

BOARD MEETING

Minutes of the meeting held on
Tuesday 11th March 2014 at 10am

Dudley Clinical Education Centre, Russell's Hall Hospital, Pensnett Road, Dudley, DY1 2HQ.

PRESENT:

Adam Gornall, Lead Obstetrician
Alison Moore, Network Audit Lead
Babu Kumararatne (Chair), Lead Clinician
Bashir Muhammed, Consultant Neonatologist
Cathy Smith, Care Group Director/Head of Midwifery
Clare Gilg, Senior Nurse Manager
Dawn Homer, Senior Nurse Manager
Jackie Harrison, Nurse Consultant
Jo Cookson, Practice Educator
Julie Plant, Senior Matron
Lee Abbott, Network Transport Lead
Lisa Poston, Neonatal Nurse
Lynn Davis, NNU Clinical Nurse Manager
Lynsey Clarke, Practice Educator
Maria Francis, Unit Manager
Mary Passant, Network Manager
Melanie Sutcliffe, Clinical Effectiveness Lead
Nicola Taylor, Unit Manager
Robin McMahon, ANNP
Ruth Moore, Network Manager
Sanjeev Deshpande, Consultant Neonatologist
Sarah Carnwell (Minutes), Administrator
Vandana Najran, Service Lead for Womens and Childrens

Shrewsbury and Telford Hospitals
Shrewsbury and Telford Hospitals
Royal Wolverhampton Hospitals
Walsall Manor Hospital
Shrewsbury and Telford Hospitals
Mid Staffordshire General Hospital
Royal Wolverhampton Hospitals
Newborn Transport Service
Newborn Network
Royal Wolverhampton Hospitals
University Hospital of North Staffordshire
Walsall Manor Hospital
University Hospital of North Staffordshire
Newborn Network
Walsall Manor Hospital
West Midlands Strategic Clinical Network and Senate
Royal Wolverhampton Hospitals
Dudley Group of Hospitals
University Hospital of North Staffordshire
Newborn Network
Shrewsbury and Telford Hospital
Newborn Network
WM Specialised Commissioners

APOLOGIES:

Alex Philpott, Lead Consultant
Carol Reilly, Quality Improvement Programme Lead
Charles Pidsley, Chair
Chrisantha Halahakoon, Consultant Neonatologist
David Loughton (Chair), Chief Executive
Kate Palmer, Consultant Neonatologist

Newborn Transport Service
West Midlands Strategic Clinical Network and Senate
East Staffordshire CCG
Royal Wolverhampton Hospitals
Royal Wolverhampton Hospitals
University Hospital of North Staffordshire

ACTIONS

BK welcomed all those who were new to the Board and everyone introduced themselves.

2. MINUTES OF THE MEETING HELD ON THE 3rd SEPTEMBER 2013

The minutes were agreed.

3. MATTERS ARISING

PDA Pathway Update

There is agreement with BCH for a bay to be used in ITU for PDA drive through. The NTS have identified three possible days, however awaiting agreement from the cardiac surgical team as to which day is best for them.

Keele Research Study

The study was delayed in January due to the approval process however, now needs to go through NHS ethics approval. Usman Zafar, PhD Student, Keele University will seek approval at UHNS initially as the host of the network, prior to seeking approval at the remaining five Trusts.

4. NETWORK DEVELOPMENTS

ODN Governance Framework Toolkit

RM presented the ODN Governance Framework gap analysis at the last Board meeting. RM requested comments by the end of April 2014 on the papers circulated prior to the Board; Communication Strategy, Network Dispute Resolution Policy, Network Parent and Public Involvement Strategy. The Chair Appointment Process Flow Chart was also reviewed at the board meeting. A formal peer review process was identified as a gap, RM is taking this forward with other Networks in order to draft a process which will be circulated to the Board for approval.

All

RM

SCN Update

MP provided an update. The plan circulated at the September 2013 Board meeting is being taken forward. There are three main pieces of work, two of which are: Primary Care and Maternity & Children's Project. The Maternity & Children's Project is being taken forward by Alison Bedford-

Russell and Simon Jenkinson who are looking at maternity services across the West Midlands and how they need to develop in the future. The SCN has appointed the following: Mary Montgomery, Simon Jenkinson and Jackie Lewin. The SCN is working with commissioners to develop funding mechanisms for services in the future. Work is currently taking place in Birmingham around benchmarking services, MP appreciated that there would be different needs in different areas, but that this was a starting point and could be used as a template as to what should be benchmarked. A Maternity and Children's Advisory Group is being set up and MP requested interested parties join that group.

All

ODN Meetings Update

RM gave an update on the recent events:

There was good attendance and engagement at the SCN Stakeholder Event, with recognition of the need to do more together.

There was the suggestion at the Care Pathways Event that fetal medicine be commissioned by the CCG. AG to liaise with VN with regards to the information he has on how fetal medicine is currently commissioned.

AG and VN

Single Number (KIDS/WMNTS) Update

Unfortunately there was no slippage money from the SCN/Senate. The SCN will be undertaking a scoping exercise with commissioners in the new financial year to demonstrate the cost inefficiencies of not having a single number. VN confirmed that the single number along with maternity data collection are priorities for commissioners. There is a stakeholder event on the afternoon of 1 May in the Village hotel, Walsall. Details have been previously circulated to all neonatal and maternity services. Board members were encouraged to ensure representation at the event.

5. SSBCNMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 3 2013-14

MS gave a presentation, to be circulated with the minutes. MS identified that admissions were increasing but was unsure of the cause whether it was a true increase or due to changes in data entry/transitional care. Discussions are underway at the QIPP Group meetings to standardise data entry across the Network, in order for the data to be a true reflection of activity. The Network is averaging 15 babies a month for cooling, and undertaking 40 two year follow up assessments per quarter. Badger is going to change the criteria to <30 weeks and <1250g, however once all the units are on .net we will be able to set our own criteria. VN and MP to ask questions around how follow up assessment is funded, is it through tariff or CRG? All agreed that given the increase in out of region surgical transfers that it was necessary to arrange a WM surgery meeting. It was identified that UHNS are able to discharge more babies home on oxygen compared to other units in the Network. There was discussion around identifying babies with CLD and those staying >44 weeks corrected gestational age. MS confirmed that ROP is attributable to the place of booking even if not treated at that hospital. Deaths are as expected either extreme prematurity or low birth weight babies. The Network Mortality Review Group does look at all deaths declared by units for shared learning and there is the ONS data however this lags a year behind.

SC

VN and MP

RM

MS

MS congratulated all units on completing the dashboard data and sharing this with the Network, however inaccuracies/inconsistencies have been identified, MS will be contacting those individual units affected to flag up errors in data collected/reported.

MS

All agreed it was a battle to control thermoregulation in order to maintain the required temperature range. MS will be giving a presentation at the next QIPP Group meeting where comparisons will be made using the NNAP data between thermoregulation in our units and other units.

MS

NNAP Update

AM and RM went to the NNAP annual meeting. AM provided an update. The NNAP have identified significant factors affecting the likelihood of breastfeeding: smoking, multiplicity and maternal age. Using this information units should be able to case mix adjust to get a better measure of breastfeeding rates. All agreed that only babies admitted for at least 12 hours should be included, anything less should be taken out. The NNAP are looking at linking up data sets with the national public health database as this is where all positive blood cultures are required that they be recorded. All agreed that CLD was best recorded as mild, moderate or severe rather than having a strict definition. The QIPP Group are currently looking at the admission criteria. Michelle Upton, a Neonatal Nurse, has been appointed as Patient Safety Lead for Maternity and Newborn and will be looking at term admissions. RM to take to Badger User Group the suggestion by the Board for a drop down list of reasons for admission.

RM

Care Pathway Exceptions

RM presented the data to the Board, to be circulated with minutes. In-utero transfers are reducing quarter on quarter. The main reason for transfers is lack of capacity on the local neonatal units RM to update RWH and UHNS ex-utero data when received, the majority of exceptions were due to babies being over the gestational cut off for the level of unit. Delayed repatriation ie >24 hours

SC

before return to unit, was identified as a significant reason for the lack of capacity. There was discussion on how to facilitate level 3 units returning babies in a timely fashion in order to release capacity in the Network. BK suggested Consultants moving between units in the Network, in order to meet parents to provide them with reassurance of consistency in their child's care, prior to repatriation.

SUI's

AM is clarifying the criteria for SUI for the QIPP group, as there was wide variation in reporting from units in the Network. VN to include in patient safety framework if she was provided with a definition/criteria. MP will take suggestion back to NHS England as this is something that was previously reported but no longer reported in 'new' NHS. MP to discuss with Alison Bedford-Russell as to how take forward.

VN and AM
MP
MP

Standards Assessment Tool

RM gave an annual update, as circulated with the Board agenda. Gaps identified with regard to facilities for parents to be taken forward with Senior Nurses. Staffing and clinical governance issues to be taken forward by the Education and Workforce Group. Breastfeeding actions to be taken forward with QIPP Group and Feeding and Nutrition Group. SWMNN units will be added to the tool in a planned update of the tool which has been funded by the WM SCN in order to benchmark against other Network units. The planned update to the tool will ensure that other networks can be added if required. Changes to standards, tests and format of the tool – please send any suggestions to RM by end **16 April 2014**.

All

6. COMMISSIONING UPDATE

Rachel O'Connor, Director for the Trauma Network has been tasked with producing a National Specification for ODN's which will be fed back at the next Board meeting. VN asked for specific information requests from the Network. BK requested contract monitoring, performance against CQINS, and how the dashboard data is being used. VN confirmed that Insight have been appointed by NHS England to undertake analysis of data provided, RM requested a copy of the analysis undertaken. VN explained that Insight were in the process of developing an analysis tool and that the Network could influence what analysis/information was provided by them.

VN
VN
VN and RM

7. FINANCE

RM gave an update stating that the year end forecast is that the Network budget would be fully utilised. There has been additional income from sales of Guideline Books and the secondment of JC to Keele University. All agreed the proposal for any remaining funding at the end of the financial year to be carried forward as deferred income for next year's training and education.

8. MATERNITY NETWORK UPDATE

Lead Obstetrician Role

Adam Gornall has been appointed as Lead Obstetrician for the Network, and has had a hand over with Simon Jenkinson.

9. EDUCATION PROVISION IN THE NETWORK

JC will be seconded to Keele University for two days per week from the 1 April 2014. This will leave just over 1 WTE between LC and JC. RM suggested that this is an opportune time to review how to take education forward in the Network, RM proposes that each unit appoints a member of staff with dedicated time for education, as per the principles in the toolkit for high- quality neonatal services. RM to take forward with the Education and Workforce Group. In the interim a secondment opportunity will be advertised to back fill JC's hours in order to deliver the current network education and training requirements. AM stated that she would miss JC's input at the unit at Shrewsbury.

RM

10. CAPACITY

Final Updated Capacity Plan

RM presented the Capacity Plan for the Network based on 2012/13 data and using various methodologies to predict the number and types of cots required in the future. RM will recalculate the number required using the 2013/14 data in May for comparison. Using either of the methodologies identifies that there are currently insufficient number of cots within the network. Units and Trusts should use the capacity plan to review their current cot provision and develop a business case to increase cots as required. The network is happy to support each Trust with information if required.

RM

The CRG survey flagged up transitional care, the need for a definition and clarity as to who pays for this activity. MP leading on this piece of work and will forward further information to VN. The Board queried the need for physical cots or the need for increased staffing for existing cots.

All

Planned Neonatal Nurse Staffing /Activity Snapshot Survey

RM is undertaking a survey over a two week period with the Education and Workforce Group to

MP

collate current staffing levels compared with activity in units across the Network in order to identify whether or not existing cots are being fully utilised.

Mid Staffordshire NHS Foundation Trust

Following the TSA press statement it is still unclear as to how maternity and neonatal services are to be taken forward. RM will keep the Network informed with work being undertaken by the SCN. All recognised that it was a difficult time for staff at Stafford and they and the Network would support Stafford through this process.

11. NETWORK SUB GROUPS

Transport

The NTS and KIDS will continue to work separately, until such time the NTS is at the same standard of funding as KIDS, until then a merger cannot take place. A stakeholder event is being held on the 1st May 2014. The NTS is one of largest transporters of babies in the country, however it is not funded to the same level as other transport teams. VN to meet with LA and Alex Philpott to look at ways of taking things forward. Interviews are taking place in May to fill vacant posts. The NTS is currently setting up rotations on units within the Network for ANNPs to enable them to maintain their skills. LA has agreed to take on the Research Lead role for the team.

VN, LA and
Alex Philpott

Equipment

RMc requested that all Trusts update and provide a copy of their equipment registers. The Group are looking at equipment over £5,000. The consumables work is being taken forward with the chest drain. Having undertaken an evaluation the Network equipment group recommends Storz video scope, the NTS have just purchased one

Education and Workforce

A meeting is being held this afternoon. The Group are looking at facilitating rotation between units in the Network, and nurse recruitment issues, how to influence trainees in universities to consider neonatal nursing. MP highlighted that Worcester University has a neonatal pre registration pathway, approved by the NHC, which is under utilised..

Guidelines

The units in the Network are currently in the process of completing the Formal Adoption Form, the Network are awaiting four of the units to return the form. The Group will be obtaining user feedback between now and July. The SCN have appointed Andrea Read to take forward obtaining NICE accreditation of the guidelines process.

QIPP

An evaluation of NeoNEWS will be undertaken from April. The QIPP group are considering looking at reducing deaths from NEC using breastfeeding and probiotics. VN to take forward as part of CQINs. There is to be a joint study day event with SWMNN in order to secure a consensus for the use of probiotics in the Network. Mortality Review meetings are to be held in each unit as part of their own review process in order to review the process in each unit within the Network. MS is looking to take forward a review of the use of antenatal steroids, however there is a lack of interface between Maternity and Neonatal data systems.

VN

Parent Rep Group

All units are participating in the Picker Institute Survey except for Stafford, due to uncertainty of service merger in 2014/15 and Shrewsbury who have yet to sort out funding.

Follow Up Group

Data quality issues to be taken forward.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 17 June 2014 at 12.30 in the Board Room at New Cross

PLEASE NOTE THE NEW DATE AND TIME FOR THIS MEETING

Tuesday 9 September at 9:30 am, followed by the AGM and Audit Competition in the afternoon, Wolverhampton Science Park.

Tuesday 9 December at 10 am in Telford Education Centre

**Staffordshire, Shropshire & Black Country
Newborn and Maternity Network**
NETWORK BOARD MEETING ACTION POINTS
for the meeting held on 11 March 2014



| ACTION: | PERSON(S) RESPONSIBLE |
|--|--|
| RM requested comments by the end of April 2014 on the papers circulated prior to the Board; Communication Strategy, Network Dispute Resolution Policy, Network Parent and Public Involvement Strategy | All |
| A formal peer review process was identified as a gap, RM is taking this forward with other Networks in order to draft a process which will be circulated to the Board for approval. | Ruth Moore |
| A Maternity and Children's Advisory Group is being set up and MP requested interested parties in benchmarking across the Networks join that group. | All |
| AG to liaise with VN with regards to the information he has on how fetal medicine is currently commissioned. | Adam Gornall Vandana Najran |
| MS gave a presentation, to be circulated with the minutes. | Sarah Carnwell |
| VN and MP to ask questions around how follow up assessment is funded, is it through tariff or CRG? | Vandana Najran Mary Passant |
| All agreed that given the increase in out of region surgical transfers that it was necessary to arrange a WM surgery meeting | Ruth Moore |
| There was discussion around identifying babies with CLD and those staying >44 weeks corrected gestational age. | Melanie Sutcliffe |
| Inaccuracies/inconsistencies have been identified, MS will be contacting those individual units affected to flag up errors in data collected/reported. | Melanie Sutcliffe |
| MS will be giving a presentation at the next QIPP Group meeting where comparisons will be made using the NNAP data between thermoregulation in our units and other units. | Melanie Sutcliffe |
| RM to take to Badger User Group the suggestion by the Board for a drop down list of reasons for admission. | Ruth Moore |
| RM presented the data to the Board, to be circulated with minutes | Sarah Carnwell |
| AM is clarifying the criteria for SUI for the QIPP group, as there was wide variation in reporting from units in the Network. VN to include in patient safety framework if she was provided with a definition/criteria. | Alison Moore Vandana Najran |
| MP will take suggestion back to NHS England as this is something that was previously reported but no longer reported in 'new' NHS. | Mary Passant |
| MP to discuss with Alison Bedford-Russell as to how take forward SUI reporting across the SCN area. | Mary Passant |
| Changes to standards, tests and format of the tool – please send any suggestions to RM by end 16 April 2014 . | All |
| Rachel O'Connor, Director for the Trauma Network has been tasked with producing a National Specification for ODN's which will be fed back at the next Board meeting. | Vandana Najran |
| BK requested contract monitoring, performance against CQINS, and how the dashboard data is being used. | Vandana Najran |
| VN confirmed that Insight have been appointed by NHS England to undertake analysis of data provided, RM requested a copy of the analysis undertaken. VN explained that Insight were in the process of developing an analysis tool and that the Network could influence what analysis/information was provided by them. | Vandana Najran Ruth Moore |
| RM proposes that each unit appoints a member of staff with dedicated time for education, as per the principles in the toolkit for high- quality neonatal services. RM to take forward with the Education and Workforce Group. | Ruth Moore |
| RM will recalculate the number of cots required using the 2013/14 data in May for comparison | Ruth Moore |
| Units and Trusts should use the capacity plan to review their current cot provision and develop a business case to increase cots as required. | All |
| The CRG survey flagged up transitional care, the need for a definition and clarity as to who pays for this activity. MP leading on this piece of work and will forward further information to VN. | Mary Passant |
| The NTS is one of largest transporters of babies in the country, however it is not funded to the same level as other transport teams. VN to meet with LA and Alex Philpott to look at ways of taking things forward. | Vandana Najran Lee Abbott Alex Philpott |
| The QIPP group are considering looking at reducing deaths from NEC using breastfeeding and probiotics. VN to take forward as part of CQINs. | Vandana Najran |