

BOARD MEETING

Minutes of the meeting held on
Tuesday 10th January 2017 at 10am

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

PRESENT:

Adam Gornall, Lead Obstetrician	Shrewsbury and Telford Hospitals
Alison Moore, Chair – QIPP Group	Royal Stoke University Hospital
Asha Shenvi, Network Education Lead	Royal Stoke University Hospital
Babu Kumararatne, Lead Clinician	Newborn Network
Catherine Rutherford, Nurse Consultant	Newborn Transport Service
David Loughton (Chair), Chief Executive	Royal Wolverhampton Hospitals
Jo Cookson, Practice Educator	Newborn Network
Jo Gregory, Chair – Education and Workforce Development Group	Royal Stoke University Hospital
Joyti Kapur, Network Cardiology Lead	Royal Stoke University Hospital
Julie Plant, Matron	Royal Wolverhampton Hospitals
Kate Palmer, Chair – Neonatal Guidelines Group	Royal Stoke University Hospital
Keely Evans, on behalf of Jayne Johnson	Royal Wolverhampton Hospitals
Lee Abbott, Network Transport Lead	Royal Stoke University Hospital
Louise Stewart, Head of Maternity Clinical Network	NHS England
Lynn Keilty-Woolcock, Nurse Manager	Royal Stoke University Hospital
Lynsey Clarke, Practice Educator	Newborn Network
Melanie Sutcliffe, Network Clinical Effectiveness Lead	Royal Wolverhampton Hospitals
Mudassar Dawood, Data Analyst	SWMNMN and SSBCNMN
Raghu Krishnamurthy, Consultant Neonatologist	Walsall Manor Hospital
Robin McMahan, Chair – Equipment Group	Royal Wolverhampton Hospitals
Ruth Moore, Network Manager/Lead Nurse	Newborn Network
Sanjeev Deshpande, Consultant Neonatologist	Shrewsbury and Telford Hospitals
Sarah Carnwell (Minutes), Chair – PPI Group	Newborn Network
Sarah Tranter, Quality Improvement Lead	SWMNMN and SSBCNMN
Tilly Pillay, Consultant Neonatologist	Royal Wolverhampton Hospitals
Vandana Najran, Service Lead for Women and Children's	West Midlands Specialised Commissioning

APOLOGIES:

Alex Philpott, Lead Consultant	Newborn Transport Service
Chrisantha Halahakoon, Consultant Neonatologist	Royal Wolverhampton Hospitals
Dawn Homer, Nurse Manager	Royal Wolverhampton Hospitals
Karen Anderson Matron for Neonates and Paediatrics	Dudley Group of Hospitals
Linda Izquierdo, Director of Nursing, Quality and Patient Experience	Shropshire CCG
Lisa Poston, Unit Manager	Walsall Manor Hospital
Rebecca Johnson, Commissioning Manager, Integrated Care Team	Telford & Wrekin CCG
Subramanian Mahadevan, Consultant Neonatologist	Dudley Group of Hospitals
Wendy Tyler, Consultant Neonatologist	Shrewsbury and Telford Hospitals

ACTIONS

2. MINUTES OF THE MEETING HELD ON THE 11th OCTOBER 2016

The minutes were agreed.

3. MATTERS ARISING

Ophthalmology Services

ST informed the Board that a meeting is being held on the same day as the SWMNMN Board with Mr Ainsworth, ST to circulate the details of the meeting. SSBCNMN units to be invited to attend the meeting arranged in SWMMN. Wolverhampton, Telford, Walsall and Dudley are all directly affected by the retirement of the Ophthalmologist who previously performed laser treatment for ROP. The ophthalmologist that works at RSUH has identified an issue with the funding of laser treatment for ROP as they currently only receive an outpatient appointment payment for this. All agreed that babies should not have to be transported to BCH for this service. NTS identified that there were no beds at BCH to support this additional activity and therefore babies would need to go to BWH overnight. CR is attending a meeting at BCH on Thursday 12th January.

ST

4. NETWORK DEVELOPMENTS

West Midlands Maternity Clinical Network (previously SCN) Update

LS thanked RM for her assistance in her new role. The Maternity Clinical Network (MCN) is currently in the process of recruiting into roles to take work streams forward. The West Midlands Maternity Alliance

is going to be re-launched and will involve all 6 STP areas in the area. Work continues on the perinatal mental health agenda. Next years work programme for the MCN will include implementing the recommendations in the Better Births Report with the ODNs. Organising the setting up of local maternity systems, which is a national requirement. LS is looking at the various local STP plans and any mention of maternity services. On the 15 March the MCN will be hosting an update on the Stillbirth Care Bundle, a flyer will be circulated shortly. The national newborn and maternity safety collaborative will be launched on 28th February at an event in London and the first wave of funding has been allocated. SD felt that it was not necessary to have 1 PA for a Neonatal Lead in the MCN as this is available through input from the ODN, however 1 PA for Obstetric Lead input did not seem sufficient given the amount of work required in the WM. LS agreed that there was not enough maternity input and was looking at getting midwifery input.

Neonatal ODNs and Maternity Clinical Network 2017

A discussion paper outlined suggested changes in focus for the SSBCNMN (neonatal ODN) with the drivers being the maternity work streams not being funded, the refocus of the previous WM SCN to a Maternity Clinical Network and the WM neonatal service review discussions around changes in organisational boundaries for the neonatal ODNs in the WM reducing the current 3 to 2 neonatal ODNs. The paper outlined a need for the SSBCNMN to rebrand and relaunch with a focus on specialised care of the newborn, as this is what the specialised commissioners actually fund the network to provide. LS confirmed that the WM MCN should take forward maternity and normal care of the newborn as part of their work streams. Specialised Commissioners are looking at NWM ODN and SWM ODN with the WM NNU's in CNN being amalgamated and hospitals within Networks being mapped to the STP areas. There were concerns raised that the MCN did not appear to be fully developed yet and therefore current good maternity work led in SSBCNMN may be lost. AG saw this as an opportunity to continue under a different model as part of the wider MCN remit for the whole of the West Midlands. SD queried whether the proposal to bring City Hospital into SSBC neonatal ODN would make the network top heavy with 2 NICUs and 4 LNUs. LA raised a concern that care pathways might change through default rather than patient need and the capacity of units would be affected. RM confirmed that the current care pathways will continue with any future change in unit designation, cot configuration or care pathways only being taken forward by Commissioners once the review of neonatal services is completed. The MCN and the ODNs meet quarterly to discuss work streams and where there is any overlap agree who will take the lead. LS agreed, however Commissioners need to fund any changes in practice. The changes are to map the ODNs to the STPs and not to change any unit designations or care pathways. The next 3 months will be spent working through the practicalities of the transfer of current maternity work from ODNs to the MCN, rebranding of the neonatal ODNs and any changes associated with organisational boundaries for the 2 WM neonatal ODNs once the commissioners confirm this is to happen, The aim is to complete this by the end of March.

National Maternal and Neonatal Health Safety Collaborative

Being launched on the 28th February, as mentioned in the WM Maternity Clinical Network Update.

5. SSBCNMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 2 2016-17

MS presented the paper to the Board, highlighting the over performance in special care. Term admissions are increasing there were 43 per 1,000 births in 2012-14 however that has gone up to 56 per 1,000 births in 2015-16, MS is going to break down the figures by unit in order to get a better understanding of what may be causing the increase. MS asked everyone to check their data before submission to NNAP, as anomalies are highlighted on the system. Walsall is aware of the ROP data capture issues and have given junior doctors additional guidance on completion of Badger data. The next Badger Champions meeting is in March where any outliers will be highlighted and a letter from the group will go to Trusts/units asking what action are being put in place in order to improve this.

**Badger
Champions**

Care Pathway Exceptions

RM presented the care pathway data which has already been discussed at the QIPP Group meeting with one of the reasons that babies are not transferred IUT to a NICU is due to maternal factors, as well as NNU capacity. The NNU service needs to investigate why babies less than the gestational threshold for that unit are being born on those units. RM will write to each Trust to explore why babies less than 27 weeks were born there in order to understand if there are capacity issues on labour ward or NICUs which the Network needs to be aware of in order that this can be taken forward with commissioners. CR confirmed that the single number service is not funded to collect this information. All agreed that any refusals either maternal or neonatal should be discussed with the consultant on that unit. DL suggested that there should be standardised escalation levels, as there are nationally with A&E Departments. RM and LS to take this forward with Heads of Midwifery. DL offered the assistance of Diane Preston, Head of Emergency Planning at New Cross in order to devise suitable escalation levels. RM to feedback to the next board meeting.

RM

RM and LS

SUIs

Information from RSUH investigation will be circulated to the units in the Network in order that the appropriate guidelines for managing subglaleal haemorrhage/ massive haemorrhage can be put in place in all Trusts, prior to a Network guideline being produced as part of the next edition. TP confirmed that there were no SUIs for New Cross for quarter 1.

Parent Experience Survey

Although RSUH are not currently using the parent passport, the Trust user survey has the same six questions as the Network and therefore the Trust data has been included.

6. COMMISSIONING UPDATE

2016/17 Neonatal Service Contracts and Products

VN reported that the percentage reduction of unavoidable term admissions was low. VN will provide RM with the full report which will be circulated to the Network for ideas as to how this can be improved. VN asked the Board what is a suitable threshold for an acceptable level for unavoidable term admissions, currently it is 6%. TP asked for more time to collect data for the CQUIN as currently only got one quarters data before setting a threshold. AM identified a need to use an appropriate denominator. Reduction in term admissions incentivises the use of TC in order to avoid SC admission. SD felt that it would be better to use incentives rather than penalising units in an already demoralised health service. This can be explored further at the network QIPP meeting once the data has been shared. VN identified that the workforce SDIP had been poorly completed, Dudley had the best return after a few iterations. VN to send to RM to see if the Dudley plan would be a suitable template for all to use. VN asked the Board for suggestions of unacceptable staffing levels. JP suggested the BAPM levels are out of date and do not address skill mix requirements, with the ratio of qualified versus none qualified nurses. RM was sure that national guidance would be coming out shortly and agreed to work with VN on this. Proposed products for the forthcoming contracts include: VN confirmed that there would be an SDIP reviewing BAPM standards across all work groups. The summary returns and proposed SDIP will be circulated by VN. VN has asked BCH for an improved data quality plan for the NTS. Mortality rates looking at outliers, requesting information from each provider, however there is going to be a national standard review process therefore waiting for this. Design of model of how national CQUIN complement with SDIP for TC, BAPM HRGs what TC specification will look like. VN confirmed there has been uptake in the one national CQUIN for neonates which is around provision for community neonatal services within an ODN – VN to inform RM which Trust's in SSBCNMN have accepted this CQUIN. VN informed the Board the WM neonatal service review had been completed and the key recommendations had been shared at the previous Board meeting. There are 10 broad principles outlining the recommendations which are waiting to be ratified by Simon Collins, however until the report is ratified cannot implement plan with ODNs. DL to write on behalf of the Board to ask for report and the process for taking the recommendations forward.

National Neonatal Review

All the neonatal services and the ODNs have provided the data requested. Neil Marlow from the CRG thanked everyone for their efforts in a short time frame and will be in touch shortly with plans.

7. FINANCE

RM gave a verbal update from the network budget paper circulated which forecasts an underspend at year end. RM identified that this would be less than currently showing because £13,000 of network funding had been allocated through the bids prioritisation process which had been completed in the autumn and those items were currently being purchased. RM identified that the remaining underspend at year end would reflect self generated income by the network through the sale of guideline books and study day sponsorship and registrations in 2016/17 and recommended that this should be identified as deferred income to be used in 2017/18 for network education and quality improvement projects. The board approved this. DL to discuss with Paula Clarke the exorbitant hosting charge for the Network.

Patient Information Leaflets

The patient information leaflets have now been printed and are being given out across the Network to women during mid pregnancy.

8. MATERNITY NETWORK UPDATE

The Obstetric Guidelines are currently under review, for the first time with the input of SWMMNN, and are due to be published in March. AG fed back on a WM meeting he had attended regarding developing fetal medicine care pathways which was also attended by Alison Bedford-Russell, this work is looking at trying to provide care locally where possible and referring to tertiary care only when required. Four conditions were initially identified including Cardiac, JK to be involved in this as the network cardiology lead. The joint PPROM Project with Dudley and Wolverhampton is ready to roll out, however Wolverhampton just need an idea of numbers in order that they are able to meet the demand. The network leaflets are now being given out at the 20 week scan.

9. NETWORK ROLES

Network Cardiology Lead

JK gave an overview of her aims. Given that units have their own cardiology leads, she is looking at co-ordinating care across the Network, providing a robust governance framework based on the paper which

AM

QIPP
VN

VN and RM

VN

VN

DL

DL

JK

is due to be accredited by the RCPCH shortly, a study day is being held in March with two simulations and looking at rolling out the PDA leaflet designed by Dr Gurasami at New Cross across the Network.

Network Medical Education Lead

AS outlined the changes to education across the Network with training days being mapped to trainee education programme, encouraging a diverse range of speakers from across the country, promoting courses to medical staff in order to increase attendance, increase the amount of simulation training and develop the role of nurses to have specialism/area of interest and for IT nurses to rotate/exchange with other units in the Network.

Network Consultant Roles Update

RM explained that MS has been asked to take on the role of Audit Lead for the Network as an interim measure whilst the impact of the data analyst role on the clinical effectiveness lead role is assessed and any changes required identified. Once completed MS will step down and the role will be advertised for expressions of interest from across the network and an appointment to the role on a 3 year tenure will be made.

10. SSBCNMN SPECIFIC ISSUES

SATH/UHNMN Case Review Update on Action Plan

Angela to facilitate a second meeting to look at any ongoing issues, following implementation of the action plans. There is a recognition that new ways of working need to feed into job plans in order to sustain change and have a named responsible individual. AM to send update on progress on RSUH action plan to RM.

AM

Wolverhampton Neonatal Service Self-Initiated External Review Update

TP felt the process was very positive with the reviewers being impressed with the units robust processes and public health engagement. TP stated the recommendations were:

- To have an increased consultant presence on the NNU and the unit has increased the number of consultants to seven.
- Access to specialists such as dietician and physiotherapist being taken forward at a Directorate level.
- Maternity funding has been awarded for simulation training
- HDU capacity expansion by four cots, a business case is being put forward to support this.
- Unplanned extubations, has led to a change in practice which has seen a dramatic reduction.
- Community handover at 44 weeks corrected gestation.
- Part of the way to full electronic nursing and medical record keeping

JP gave the recommendations for the nursing care:

- Employing Support Workers to RCN guidance and not BAPM for numbers required.
- Introducing asupernumary Co-ordinator at Band 6
- Rotating staff within Maternity, TC, Community, etc.
- Maternity and neonatal integration of care
- Recruitment and retention of staff, currently 10 QIS and 10 none QIS, putting those that are not QIS on the Foundation Programme.
- Practice Educator for unit being advertised in February.

BK asked that the full report be circulated to the Network Management Team. DL approved the circulation of the report to the Network Management team, TP to e-mail the report and action plan to RM.

TP

Walsall Neonatal Service Progress Update on NNU Expansion and TC Cots

Building works start at the end of March. Recruited additional nurses, however eight are going on maternity leave, therefore advertising for cover. Appointed four consultants and have got funding for two additional posts. 4 TC cots are opening on the 13th February and will be staffed by midwives supported by ANNP's.

Final Draft SSBCNMN Network Poster

This is a simplified version of the leaflet to be displayed in all areas in each Trust where pregnant women are seen. All agreed.

Network Capacity and Demand Report

RM presented the report to the Board. RM and VN to pull together activity planning and the changes required. VN will then take forward with Commissioners. SD highlighted the issue that providers are not funding the staff for the established cots therefore need to make sure that the funding from Commissioners goes to the NNU. VN will take forward staffing funding as part of the National Neonatal Review. RM stated that the national neonatal review will be looking at different models of how care can be delivered.

RM and VN
VN

VN

11. NETWORK SUB GROUPS

Equipment Group

Nfit has been rolled out. Getting prices for IV packs.

Education and Workforce

The Group is meeting following the Board.

Joint Neonatal Guidelines Group

KP asked that anyone asked to review a guideline please return it to Kathryn McCarron in a timely fashion. The group is meeting next week and can be attended either in person or via teleconference.

12. ANY OTHER BUSINESS

TC cots at RWH are increasing in March.

Joint Midlands and East Conference 27th January 2017

Registration is now closed.

Audit Competition 14th March 2017 at Walsall

Please encourage staff on your unit to submit an audit abstract.

Linx Study Days and Events System

Please register your details on the linx.worxinfo.com system in order to receive notification of study days/events and to be able to apply for a place.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 4 April 2017 at 10am Room 1, Stafford PGMC, County Hospital, Weston Road, Stafford, ST16 3SA, with the following meeting being both the Board and AGM on Friday 7 July.

All Authors

All

All

**NETWORK BOARD MEETING
ACTION POINTS
for the meeting held on 11 October 2016**

ACTION:	PERSON(S) RESPONSIBLE
ST informed the Board that a meeting is being held on the same day as the SWMNMN Board with Mr Ainsworth, ST to circulate the details of the meeting.	Sarah Tranter
The next Badger Champions meeting is in March where any outliers will be highlighted and a letter from the group will go to Trusts/units asking what action are being put in place in order to improve this.	Badger Champions
RM will write to each Trust to explore why babies less than 27 weeks were born there in order to understand if there are capacity issues on labour ward or NICUs which the Network needs to be aware of in order that this can be taken forward with commissioners.	Ruth Moore
Standardised escalation levels, as there are nationally with A&E Departments, to be developed by RM and LS with Heads of Midwifery and Diane Preston.	Ruth Moore and Louise Stewart
Information from RSUH investigation will be circulated to the units in the Network in order that the appropriate guidelines for managing subglaleal haemorrhage/ massive haemorrhage can be put in place in all Trusts, prior to a Network guideline being produced as part of the next edition.	Alison Moore
Reduction in term admissions can be explored further at the network QIPP meeting once the data has been shared.	QIPP Group
VN to send to RM to see if the Dudley plan would be a suitable template for all to use.	Vandana Najran
RM was sure that national guidance would be coming out shortly and agreed to work with VN on this.	Ruth Moore and Vandana Najran
The summary returns and proposed SDIP will be circulated by VN.	Vandana Najran
VN confirmed there has been uptake in the one national CQUIN for neonates which is around provision for community neonatal services within an ODN – VN to inform RM which Trust's in SSBCNMN have accepted this CQUIN.	Vandana Najran
DL to write on behalf of the Board to ask for report and the process for taking the recommendations forward.	David Loughton
DL to discuss with Paula Clarke the exorbitant hosting charge for the Network.	David Loughton
To provide care locally where possible four conditions were initially identified including cardiac, JK to be involved in this as the network cardiology lead.	Joyti Kapur
AM to send update on progress on RSUH action plan to RM.	Alison Moore
TP to e-mail the report and action plan to RM.	Tilly Pillay
RM and VN to pull together activity planning and the changes required.	Ruth Moore and Vandana Najran
VN will take forward staffing funding as part of the National Neonatal Review.	Vandana Najran
KP asked that anyone asked to review a guideline please return it to Kathryn McCarron in a timely fashion	All authors
Please encourage staff on your unit to submit an audit abstract for the Audit Competition 14 th March 2017 at Walsall	All
Please register your details on the linx.worxinfo.com system in order to receive notification of study days/events and to be able to apply for a place.	All