

BOARD MEETING

Minutes of the meeting held on
Tuesday 9th January 2018 at 10am

Royal Stoke University Hospital, Stoke on Trent, ST4 6QG.

PRESENT:

Alison Moore, Consultant Neonatologist
Asha Shenvi, Network Medical Education Lead
Babu Kumararatne (Chair), Lead Clinician
Catherine Rutherford, Nurse Consultant
David Loughton (Chair), Chief Executive
Dawn Homer, Nurse Manager
Hannah Wood, ST7 Trainee
Helen Amison, Chair – Equipment Group
Jo Cookson, Practice Educator
Jo Gregory, Chair – Education and Workforce Development Group
Julie Plant, Matron
Jyoti Kapur, Network Cardiology Lead
Kalyan Gurusamy, Consultant Neonatologist
Karen Anderson, Matron
Kate Palmer, Chair – Neonatal Guidelines Group
Kerry Harnett, Band 6 Neonatal Nurse
Kim Wooliscroft – Matron
Lisa Poston, Unit Manager
Lynn Keilty-Woolcock, Unit Manager
Lynsey Clarke, Practice Educator
Melanie Sutcliffe, Network Clinical Effectiveness Lead
Paula Clark, Chief Executive
Raghu Krishnamurthy, Consultant Paediatrician
Ruth Moore, Network Manager/Lead Nurse (RM)
Sarah Carnwell, Network Administrator
Sarah Tranter, Quality Improvement Lead (STr)
Shiva Shankar, Consultant Neonatologist
Stacey Taylor, Quality Improvement Officer (ST)

APOLOGIES:

Fiona Ellis, Programme Manager
Helen White, LMS
Rasekhuta Velempini, Matron
Siva Sivakumar, Consultant Neonatologist
Subramanian Mahadevan, Consultant Neonatologist
Vandna Najran, Local Service Specialist

Royal Stoke University Hospital
Royal Stoke University Hospital
Newborn Network
Newborn Transport Service
Royal Wolverhampton Hospitals
Royal Wolverhampton Hospitals
Royal Stoke University Hospital
Royal Stoke University Hospital
SSBC Neonatal ODN
Royal Stoke University Hospital

Royal Wolverhampton Hospitals
Royal Stoke University Hospital
Royal Wolverhampton Hospital
Dudley Group of Hospitals
Royal Stoke University Hospital
Royal Wolverhampton Hospitals
Royal Stoke University Hospital
Walsall Manor Hospital
Royal Stoke University Hospital
SSBC Neonatal ODN
Royal Wolverhampton Hospitals
Royal Stoke University Hospital
Walsall Manor Hospital
SSBC Neonatal ODN
SSBC Neonatal ODN
SWM Neonatal ODN and SSBC Neonatal ODN
Princess Royal Hospital, Telford
WM Maternity SCN

Shropshire, Telford and Wrekin LMS
NHS Telford and Wrekin
City Hospital, Birmingham
City Hospital, Birmingham
Dudley Group of Hospitals
West Midlands Specialised Commissioning

ACTIONS

DL welcomed everyone to the meeting and everyone introduced themselves.

2. MINUTES OF THE MEETING HELD ON THE 10th OCTOBER 2017

The minutes were agreed.

3. MATTERS ARISING

Procedure for Escalation of Neonatal Operational Pressures and Implementation Plan

The Procedure for Escalation of Neonatal Operational Pressures (PENOP) has been brought to the Board for approval. STr asked that all units implement from the 1st March as part of a pilot with feedback on any issues by the 21st March in order that a final version will be fully implemented from the 1st April 2018. KP suggested agreeing common standards around staffing for cots, as all units have a different formulae for safe staffing. DL asked if there were Department of Health standards. All units are working towards the BAPM standards. DL said that all units need same common standards in order for escalation of staffing of cots. RM confirmed that if units were to base staffing on service standards all units would be red and black all the time. AM suggested using the PENOP as a starting point in order to inform commissioners of the need for cots/equipment or staffing, as a method of providing robust data as the reason for closure will be recorded. DL queried whether the document was to improve patient flow or for data collection. STr confirmed that initially it would be to improve patient flow, as need to change routine of saving cots for caesarean sections at local maternity unit, in order that all cots are available to all units in the Network. KW cannot agree common standards across the Network and as a Network with commissioners. DL suggested agreeing the document for now and working on agreeing common staffing standards in order to be able to go to commissioners. STr to arrange to visit all units to go

All

through the document ahead of implementation on 1st March. All agreed. RM to work with the Education and Workforce Group on safe staffing levels, to include in the PENOP before the April Board meeting. All unit managers are to make sure the activity levels used to assess nurse staffing requirements in Badger are based on HRG 2016.

RM

**Unit
Managers**

4. NETWORK SUB GROUPS

Transfer User Group and Newborn Transport Service

CR informed the Board of the difficulties in recruiting to the Clinical Fellow post and having had no applicants they are looking at changing the role to include exposure on level 3 units. The Deanery have confirmed that the NTS will not get a trainee again in March. Gaps have been identified on the rosters for both consultants and ANNPs, however the nurse staffing is fully staffed. Consultants from the NICUs, ODN leads and NTS met at the end of September with BCH Clinical Director to discuss the consultant cover of the NTS, as BCH are requiring that the service is consultant led with the consultant covering the service being available at the cot side if required rather than just available for telephone advice which is what was the previous arrangement. CR explained that Birmingham Children's Hospital will not allow the NTS to go back to the previous arrangements. Alex Philpott is arranging a meeting with consultant colleagues from across the West Midlands to try to resolve, anyone interested in participating please let Alex know. DL asked RM to arrange a meeting for him with Sarah Jane-Marsh, RM, CR and AP to discuss the difficulties caused by the change in consultant cover for NTS.

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RM**

Equipment Group

Robin McMahon has stood down as Chair, having been in the role for several years. HA has agreed to be the new Chair going forward. All Trusts in the Network agreed to the standardised IV packs and the contents. The packs cannot be changed, as this is what was agreed and the price reflects those contents. RM asked all units to implement the purchase of the standardised packs as agreed previously by the Board. DL emphasised the need for all units across the network to have common equipment, in order to get the benefit of bulk purchasing and to assist staff in moving between units. RM confirmed that the network had done a lot of work in relation to pump priming equipment purchases and holding evaluation days for all units to attend and agree what equipment was best for the network. DL asked all unit managers and lead clinicians to standardise equipment across the network. LC informed the Board that Aqualunt will no longer provide training to units that do not purchase their consumables. DL asked unit leads to go to their procurement department and insist that Aqualunt are not allowed to tender if they will not provide training.

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**Lead
Clinicians**

Education & Workforce Development Group

Post mortem consent rates are low across the network therefore JC is developing a web based education package for staff that are regularly requesting consent from parents; through working with pathologists at BWH, SANDS, IT and all of the units in the network. The Group will meet following the Board meeting. The training will be available across the West Midlands.

Joint Neonatal Guidelines Group

KP stated that due to a delay at the printers, the electronic version of the guidelines will be available for distribution to each unit shortly with the books following towards the end of January. There was a discussion around whether it was possible for the books to be available in time for the Midlands and East Conference, SC to liaise with Sherwin Rivers. Following the integration of Birmingham City Hospital into this network, the joint Chairs of the Group will both be in this Network therefore KP will step down however she will continue as an editor of the guidelines. The Group will be requesting nominations at the next meeting for a joint chair from the SWMN Network.

SC

Q and I Group

AS informed the Board that she is developing a network wide audit of the vancomycin infusion protocol. The last meeting of the Group in December was to be held via teleconference however the meeting was not quorate and did not proceed. The next meeting of the Group is therefore to be held at the beginning of February. Dr Tilly Pillay has now returned to work however she has indicated that she does not wish to continue in the roll of chair at this time, Dr Shiva Shankar deputy chair has agreed to take over as the chair of the group therefore nominations for the role of deputy chair of the Group will be requested at the next meeting.

Feeding & Nutrition Group

The Group is looking into improving the number of babies receiving breast milk on discharge as our Network is an outlier nationally. The network funded one place for each unit at the Baby Friendly Conference at the end of 2017, in return they will complete the Baby Friendly Audit on their unit and share the results within the group to identify any network actions and support to improve breastfeeding.

Parent and Public Involvement Group

There was a teleconference meeting held in December. The Group want to support the development of Family Integrated Care across the units in the Network and SC is working with the Developmental Care Group to take this forward. All units except Dudley have submitted to BLISS their Baby Charter Audit self-assessment. DL advised that in addition to the network PPI group, all units should have their own

PPI Group, as patient input into all services across the NHS is extremely important and neonatal services are no different.

Long Term Follow Up Group

The group reconvened in November following publication of the new NICE guideline to review current practice against the guideline. KP has agreed to draft a guideline on extreme prematurity follow up for the Group to comment on. The Group is to write a letter to community/AHP highlighting the need for 4 year follow up. The Group is meeting again in March. BK made the Board aware that the RCPC has yet to comment on the new NICE guideline. KP felt that it would need involvement from community and AHP. AM stated there was a CQUIN for community interface with neonatal babies demonstrating a need for neuro developmental follow up. RM confirmed that it would be the neonatal services' responsibility to inform community colleagues of a baby/child that would require 4 year follow up assessment however, it was not the remit of neonatal services to do the assessment. DL felt that commissioners needed to be aware of cost/resource requirement of the guideline in order to decide if the CCGs/local commissioners would be able to fund/provide the resources needed for a 4 year follow up assessment.

Developmental Care Group

The Group met in January but unfortunately were not quorate therefore the decisions made at the meeting will need agreement from the rest of the Group. A suggestion made at the meeting was to expand the remit of the Group to include Family Integrated Care.

5. NETWORK DEVELOPMENTS

West Midlands Maternity Clinical Network (MCN) Update

ST gave an update.

Local Maternity Systems

All 6 LMS' submitted their original plans and have received formal feedback. They have until the 12 February to submit the next iteration of their plans following which there are regional meetings arranged to review the plans to which the ODNs have been invited. RM confirmed that the ODN is represented at the LMS meetings in the SSBCN ODN area.

Perinatal Mental Health funding is no longer ring fenced but included in the overall CCG funding. Bids have been requested for £2,000 of funding to existing/for development of Perinatal Mental Health forums.

National Maternal and Neonatal Health Safety Collaborative

NHS improvement have set up a Midlands and East Regional Group, ST attended the last meeting in October where NHSI talked about setting up communities of practice in relation to the work being carried out by provider Trusts in each wave of the maternal and neonatal health safety collaborative. The Academic Health Science Network are providing a package of support to units however the SCOPE survey has not yet been released. Wave 2 starts in April. RM to provide DL with a briefing paper for him to take to Dr Parker in order to get a time frame as to when the survey will be available.

RM

Neonatal Services Quality Oversight Group NHSE - Update

The group are meeting again in February and are starting to look at infection control measures in neonatal services that are impacting on patient flows.

6. SSBCNMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 2 2017-18

MS gave a presentation of the data to the Board. MS identified that term admissions were higher than the 5% ATAIN target in Telford, Wolverhampton and Dudley and need to look at ways to reduce their term admissions. AM identified that Stoke have achieved a lower term admission rate below this level due to a supernumerary co-ordinator enabling the triage of term babies and the use of the TC unit and Walsall also are lower than 5% since their TC unit opened. ATAIN is the National Programme to reduce term admission to 5%. MS identified that over 50% of all neonatal care for the Network is delivered on postnatal wards and TC. The variation in commissioning of TC activity is impacting on the uptake and recorded activity. The WM Neonatal Service Review is looking at standardising TC that commissioners will pay for and the ODN are working with them and providers to come to an agreement. RM identified the HRG3 activity is going down whilst HRG4 activity is going up. Keeping mums and babies together is providing the best care however this will impact on future contracts. The occupancy levels for some units were extremely high highlighted in red on the report, this is something which needs to be improved. This has impacted on the number babies going outside of the Network for care this quarter (this does not include surgery, unless to Liverpool Women's as this is out of area), with the number of babies cared for by our network at 95% which achieves the minimum target however, previously the network has provided more care in network. More babies went outside of our network for IC. The NW Commissioners have requested a meeting with WM commissioners, NTS and the ODNs to understand the flows of WM patients into the NW, as they are re-configuring their services. The high occupancy levels has impacted on the number of babies requiring NICU care, being born at a hospital with a NICU which has dropped to 62% this quarter. KP and AM queried the national dashboard data. MS confirmed that the data is sent to an identified person in each neonatal service for validation. MS receives this on

behalf of New Cross but other units would have to check who it is at their unit. RM confirmed that in Badger 16 out of 23 babies, 70% of babies born less than 27 weeks were born in at a hospital with a NICU. RM to put a query into Badger as to the reason for the discrepancy between the actual data and the report. The target is 85% of babies born in a hospital with a NICU. MS explained that a different source was used for the 2 year follow up report in this quarter and explained the reasons for this. Telford were unable to provide IUT exception data this quarter however, they will be able to provide this information in future. There were 9 IUT exceptions in the Network due to the NNU being full and 4 due to no IC cots available. 6 out of 13 IUT transfers delivered, 3 women were transferred to Preston, Lincoln and Bolton. DL has a press release prepared which he will pass on to PC should there be any media enquiries. CR explained that exchanges were welcomed between units and thanked New Cross for recently taking triplets. Exacerbating the situation were 10 delayed repatriations and 11 admissions from outside of the network which resulted in 18 transfers to paediatrics or another unit outside of the network. AM said that UHNM were unable to take 26+6 week twins from Telford due to capacity issues. Clinical incidents were reported this quarter piloting a new form, which was completed by Wolverhampton, Telford and Walsall, Dudley used the old form. The pilot form will be taken forward with Unit Managers at the Education and Workforce Group meeting. Stoke reported that their Patient Safety Advisor was currently off sick however they will have cover in the future.

Patient experience feedback continues to remain very good the majority of time with only three parents disagreeing with the statement (1 from Telford and 2 from Walsall). No feedback was obtained through the parent app again this quarter. STr said that the app was not shown when searched for on the app store. RM explained to STr that there is an on-going yearly subscription cost in order to have the parent app available on the Apple store, however this does not apply to android. SSBC renewed their annual subscription to the apple app store in 2017.

7. COMMISSIONING UPDATE

No update was provided by the Commissioners. Vandna Najran has given her apologies. DL looked forward to PC establishing a good working relationship with the Commissioners. The ROP pathway has not been agreed since the retirement of the ophthalmologist who previously came to units to treat babies. CR confirmed that the NTS had transported one baby twice for ROP screening which she felt was an avoidable risk, if an ophthalmologist was available to undertake screening on the units. All agreed that in principle the ophthalmologist should attend the unit to screen babies and DL agreed as these were really small numbers of babies. SS clarified that for this specific baby attendance at BCH was justified as it was known that the baby might require treatment for which they would need to be transferred to BCH. STr explained that Vandna Najran is waiting for a response from Alison Nason. RM to add to discussion with Sarah Jane-Marsh, DL felt that everyone needed to work together to resolve these issues in the best interest of patients.

RM

As previously mentioned NW neonatal ODN and Commissioners are re-configuring their services. A meeting is taking place with NW Commissioners and the WM ODNs as they have realised their spare activity is being filled by WM babies. WM Commissioners need to agree if this activity is going to be commissioned within the NW or if the activity is going to be commissioned in the WM. AM confirmed that Stoke has got space to increase capacity if the activity is going to be commissioned.

National Neonatal Transformation Programme – Update from NHS England Women and Children's Programme of Care Board (WMPOC) dated 14 December: WMPOC signed off the statement of intent and next steps of the national neonatal transformation programme. Groups are being set up in February to take this forward. National Peer Review visits are being held with units in our network next week and the week after. RM and BK have been invited to attend these by each unit in order to provide support to units.

8. FINANCE

RM gave a verbal update on the Network budget briefing paper. There is an underspend in the pay budget due to STr providing cover for the SWMN Network Manager therefore the QIL pay has not been used. All agreed to use the underspend in the network infrastructure budget to purchase two new mannequins; one term and one extreme premature for network training purposes.  agreed any unused self-generated income should be taken forward to be used in 2018/19 for quality improvement and education programmes in the network.

9. NETWORK ROLES

Lead Clinician Update

Congratulations to BK on his appointment for a 3 year tenure from January 2018.

Chair of the Network

DL felt PC would be able to take the Network forward with the Commissioners. DL has enjoyed his time as Chair acknowledging that his term was during a difficult time for the Network. BK thanked DL for his leadership and RM thanked PC for agreeing to take on the role of Chair in 2018.

Data Analyst Update

An advert will be going out for a joint permanent Band 6 post and hope to have recruited by the

beginning of the next financial year.

Combined Network Clinical Effectiveness and Audit Lead Role Update

KP and MS have agreed to share the role. RM to circulate further information to the Board as to how the role will be shared.

RM

Quality Improvement Lead/SWMN ODN Manager/Lead Nurse Update

STr will be continuing as acting SWMNN Manager/Lead Nurse, as the SWM Neonatal ODN Manager/Lead Nurse will be retiring shortly. This provides an opportunity to look at future arrangements going forward for both neonatal ODNs in the West Midlands.

10. SSBCN ODN SPECIFIC ISSUES

Expansion of Neonatal Unit at Walsall

LP updated the Board that works will start at the end of this month on the neonatal unit and will be completed in 12 months time.

Neonatal Data Analysis Unit (NDAU) Neonatal Mortality Report on 2015 Data Update on Planned Work

MS has reviewed the network data for 2015 in a similar way to the previous reports, however there are no common themes and nothing new has been identified that could be improved, therefore the network mortality group agreed to focus on reviewing the current 2016 data.

Proposal to Introduce Independent Scrutiny in each Neonatal Service Mortality Review Process

BK explained that national guidance recommends that mortality reviews should have independent scrutiny. Following approval by the Board, BK as Chair of the Mortality Group will write to Trusts to request the release of consultants to participate in a network pool of consultants to contribute to scrutiny of all neonatal deaths in the network and permission for the external consultants to have access to the case notes in order to be able to review each neonatal death in the Trust. There was discussion about the practicalities in terms of Duty of Candour should the external person find care below standard in cases reviewed and either the use of a confidentiality clause or honorary contract. If any issues are identified as part of the review, the external reviewer should discuss their findings with the clinical team and follow this up in writing to the Trust CEO highlighting the sub standard care/practice identified. DL felt that confidentiality was in conflict with duty of care/candour and could prevent reporting to the GMC in appropriate cases. All agreed that a clause be added allowing confidentiality to be breached in order for issues to be reported to third party bodies in order to maintain a duty of care to patients. A national mortality tool will be coming out soon. BK has had preliminary discussions with Simon Jenkinson with regards to involving Obstetricians in these reviews, which can be taken forward once the external neonatologist scrutiny is up and running. This proposal does not replace local reviews, the external person should be included as part of the local review.

Neonatal Nurse Staffing Briefing Document

RM raised concerns over the lack of nurse staffing detailed in the briefing paper. Dudley and Stoke have recently had successful business cases. RM asked all units to amend the nurse staffing data by end of January with their current details (if not correct), including WTE and banding of direct clinical care givers both in the budgeted establishment and in post as of 1 January 2018. All units are asked to submit to the network by end of January details of current workforce plans and business cases in progress to improve nurse staffing. This can be discussed at the Network unit visits with BK, RM and Louise Stewart in March/April as to what else the network can do to support units. DL confirmed that this was an issue across the NHS and that staffing issues needed to be identified by units at the upcoming Peer Review visits, in order that the issues are resolved both locally and nationally. DL felt that the Network should be reporting staffing levels in the quarterly network report and the Annual Report data in order to highlight issues/comparison nationally. RM to implement this.

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RM

11. ANY OTHER BUSINESS

Network Cardiology Meeting

JK, Cardiology Lead for the Network is trying to arrange a meeting in order to look at the National Standards for echocardiograms, however she has not had a response from the units. Dr Ashish Chikermane Cardiology Lead at BCH is supportive of the network meeting. JK to contact CD's at each of the Trusts to make them aware that this is a governance requirement. All units to talk to their cardiology colleague requesting their attendance and participation in this network meeting.

JK

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Annual Midlands and East Perinatal Conference

LC highlighted that only 32 places were being used by our Network and asked those wishing to attend to register on the linx system, please call the office if you are having any difficulties, the closing date for registrations is Monday next week. The venue is opposite Wolverhampton train station.

12. DATE AND TIME OF NEXT MEETING

All agreed future meetings to be held in Stafford where possible, as it is centrally located in the Network. Future meetings of the Board will be held on:

Tuesday 17 April at 10 am Room 1, Stafford PGMC, County Hospital, Weston Road, Stafford, Staffordshire, ST16 3SA

Thursday 12 July at 10 am Room 1, Stafford PGMC, County Hospital, Weston Road, Stafford,

Staffordshire, ST16 3SA with the AGM to follow in the RAB Thomas Lecture Theatre.
Tuesday 9 October at 10 am Room C, Telford Education Centre, Princess Royal Hospital, Telford, TF1
6TF (no rooms at Stafford or Springfield are available).

**NETWORK BOARD MEETING
ACTION POINTS**

ACTION:	PERSON(S) RESPONSIBLE
All units to implement the Escalation of Neonatal Operational Pressures and Implementation Plan from the 1st March as a pilot with feedback on any issues by the 21st March to sarah.tranter@heartofengland.nhs.uk	All Units
RM to work with the Education and Workforce Group on safe staffing levels, to include in the PENOP before the April Board meeting.	Ruth Moore
All unit managers are to make sure the activity levels used to assess nurse staffing requirements in Badger are based on HRG 2016.	All Unit Managers
Alex Philpott is arranging a meeting with consultant colleagues from across the West Midlands to try to resolve, anyone interested in participating please let Alex know.	All
DL asked RM to arrange a meeting for him with Sarah Jane-Marsh, RM, CR and AP to discuss the difficulties caused by the change in consultant cover for NTS.	Ruth Moore
All units to implement the purchase of the standardised IV packs.	All
All unit managers and lead clinicians to standardise equipment across the network	Unit Managers and Lead Clinicians
Unit leads to go to their procurement department and insist that Aqualunt are not allowed to tender if they will not provide training.	Unit Leads
SC to liaise with Sherwin Rivers as to whether it is possible for the books to be available in time for the Midlands and East Conference.	Sarah Carnwell
RM to provide DL with a briefing paper for him to take to Dr Parker in order to get a time frame as to when the survey will be available.	Ruth Moore
RM to add ROP screening to discussion with Sarah Jane-Marsh.	Ruth Moore
RM to circulate further information to the Board as to how the Combined Network Clinical Effectiveness and Audit Lead role will be shared.	Ruth Moore
All units to amend the nurse staffing data by end of January with their current details (if not correct), including WTE and banding of direct clinical care givers both in the budgeted establishment and in post as of 1 January 2018.	All Units
All units are asked to submit to the network by end of January details of current workforce plans and business cases in progress to improve nurse staffing.	All Units
RM to report staffing levels in the quarterly network report and the Annual Report data in order to highlight issues/comparison nationally.	Ruth Moore
JK to contact CD's at each of the Trusts to make them aware that the national standards for echocardiograms is a governance requirement	Jyoti Kapur
All units to talk to their cardiology colleague requesting their attendance and participation in this network meeting.	All Units