

BOARD MEETING

Minutes of the meeting held on
Thursday 12th July 2018 at 10am

Room 7, Stafford PGMC, County Hospital, Stafford, ST16 3SA.

PRESENT:

Alison Moore, Consultant Neonatologist
Ashok Kampaiah, Consultant Neonatologist
Asha Shenvi, Network Medical Education Lead
Babu Kumararatne, Lead Clinician
Catherine Rutherford, Consultant Nurse
Charlotte Barry, Deputy Head of Maternity and Newborn Clinical Network
Charlotte Yale, Matron
Jo Gregory, Chair – Education and Workforce Development Group
Julie Marks, Unit Manager
Julie Plant, Matron
Kalyan Gurusamy, Consultant Neonatologist
Lisa Gough, ANNP
Lisa Poston, Unit Manager
Lorraine Cardill, Deputy Head of Midwifery
Lynsey Clarke, Practice Educator
Maxine Vincent, Practice Educator
Mel Sutcliffe, Joint Clinical Effectiveness and Audit Lead
Nadia Griffin, Parent Representative
Paula Clark (Chair), Chief Executive
Raghu Krishnamurthy, Consultant Paediatrician
Ruth Moore, Network Manager/Lead Nurse (RM)
Sam Davies, Unit Manager
Sarah Carnwell, Network Administrator
Siva Sivakumar, Consultant Neonatologist
Sue Eaton, Senior Service Specialist
Vandna Najran, Local Service Specialist

Royal Stoke University Hospital
Walsall Manor Hospital
Royal Stoke University Hospital
Newborn Network
KIDS-NTS
WM Maternity Clinical Network

Walsall Manor Hospital
Royal Stoke University Hospital
Dudley Group of Hospitals
Royal Wolverhampton Hospitals
Royal Wolverhampton Hospital
Dudley Group of Hospitals
Walsall Manor Hospital
Birmingham City Hospital
SSBC Neonatal ODN
Royal Wolverhampton Hospital
Royal Wolverhampton Hospital
SSBC Neonatal ODN
Royal Stoke University Hospital
Walsall Manor Hospital
SSBC Neonatal ODN
Princess Royal Hospital, Telford
SSBC Neonatal ODN
Birmingham City Hospital
West Midlands Specialised Commissioning
West Midlands Specialised Commissioning

APOLOGIES:

Alex Philpott, Neonatal Transport Consultant
Chandan Gupta, Paediatric Service Lead
Jo Cookson, Practice Educator
Karen Anderson, Matron
Kate Palmer, Joint Clinical Effectiveness and Audit Lead
Kieren Caldwell, Commissioning Manager
Louise Stewart, Head of Maternity and Newborn Clinical Network
Lynn Keilty-Woolcock, Unit Manager
Rasekhuta Velepini, Matron
Sanjeev Deshpande, Consultant Neonatologist
Shiva Shankar, Consultant Neonatologist
Stacey Taylor, Quality Improvement Officer (ST)
Vikranth Venugopalan, Joint Chair – Neonatal Guidelines Group

Newborn Transport Service
Dudley Group of Hospitals
SSBC Neonatal ODN
Dudley Group of Hospitals
Royal Stoke University Hospital
West Midlands Specialised Commissioning
WM Maternity Clinical Network
Royal Stoke University Hospital
Birmingham City Hospital
Princess Royal Hospital, Telford
Princess Royal Hospital, Telford
WM Maternity SCN
Birmingham City Hospital

ACTIONS

PC welcomed everyone to the meeting and everyone introduced themselves.

2. MINUTES OF THE MEETING HELD ON THE 17th APRIL 2018

The minutes were agreed, with the amendment of the company name to Aqualant.

Outstanding Actions:

Kieren Caldwell to write to Chief Executives and Neonatal Leads at each Trust, as well as the NTS.

3. MATTERS ARISING

Procedure for Escalation of Neonatal Operational Pressures Feedback from OPEL Pilot

RM stated that there had been a delay in the start of the trial, which ran from the 11 June to the 8 July. Please can all units complete and return the feedback as soon as possible. Amendments will then be made and a further trial for 2-3 months. A final document will come to the January Board for agreement.

Updated Data Collection and Reporting Document

The document has been updated with personnel working on behalf of the Network. No comments have been received therefore the Board approved the updated document with no changes.

ODN Work Programme

The Work Programme was circulated following the April Board meeting. Feedback was received on the

SC

SE

All

ST

day of the board meeting from Specialised Commissioners around wording of deliverables and reporting arrangements to Specialised Commissioners. VN explained the changes to bring the ODN function into commissioning, so that activity data is being used by commissioners when making decisions. RM to circulate an amended version and if no further comments are received, the document will be taken as agreed by the Board.

RM

4. NEONATAL SERVICE BOARD REPORTS

City Hospital

Issues with staffing, SS will feedback this afternoon as part of the Network AGM. The move of City Hospital from the SWMN ODN to SSBCN ODN has impacted on AHP posts which means that there are now gaps in local service which were previously filled by the SWMN ODN AHPs. RM confirmed that neonatal services are paid to provide AHP provision, RM explained that City Hospital's care pathway is with Birmingham therefore they could be approached to see if their AHPs were able to be enhanced to provide support to the City neonatal service as part of their care pathway. Alternatively New Cross are currently putting AHP provision in place in response to their peer review feedback and therefore discussions could take place around sharing that service. SS asked RM to put in touch with New Cross. PC agreed that transfer to different ODN should not deteriorate the service, as the pathway remains unchanged. RM agreed that the lead NICU would need to be reimbursed for providing the service and this would need to be discussed and agreed between the providers and the specialised commissioner.

RM

Walsall Manor Hospital

RK gave an update. Building work has started on expansion.

Dudley

JM updated the Board on recruitment of TNA's however they will not qualify until 2020. They anticipate that they will be fully staffed by the end of the year. RM asked JM to provide the proposal that has gone to the Trust Board around expansion of the neonatal unit to herself and VN to share with Sarah at Specialised Commissioning in order to give support to the unit. JM asked if units use NICE SpR chart or gestational appropriate chart. All agreed that they used the gestational chart throughout stay on unit.

JM

Telford

SD gave an update. RM asked if any other units needed to replace a scanner. AM has replaced the Phillips machine with another Phillips. AS confirmed that Stoke had purchased a demo machine, at a significant reduction, and had no problems. Walsall and Telford are looking at leasing a new machine. City are currently sharing a machine with outpatients. PC advised that procurement be involved in any purchases in order to get best value for the Trusts. AM also advised involving radiologists, in order that they are happy to use the machine. RM confirmed that procurement teams across the units in the Network are involved in the Equipment Group.

New Cross

KG introduced Maxine Vincent, as the newly appointed Practice Educator for the unit. PC asked which units were implementing LISA. Dudley, City, Walsall and New Cross confirmed they were implementing LISA. RM confirmed that the Network guideline needs to be updated to include LISA. AM is looking at the evidence before implementation at Stoke. KG explained that they had simulation training and video laryngoscope. The procedure is only being carried out in the presence of a consultant and that there was continual evaluation of the procedure. RK felt that it also depended on unit staffing levels. There are LISA workshops all across the country which are open to everyone to attend. Radiology cover has been agreed with Stoke once a week however this has not started yet.

RM

Stoke

AM gave a verbal update. Stoke continues to reduce its term admissions. Sepsis has been chosen as the Neonatal & Maternity Safety Collaborative project, as this is an upstream cause of admission to the neonatal unit. There have been SIs with umbilical lines which AM has asked to be raised at the QI Group meeting as other units have also experienced this. They are submitting a business case to address nurse staffing for Band 6 and are currently interviewing for Band 5 posts. MTI job plans are being developed by AS for March. Parents are at all hand overs and ward rounds, they are never asked to leave. Looking at space to expand TC from 6 to 10 cots.

QI Group

NTS

CR confirmed that the team had maintained a 24/7 consultant led service despite staffing issues. There are now dual KIDS-NTS qualified nurses. Got engagement from 3 NICU's to assist with staffing. Two ANNPs are retiring, one today and one in November, therefore this is going to cause issues. Got one bank ANNP. One is on sick leave due to return. Looking at including transport on the Women's ANNP rota. One ANNP is in training. An advert for a trainee has gone out. Two paediatric nurses, one qualified and one starting qualification. Going through process to procure new equipment however this is a time consuming process. Quality improvement areas are OPEL and techitherm, instead of transwarmers. PC stated that got a young inexperienced workforce and asked what doing to retain, as don't want to lose home grown staff. RM explained that a new online system was being put in place for the cot locator service therefore instead of staff ringing round, units would update the system with the

number of cots available, the system would also be used to book repatriations. There was a demonstration in August last year, there was no one available to demonstrate the system today. Further demonstrations are going to be arranged in two units in the Network for staff to see the online system in action, Alex Philpott to send dates to the network asap.

CR/AP

5. NETWORK SUB GROUPS

Transfer User Group and Newborn Transport Service

TUG was re-launched and has agreed updated terms of reference. The Chairs of the Group will be the Transport leads in both Networks. Meeting dates in September and December have been arranged in BCH, the venue will be alternated between the two Networks next year. On the 5 September there will be a demonstration of the new cot locator system at the TUG meeting.

Equipment Group

LC gave an update from the meeting held in May. The next meeting will be held in November.

Education & Workforce Development Group

The Group met yesterday. There are now Educators in each of the units in the Network. Looking at holding an additional Foundation Programme in November, waiting for Unit Managers to confirm whether it is feasible to run the course at the same time as the QIS course with regards to staffing. AS recruiting MTI posts instead of locum posts with the first candidates in March. Programme could rotate around Network however there are visa difficulties with change of Trust. PC suggested that a single Trust could host and honorary contracts with the other Trusts in the Network. RM identified that these posts could offer NTS-KIDS experience too.

Joint Neonatal Guidelines Group

The Group will be meeting next week. Version control has been discussed and each service has its own processes in place. Looking at user survey results and replacement Chair for the SWMN ODN.

Q and I Group

The Group met in May. The Network is amber in the MBRRACE report and therefore still need to monitor to see where we can improve. More IUT's taking place with increased number of babies less than 27 weeks being born in the right location which hopefully means we should see an improvement in outcomes in the Network. PC queried how the group links with maternity and caesarean section rates? From 2018 Obstetricians are mandated to review deaths using the national perinatal mortality review (PMR) tool. The Network is working with the SCN, CB stated this is work in progress. Use of the PMR tool will facilitate the introduction of external review across the region. PC asked if getting buy in from obstetricians around birth injuries. BK will look at this with the Group at the next meeting. VN queried if all units had implemented the PMR tool, everyone agreed that they had. There was a query as to whether this replaced existing joint reviews between Trusts. RM clarified that someone else from the Network would join the existing joint review process as an external reviewer, and that this was not another review, just widening the pool of people involved in order to get a more objective process. VN queried if there were standardised guidelines to accompany the PMR tool. BK confirmed that there were national guidelines that all units were following, the process may differ, but the outcome is the same. PC asked if anyone audited from a quality control perspective. As it is a national tool, reports will be provided nationally therefore any discrepancies/inconsistencies will be identified in the reports therefore quality assurance will be provided by MBRRACE.

BK

Feeding & Nutrition Group

Pat Bloor is retiring therefore the Group was asked for a replacement Chair. BFI standards, all units need to have buy in so that the network approach can be facilitated.

Parent and Public Involvement Group

A Parent Representative, was on the interview panel for the Band 7 Sister post at New Cross. Both RM and SC have attended and facilitated Whose Shoes events arranged by the LMSs in the Network. NG is the representative at the Dudley Maternity Voices Partnership (MVP). SC is the representative for Staffordshire MVP. SD and Lucy Wadd are the parent representatives on the STW MVP. SC is going to invite a new parent representative to be the MVP representative for Walsall and an existing parent representative to be representative for Wolverhampton MVP.

SC

Long Term Follow Up Group

A teleconference was held last week. A final version of the Network guideline has now been agreed following the publication of the NICE guideline. The Network guideline will go into the BCGP guideline process for the next edition of the Neonatal Guidelines. The guideline includes MDT involvement in the two year assessment, the Group is writing to Trusts to make sure this is taken forward. Follow up is required at four years of age and again, the Group is writing to Trust to make sure this happens.

RM

Developmental Care Group

Joint Chairs of the Group have been appointed. Looking at standardising equipment across the network.

6. NETWORK DEVELOPMENTS

West Midlands Maternity & Newborn Clinical Network Update

CB introduced herself as Deputy Head of the Maternity and Newborn Clinical Network, and provided an

update to the Group which will be circulated with the minutes. CB asked the Group how engaged they felt they were with the LMSs. AM has attended one LMS Board meeting. All feel that on a parallel track, and that with lots of meetings need to decide with Clinical Leads which LMS meetings we need to attend, need to prioritise and decide how best to represent the objectives of the network in order that all meetings are hearing the same consistent message. A meeting with RSUH NNU Leads and Pan Staffs LMS is going to be arranged so that it can be identified where best the neonatal service can input into the LMS. It is planned to replicate the meeting in the Black Country too. AM felt that it was important that they were aware of patient flows across boundaries. RM provides a quarterly update to the LMSs of activity, highlighting care pathways and cross LMS flows that LMS's need to plan for etc.

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National Maternal and Neonatal health Safety Collaborative

The first Patient Safety Collaborative Workshop Learning Systems event was held in Birmingham at the end of last month. AM, Chrisantha Halahakoon and JM attended. There will be an additional two more workshops held each year.

Neonatal Services Quality Oversight Group NHSE - Update

RM attends this meeting chaired by Angela Young to pick up on current neonatal service quality issues. Current project working with registrar in Public Health regarding infection control and cot availability, that are impacting on patient flows on neonatal units. RM has also provided the nurse staffing reports to this meeting. The group review SI's and also the quarterly national specialised service neonatal quality dashboard for outliers.

Potential Changes to Neonatal ODNs in West Midlands

SE provided an update on behalf of Kieren Caldwell. Following discussions the preferred option is a single Neonatal ODN and single host, with two offices in the region with network clinical leads mapped to the 3 LMS in the north and 3 LMS in the south of the region and with additional enhanced reporting of ODNs through formal routes into Specialised Commissioning. Established quarterly reporting which RM attended the first specialised commissioning programme board meeting in June. Looking at potential management structures of all ODNs (including trauma, burns, etc as well as neonatal) and possibility of a single host for all the ODNs with shared administration and accommodation there is the possibility of a cost saving for ODN budgets. A decision will be made in September. AM queried why option 2 was the preferred option. AM stated that herself and two other units in the Network felt that option 3 would be the better option. PC felt that the process needed to be transparent. SE explained that looking at an option 2b with trauma, critical care and burns ODNs too. RM explained that in London and the North West there is an overarching ODN with three neonatal network areas below them. AM thought that in the East of England, South of England and North of England they have a single ODN. ***Please see attached update on current neonatal ODN structures in England which identifies 7 neonatal ODNs with overarching ODN structure and between 2 -4 network areas/unit clusters below them and 4 single neonatal ODNs which currently includes both SSBC and SWM.*** AM and SS felt that option 3 was the better option. AM fed back that at the recent WM Maternity Alliance escalation pathways meeting some stakeholders identified that a single neonatal ODN was the better option. All agreed that there was increased joint working across both neonatal networks. BK felt that the number of units our six plus SWMN ODN's eight would require a full time Lead Clinician. RM confirmed that BK currently has two PAs a week for the six units in our Network. AM stated that a lot of things were organised on a WM wide basis, such as the Deanery therefore it would be better to replicate and be WM wide neonatal Network. SS felt that it offered opportunities to share and standardise best practice across both Networks. PC agreed that all need to be sharing best practice, ideas and standardising, so all doing the same. RM identified that this is achieved through the existing joint neonatal and obstetric guidelines as well as other existing joint meetings such as the annual perinatal mortality education event and annual perinatal conference. SE to ask Kieren Caldwell to feedback how the decision is going to be made. SE will feedback the discussion and highlight issues raised. PC stated the importance of keeping everyone updated and not just coming with a decision in September, need to be able to give rationale for decision.

All

SE

SE

7. SSBCNMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 4 2017-18

MS gave update to the Board. Stoke doing better than the other units in the Network at reducing term admissions. PC queried how quality assuring. RM confirmed that the CQUIN had turned into a national improving value scheme for ATAIN. The target is 6%, the Network is currently at 5% and the national rate is 8%. AM felt that it was about culture and consultant support on the unit. 3% is the WM ambition which AM feels is achievable however it is sustaining that level that is difficult. Commissioners do not incentivise. Dudley had one baby that was on the unit at over 44 weeks old, small numbers make a big difference to the total. Out of area activity may be appropriate, as do not have surgical centre in the Network. More activity is coming into the Network than is going out. Stoke to review NNAP data to check that temperature was recorded. Telford have a neonatal nurse with three hours a week for championing BFI on the unit therefore achieved 100% this quarter. Stoke, Walsall and Wolverhampton to check data for ROP screening for quarter 4. MS clarified that for a follow up assessment to have been

AM

done, it does not have to be a formal Bayleys assessment, Ages and Stages assessment by the HV or at follow up appointment still counts. Discussed at NNAP meeting Obstetricians recording Magnesium Sulphate being given however not able to do this, therefore please feedback to Obstetric colleagues the importance of Magnesium Sulphate being given. CB agreed to share Walsall's new NG tube insertion guideline for consideration to updates required in network guideline ready for the next edition of the Neonatal Guidelines.

CB

8. COMMISSIONING UPDATE

10% reduction in CNST required maternity services to meet 10 recommendations in 2017/18 one of which was availability of Transitional Care, this supports achievement of reducing term admissions to NNUs. ATAIN is a national improving value scheme this year with a national target of 6%, however the WM ambition is 3% which some units like UHNM already achieve. Some Trusts took the NCCO CQUIN in 2017/18 which was a 2 year scheme, in year 2 asking these Trusts for Business Cases for enhanced NCCO services to support early discharge in order to achieve up to a one third reduction in SC activity. All Trusts will shortly receive a letter from Specialised Commissioner asking them to share the WM ambition of 3% reduction of live births resulting in term admissions to NNUs with a suggested trajectory to meet this over the next 18 months from October 2018 and also inviting business cases for enhance NCCO services (including those Trusts without the NCCO CQUIN).

National Service Review Neonatal pricing proforma to be completed by each Trust and returned to RM by today. AM confirmed that Stoke had completed however it was with Directorate Manager for approval. Dudley, Wolverhampton and Telford to let RM know where they are up to.

**RK, KG, and
SD
All**

National Neonatal Service Transformation Programme – time ran out at the board meeting to give an update on the New Models of Care working group which RM is a member of please see attached update for information.

9. FINANCE

All agreed the Network budget and to make suggestions to RM on network priorities to utilise underspend.

All

10. SSBCN ODN SPECIFIC ISSUES

Network Roles

Data Analyst Update

ST is trying to recruit however there are issues with the host to access the funding due to uncertainty around risk for the Trust regarding redundancy costs.

Quality Improvement Lead

Sarah Tranter continues to act as SWMN Manager.

Network Manager/Lead Nurse Retirement

RM retires at the end of September and following a two week break will return part time (0.5 WTE) until the end of March 2019 to provide leadership during the transition to a new neonatal ODN structure which hopefully will be in place to commence 1 April 2019. RM is looking to introduce a secondment for a part time (up to 0.5WTE) Lead Nurse from October for six months. The post will be advertised on nhs jobs and a link circulated to the Board and neonatal units in the Network.

RM

11. NETWORK ANNUAL REPORT

All agreed.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 9 October at 10 am Room C, Telford Education Centre, Princess Royal Hospital, Telford, TF1 6TF.

SC to arrange future meeting dates in 2019.

SC

**NETWORK BOARD MEETING
ACTION POINTS**

ACTION:	PERSON(S) RESPONSIBLE
SC to amend the April Board minutes with the company name to Aqualant.	Sarah Carnwell
Kieren Caldwell to write to Chief Executives and Neonatal Leads at each Trust, as well as the NTS.	Sue Eaton
Please can all units complete and return the feedback as soon as possible.	All
A final document will come to the January Board for agreement.	Sarah Tranter
RM to circulate an amended version and if no further comments are received, the document will be taken as agreed by the Board.	Ruth Moore
SS asked RM to put in touch with New Cross.	Ruth Moore
RM asked JM to provide the proposal that has gone to the Trust Board around	Julie Marks

**Staffordshire, Shropshire & Black Country
Neonatal Operational Delivery Network**

expansion of the neonatal unit to herself and VN to share with Sarah at Specialised Commissioning in order to give support to the unit.	
RM confirmed that the Network guideline needs to be updated to include LISA.	Ruth Moore
Umbilical lines, AM has asked to be raised at the QI Group meeting	QI Group
Alex Philpott to send dates to the network asap.	Catherine Rutherford Alex Philpott
BK will look at birth injuries with the Mortality Review Group at the next meeting	Babu Kumararatne
SC is going to invite a new parent representative to be the MVP representative for Walsall and an existing parent representative to be representative for Wolverhampton MVP.	Sarah Carnwell
The Network Follow Up guideline will go into the BCGP guideline process for the next edition of the Neonatal Guidelines.	Ruth Moore
CB update to the Group will be circulated with the minutes	Sarah Carnwell
A meeting with RSUH NNU Leads and Pan Staffs LMS is going to be arranged so that it can be identified where best the neonatal service can input into the LMS.	Sarah Carnwell
It is planned to replicate the meeting in the Black Country too.	Sarah Carnwell
Please see attached update on current neonatal ODN structures in England which identifies 7 neonatal ODNs with overarching ODN structure and between 2 -4 network areas/unit clusters below them and 4 single neonatal ODNs which currently includes both SSBC and SWM.	All
SE to ask Kieren Caldwell to feedback how the decision is going to be made.	Sue Eaton
SE will feedback the discussion and highlight issues raised.	Sue Eaton
Stoke to review NNAP data to check that temperature was recorded.	Alison Moore
CB agreed to share Walsall's new NG tube insertion guideline for consideration to updates required in network guideline ready for the next edition of the Neonatal Guidelines.	Charlotte Barry
Dudley, Wolverhampton and Telford to let RM know where they are up to.	Raghu Krishnamurthy Kalyan Gurusamy Sanjeev Deshpande
All to make suggestions to RM on network priorities to utilise underspend.	All
RM is looking to introduce a secondment for a part time (up to 0.5WTE) Lead Nurse from October for six months. The post will be advertised on nhs jobs and a link circulated to the Board and neonatal units in the Network.	Ruth Moore
SC to arrange future meeting dates in 2019.	Sarah Carnwell