGIES:

Ajay Gupta, Consultant Neonatologist
Anand Mohite, Consultant Neonatologist
Gail Fortes-Mayer, Assistant Director, Specialised Commissioning (Children)
Jackie Harrison, Transport Nurse Consultant
Liz Jones, Senior Breastfeeding & Neonatal Research Practitioner
Lynn Davis, NNU Clinical Nurse Manager
Matron Plant
Pam Smith, Matron for Paediatrics and Neonates

Mid Staffordshire General Hospital
Dudley Group of Hospitals
WMSCT

WM Newborn Transport Service (NTS)
University Hospital of North Staffordshire

University Hospital of North Staffordshire
Royal Wolverhampton Hospitals
Dudley Group of Hospitals

ACTIONS

2. MINUTES OF THE MEETING HELD ON THE 25th SEPTEMBER 2012

The minutes were agreed.

3. MATTERS ARISING

WM Neonatal Clinical Quality Indicators Update

This piece of work was started before the National Clinical Dashboard was developed, additional WM indicators were identified. Richard Wilson is unable to continue this piece of work, however Vish Rasiah from SWMNN and MS are going to meet in the New Year to review the need to continue with this work in light of the national neonatal quality dashboard.

MS

4. SSBCNN ACTIVITY AND QUALITY MONITORING

Network Activity and Workload Matrix

MS presented the matrix, SC to circulate with the minutes. MS was having difficulty in obtaining live birth data from units. SJ stated that units provide live birth data to CMACE on an annual basis and HES data is requested, all of which is in the public domain. The Network is working over capacity which was discussed at the Capacity and Demand meeting. MS does not have access to the Shrewsbury read only data therefore the report is not fully inclusive. The Network has already carried out this year the total amount of cooling undertaken for the whole of last year at 20 babies. For reporting purposes all babies <32 weeks and <1500g are included in the 2 year assessment, however this does not change the Network 2 year follow up criteria. MS to look into the discrepancy between the two criteria and whether the Badger criteria can be changed. AS suggested community nurse led assessments in the babies own home, possibly link to Child Health Plans using Health Visitors. SD felt that no investment would be made unless there was a CQUIN. The Follow Up Group to look at obtaining developmental data, possibly through a parental questionnaire, and what data can be obtained from those that DNA. The Board discussed assessment at Primary School Age; as the impact is greater at this stage in development. MB to raise with the Commissioning Group through Karen Helliwell, however the difficulty lies in that they don't commission and don't have contracts for these services. AS suggested breaking down the Special Care(SC) activity for babies into those who have had ITU and those who had not. All agreed this was a good idea given that units in the Network have different admission criteria for SC.

SC

MS

Follow
Up
Group
MB

MS

Care Pathways/Exception Reports

RM fed back the data to the Board. The main reason given for IUT's in the Network was due to the NNU's being full. Ex-utero transfers are not being reported by all units, only Walsall and Stoke have provided a few individual reports in 2012/13. The network developed a monthly collated exception report template form for units to trial in Autumn however only Dudley returned this form. It is important that units provide the Network with a monthly report of any exceptions, as it is only by collecting this data that the Network will have the evidence to increase funding/capacity where it is most needed. DH will send the report, she thought it was reported quarterly. Units should continue to complete the individual exception report form which should be filed in the patients notes. The Board discussed the shortages in the Network both cots and staffing. The NTS do collect data around staffing 9 am – 5 pm Monday to Friday. RM has previously discussed with Peter Badger whether the data requirements could be incorporated into Badger, but will raise this again.

All

DH

RM

Network Standards Assessment Snapshot Report

Walsall and Stafford have answered further tests in the tool since then last report. AS raised the question why all tests have not been answered by all units? If units are unable to answer, this needs to be fed back. RM met with the Heads of Midwifery in the Network to review and agree the appropriate maternity service standards and tests to include. At the meeting it was agreed that the maternity staffing standards and tests were not required as this information is available via CNST and the LSA. The network is hoping to move the standards assessment process on to include peer review assessment with other units/Networks a proposal for this will be brought for discussion at a future board meeting.

Capacity and Demand

The meeting was well attended by all units in the Network. RM will circulate the notes to participants for approval. The conclusion was that there was not enough capacity for demand, as the cot configuration has not changed since 2009 but activity levels have increased. There is a need for more cots at all care levels; the number of SC cots needs careful consideration as includes transitional care therefore may not need as many cots as indicated, also SC is not recorded in a standardised way across the Network. Commissioners and Trusts are able to evidence any lost activity. KP felt there was a need for SC cots at Stoke, however it was mentioned that there was SC capacity available at Mid Staffs. There was discussion around the commissioning resource given to each Trust not always being passed down to the unit. It was acknowledged that Trusts have the risk that the extra activity will cease, Trusts cannot afford to employ staff if there is not the activity.

RM

5. THE FUTURE OF NEWBORN NETWORKS

Operational Networks in the Modernised NHS

A teleconference was held with all Networks and Denise McLlellan, who also attended the BAPM meeting and some changes have been included in the "Developing ODNs: The Way Forward" document. The document will be signed off this week by the NCB which is why it has been brought to the Board in its draft form. The presentation by Denise McLlellan to be circulated with the notes. Funding is available this year for existing operational delivery networks. Hosts will have overall clinical governance, however each Trust will have own governance. Network staff will be TUPE'd across to new host. AS felt this was good news that the Network will continue. There was some discussion around what benefits there were for the host Trust? In the long term the host is likely to sub-commission all the neonatal services required in the network, therefore the host will have influence with other units in the Network. Commissioners, Senates and SCN will make sure ODN's are effective. Steve Washbourne is co-ordinating the hosting arrangements. The issue of the hosts conflict of interest was raised. The SCN will have overall responsibility and will want to maintain clinical pathways.

SC

6. COMMISSIONING UPDATE

Commissioning Report for Neonatal Services

The Board discussed the paper presented, to be circulated with the minutes. RM and MB to meet to put a paper together in order to evidence the need for additional cot capacity/staffing in the Network. Commissioning appointments in the new structures are currently being recruited into.

RM and MB

2012/13 Dashboard

Dashboard data tool will be ready soon, Alison Teale has written to Trusts regarding the Q3 submission. Another national pick list is being developed for next year's CQUIN.

7. FINANCE

RM presented the Network Budget Briefing Paper to the Board. RM is planning on spending the budget before the end of February, as it is unlikely that we will be able to transfer any underspend to new host. RM to clarify the situation with Steve Washbourne and the PCT.

RM

8. MATERNITY NETWORK UPDATE

SJ gave an update to the Board which will be circulated with the minutes. The next Maternity Stakeholder Event will be held on the 17 April 2013.

SJ felt it would be useful to gather obstetric details as part of the Mortality Review Sub Group and for obstetric involvement in the meetings when appropriate.

The next edition of the Obstetric Guidelines is well underway and due to be published in April 2013. However, there is no budget for printing; they will be available electronically and the Group is looking at the cost of creating an app. The BCGP Lead has agreed that sponsorship can be used to publish the books but that it is clear that they are produced by BCGP.

The future SCN will be Children's and Maternity.

SD

9. NETWORK POSTS UPDATE

Network Transport Lead

Current post holder is leaving, but may come back. Currently advertising for a six months locum post, however will advertise the substantive post in March. Possible to use the PA's in the same transport function.

Cardiology

Final version of document will be circulated shortly outlining future. A meeting is being held with Birmingham Children's Hospital in the New Year. The paper will be presented at the March Board meeting.

Dave
Roden

10. NETWORK SIMULATION TRAINING PROPOSAL

CH explained to the Board that the RCPCH had issued guidance on using simulation training as it improves patient outcomes and safety. RCPCH has a strategy group to take forward with equality of access for all units. CH submitted a bid which resulted in the allocation of £20,000 to train 50 people within the West Midlands (WM). A meeting is being held next week with SWMNN & CNN. Each NNU needs to identify 3 people (Doctor, ANNP, Nurse) to be the leads for simulation training. 5 two day courses are being commissioned to accommodate this WM training requirement. Two courses have already been organised one at the end of January, and one at the end of March. The Network has agreed to book and fund any overnight accommodation that may be required for these two courses as they are being held in Leicester. Shrewsbury and Walsall already have the equipment. It was discussed where the equipment could be housed, Leicester house theirs in the isolation cot area. Laerdal and Gaumard are demonstrating their equipment at the Workforce meeting next week; following evaluation, the Network will recommend standardised equipment. AS congratulated CH on gaining the funding for the Networks.

11. PDA PATHWAY

Problems and safety issues have been identified. The shortest transfer was 5 hours, the average is 9 hours. BK is going to arrange a meeting with Alison Bedford-Russell, WMNTS, CenTre and all stakeholders. There was discussion around the need to keep cots free in order to be able to return babies, and the need to stabilise babies prior to return.

BK

12. NETWORK SUB GROUPS

Newborn Transfer Service

Discussions continue with KIDS. Started the tendering process for the ambulance service ready for next July, so far 15 organisations have expressed an interest.

Equipment

The September meeting focused on consumables purchased across the Network, trying to identify a lead from each NNU to take this forward.

Education and Workforce

The meeting next will discuss simulation training and the Network bank of staff.

Guidelines

The guidelines are in the process of being revised. Half of the guidelines are being revised by the SWMNN, following the BCGP style guide and process.

QIPP

The Mortality Sub Group met for the second time, learning points have been circulated via the QIPP Group.

Feeding and Nutrition

JC felt the Study Day was the best yet.

Parents Representatives

Julie Ebrey attended the Stakeholder event. Caroline Southall provided photos for the "Review of Benefits of Neonatal Networks in the West Midlands" document.

All

Follow Up Group

Next meeting in January, would like assistance in identifying numbers, how many assessments undertaken per unit and how many babies are outstanding. RM suggested MS could assist with this data analysis.

MS

13. ANY OTHER BUSINESS

The Quad Network Research Study Day is being held on the 10 January at New Cross Hospital. Quad Network: New Ideas on Old Favourites Study Day is being held on the 25 January at Loughborough, both events are FREE to all staff in the Network.

16. DATE AND TIME OF NEXT MEETING

The next meeting of the Board will be held on Monday 18 March at 10 am in Room 9 at Walsall Manor Learning and Conference Centre, Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS.

**NETWORK BOARD MEETING
ACTION POINTS
for the meeting held on Tuesday 11th December 2012**

ACTION:	PERSON(S) RESPONSIBLE
Vish Rasiah from SWMNN and MS are going to meet in the New Year to review the need to continue with the WM Clinical Indicators.	Melanie Sutcliffe
MS presented the matrix, SC to circulate with the minutes.	Sarah Carnwell
MS to look into the discrepancy between the 2 year follow up criteria and whether the Badger criteria can be changed	Melanie Sutcliffe
The Follow Up Group to look at obtaining developmental data, possibly through a parental questionnaire, and what data can be obtained from those that DNA.	Follow Up Group
The Board discussed assessment at Primary School Age. MB to raise with the Commissioning Group through Karen Helliwell.	Mel Bridges
AS suggested breaking down the Special Care(SC) activity for babies into those who have had ITU and those who had not.	Melanie Sutcliffe
All units to report ex-utero transfers to the Network.	All units
DH to send monthly report of exceptions.	Dawn Homer
RM to raise with Peter Badger whether the data requirements could be incorporated into Badger.	Ruth Moore
RM to circulate the notes of the Capacity and Demand meeting to the participants for approval.	Ruth Moore
The presentation by Denise McLellan to be circulated with the notes.	Sarah Carnwell
RM and MB to meet to put a paper together in order to evidence the need for additional cot capacity/staffing in the Network.	Ruth Moore Mel Bridges
RM to clarify with Steve Washbourne and the PCT whether the Network will be able to transfer any underspend to new host.	Ruth Moore
SJ felt it would be useful to gather obstetric details as part of the Mortality Review Sub Group and for obstetric involvement in the meetings when appropriate. SD, as Chair to raise at the next Mortality Review Group.	Sanjeev Deshpande
Cardiology paper to be presented at the March Board meeting.	Dave Roden
BK is going to arrange a meeting with Alison Bedford-Russell, WMNTS, CenTre and all stakeholders	Babu Kumararatne
All units to identify a lead from each NNU to take this forward.	All units
MS to assist the Follow Up Group in identifying numbers applicable for assessment, how many assessments have been undertaken per unit and how many babies are outstanding.	Melanie Sutcliffe