

BOARD MEETING

Minutes of the meeting held on
Tuesday 4th April 2017 at 10am

Room 1, Stafford PGM, County Hospital, Stafford, ST16 3SA.

PRESENT:

Adam Gornall, Lead Obstetrician	Shrewsbury and Telford Hospitals
Alex Philpott, Lead Consultant	Newborn Transport Service
Alison Moore, Chair – QIPP Group	Royal Stoke University Hospital
Babu Kumararatne (Chair), Lead Clinician	Newborn Network
Chrisantha Halahakoon, on behalf of Jayne Johnson	Royal Wolverhampton Hospitals
Dawn Homer, Nurse Manager	Royal Wolverhampton Hospitals
Jo Mullock, Chair – Education and Workforce Development Group	Royal Stoke University Hospital
Julie Marks, Nurse Manager	Dudley Group of Hospitals
Karen Anderson Matron for Neonates and Paediatrics	Dudley Group of Hospitals
Kate Palmer, Chair – Neonatal Guidelines Group	Royal Stoke University Hospital
Lee Abbott, Network Transport Lead	Royal Stoke University Hospital
Lisa Poston, Unit Manager	Walsall Manor Hospital
Louise Stewart, 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 McMahon, 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
Subramanian Mahadevan, Consultant Neonatologist	Dudley Group of Hospitals
Tilly Pillay, Consultant Neonatologist	Royal Wolverhampton Hospitals
Vandana Najran, Service Lead for Women and Children's	West Midlands Specialised Commissioning
APOLOGIES:	
Charles Pidsley, Clinical Chairman	East Staffordshire CCG
David Loughton (Chair), Chief Executive	Royal Wolverhampton Hospitals
Fidelma O'Mahony Obstetrician and Gynaecologist	Royal Stoke University Hospital
Jo Cookson, Practice Educator	Newborn Network
Joanne O'Sullivan	Royal Wolverhampton Hospitals
Julie Plant, Matron	Royal Wolverhampton Hospitals
Rebecca Johnson, Commissioning Manager, Integrated Care Team	Telford & Wrekin CCG
Wendy Tyler, Consultant Neonatologist	Shrewsbury and Telford Hospitals

ACTIONS

BK welcomed everyone to the meeting and announced that he would be Chairing the meeting in DL's absence.

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

The minutes were agreed.

3. MATTERS ARISING

Ophthalmology Services

A meeting was held on the 3rd February where it was discussed that there could be an on call rota for the West Midlands with surgery done in neonatal units rather than centrally at BCH. VN felt this best met the service needs as it was only a small cohort of babies. VN is waiting for more detailed information from the CRG Lead in order to create an integrated care pathway for babies with ROP, as part of each neonatal ODN's care pathway document. Lucy Butler retired on the 31 March 2017, in the meantime units are to contact John Ainsworth if any issues are identified with accessing laser treatment for ROP. VN will arrange for everyone to get together to agree the guidelines and specification, in order that everyone is providing the same level of care, this will then be included in a Memorandum of Understanding which will go to Kieran Caldwell for final approval prior to implementation.

Standardising Escalation Levels Update

ST has got the escalation policies for the units in the Network, it was decided that these did not need replacing but that a Network system for reporting/notification of pressures/escalation

VN

All
VN

needed to be put in place alongside the current policies, in order to inform the NTS and other units due to the impact on the service. As part of the new system to be put in place units would no longer “save” cots for babies not yet delivered, staffed cots would be available if needed for use by any unit in the Network pathway of care, in order to meet the demands of the service. ST is meeting with the NTS and LS to discuss the document and a meeting with representatives from all units will be held to review and finalise the document with an aim to bring this back for approval at the next Board meeting. All agreed it was vital that babies are born in the right place in order to get the best outcome possible for that family. LS is still outstanding escalation policies for maternity services in the Network.

ST

NHS England Review of Consultant-Led Obstetrics in Stafford

No further information has been published regarding this. All agreed to remove this item from the agenda until further information is available.

SC

4. NETWORK DEVELOPMENTS

West Midlands Maternity Clinical Network Update

LS has recruited into various vacancies including the Clinical Lead for the perinatal mental health network and Administrative roles. LS has identified funding for a part-time 8b role to assist with her role but from a midwifery perspective, further details will be provided for circulation to midwifery contacts in the Network. LS has attended several LMS meetings which are all at varying stages and with various remits/boundaries, however all are committed to change and delivering the recommendations in the Better Births Report, Saving Babies Lives Care Bundle, Quality and Safety and Perinatal Mental Health. SD highlighted the need for the MCN to undertake perinatal quality improvement programmes for example to increase the administration of steroids to premature babies before birth in order to improve the outcomes for babies on neonatal units and reduce length of stay.

LS

LS confirmed that this was not part of the MCNs current work programme however this was something that she will look at next year. AG identified that the Saving Babies Lives Care Bundle work was a perinatal quality improvement programme. LS agreed the MCN work programme needs to reflect local as well as national priorities subject to sufficient resources to deliver it. CH highlighted the fact that 20-25% of mothers have mental health issues. LS is working with the Perinatal Mental Health network in order to increase awareness and skills to those not trained in perinatal mental health in order that women are identified and receive the support they need and that her care is managed holistically. Linked in with Mental Health Network, pathways cross LMS so working together and there are specific programmes for HV.

National Maternal and Neonatal Health Safety Collaborative

Launched on the 28th February. Further information is available on line:

<https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/> RWH is in the first wave of Trusts.

Neonatal ODNs and Maternity Clinical Network 2017

RM informed the board that Specialised Commissioners have asked this Network, SWM and CNN to put together a joint transition plan by the end of the month for the amalgamation of the three into two ODNs for the West Midlands, with units in the Networks being mapped to the STP areas and for the transition plan to have been implemented and completed by the end of this financial year. This will mean Birmingham City Hospital will join our Network, however RM is awaiting confirmation from Commissioners as to whether Burton will join our Network or remain in the East Midlands ODN.

The Network has rebranded given that its role is around neonatal care only and the new logo on the agenda will be incorporated in all future Network documents.

5. SSBCNMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 3 2016-17

MS presented the paper to the Board, thanking MD for putting the graphs together. SD highlighted the need to standardise the criteria for and the reporting of TC across the Network. AM confirmed that she used the new HRG 2016 criteria for TC. MS felt that Walsall and Dudley were probably under reporting their TC activity as it may be taking place on the postnatal wards. LS suggested that TC could be shown as a % of total births as units with a large number of births will undertake more TC. LP confirmed that Walsall opened its TC unit six weeks ago therefore more accurate recording of this activity should now be taking place. MS congratulated everyone on achieving 99.98% of babies receiving all of their care in the Network. SD suggested peripatetic nurses between paediatrics and neonates to cover highs and lows of both services. BK felt needed to look at several years data to identify if the highs and lows are consistent. AP is considering this as a future development with the use of NTS ANNs for paediatric bronchiolitis transfers, as the skill set is very similar.

National Dashboard Data

Each unit should now have their official draft national dashboard for approval. The Network has not got permission to access the official dashboard portal for our units data however it is populated from what is in Badger. If units do not review and correct their data when contacted by the national dashboard system then it is not possible to correct this once the timeframe given has lapsed. RM asked all units to check data and to make sure correct data is submitted nationally. VN will share with RM the national dashboard data that is shared with commissioners. Network NNAP/Badger Champion meetings are held six monthly to identify actions required at a unit or network level and work with the ODN to improve the data and quality of services.

VN

NNAP

AG concluded that Obstetricians would need to over give steroids in order to make sure that those women that did deliver had steroids, as predicting delivery is more of an art than a science. SD stated that any amount of steroid is better than no steroid and wondered if a review would be useful to understand why mothers are not being given steroids? MS clarified that RWH data was incorrect and that this would improve. RK felt that wider work than at unit level needed to be done in order to improve breastfeeding rates. RM explained that in addition to the quarterly funnel plots MD will include a table with the previous quarters data so that progress against the standards can be monitored, in order to populate the table MD will re-pull the previous quarters data which will have been reviewed and validated by the time the next quarter's funnel plots are taken. VN asked RM to bring the activity and quality report data to the neonatal activity planning meeting with Kieran Caldwell.

RM

SUIs

RM requested Stoke SUI data. VN will pass on data from Angela Young, Quality and Safety which the commissioners have agreed to share with the ODNs.

**Stoke
VN**

Parent Experience Survey

SC to ask the PPI Group why parents don't use the parent app/survey. Discussion took place as to the problems with the amount of storage required on the phone for the app and that people prefer to use paper for feedback in order to write comments/feedback, as can only tick boxes in app, there is no free text/comments box available.

SC

6. COMMISSIONING UPDATE

2017/19 Neonatal Service Contracts and Activity

The current contract is for the first time for two years duration. Commissioners are meeting with ODN leads to factor in other activity planning assumptions as to what the cot configuration should look like. LS advised that reconfiguration of maternity services will impact on births. LMS plans will be available in October. LS suggested making LMSs aware of neonatal implementation plan in order to incorporate any changes in their planning assumptions. AM to raise issues affecting UHNM with RM to take to commissioning meeting. VN was grateful for the Networks input in order to make the workforce SDIP more robust. ST and VN to meet to discuss quality improvement opportunities coming out of the Term admission CQUIN data. Work to be taken forward with maternity to reduce term admissions. AM agreed that this was both a maternity and neonatal issue. Jyoti Kapur's work in Stoke has highlighted the need for a supernumerary co-ordinator to role out care bundle including the introduction of a triage team to reduce term admissions. ST, VN and Jyoti Kapur to meet to look at how improvement in term admissions can be rolled out across both Networks. There will be an SDIP for TC with consistent clinical descriptions.

AM

ST and VN

**ST, VN and Jyoti
Kapur**

WM Neonatal Service Review – Implementation Plan

A high level implementation plan has been written by commissioners with input from the neonatal ODNs and the MCN to address the ten recommendations from the neonatal service review report (previously circulated to all in February) which VN will circulate once there is approval to do so.

VN

ODN's are meeting on Thursday for an update on progress with the national neonatal transformation programme group. RM is involved in the development of the quality indicators (QIs) for the national neonatal peer review process which is being implemented this year as a part of the transformation programme. RM attended a meeting on Monday to finalise the draft QIs these are to be circulated to stakeholders for comments shortly. RM will attend the editing meeting in May which will finalise the QIs following feedback from stakeholders. The Peer Review visits will include nurse, consultant, parent, AHP, ODN representative and national quality surveillance team (QST) representative. RM hopes that someone from the QST will be speaking at the AGM providing more information about the Peer Review process.

7. FINANCE

RM gave a verbal update on the network budget briefing paper circulated with the agenda for the meeting. All agreed the recommendation to use the self-generated income in 2016/17 as

deferred income in 2017/18 for network education & training and quality improvement projects.

8. MATERNITY NETWORK UPDATE

Maternity Network Group

BK and RM thanked AG on behalf of the Network for all his work during his three year tenure as Lead Obstetrician which has now ended and BK expressed sadness at losing him from the Network Team. AG explained the transition of the maternity work to the Maternity CN identifying that LS has limited resources taking things forward.

Fetal Medicine Group

AG will continue with this work and is expecting there will be some care pathway outcomes shortly.

MLU Group

The aim of the group is to keep as many low risk women as possible in an MLU in order to improve outcomes for them and their baby. They have completed a matrix of inclusion/exclusion criteria for women to receive care in each of the MLUs in SSBC and now require some project support to help analyse this and decide the next steps.

Bereavement Group

This is a joint neonatal and maternity group looking at bereavement support provided to women and families.

Obstetric Guidelines Group

The fourth edition of the Guidelines are currently with the printers and will be launched hopefully at the beginning of May.

PPROM Project Update

Dudley and Wolverhampton Heads of Midwifery have met to discuss the practical arrangements required prior to commencing this between the two Trusts. AP asked if she could be informed once the project goes live. RM identified that Telford and Stoke need to review if this project is required between their two Trusts because UHNM labour ward have already said that they consider women who are booked at Telford, but are needing to deliver at less than 27 weeks gestation, as if they were their own population.

**Dudley and
Wolverhaptton**

9. NETWORK ROLES

Lead Clinician Update

BK left the room and RM took the role of Chair for this item. The agreed succession plan from the July 2016 Board was to advertise and recruit to the post of Lead Clinician during Spring 2017 to enable a handover period in Autumn 2017 prior to the completion of the current lead clinician's term of office which concludes at the end of December 2017. Recently there had been some feedback that units may prefer the current Lead Clinician to continue for a further period of time due to the changes planned to the neonatal ODNs in 2017/18 following publication of the WM Neonatal Service Review Recommendations Report in February this year. RM had contacted each neonatal service to ask for their thoughts on this prior to the Board meeting. The responses had not been unanimous from the five services and therefore RM stated that she would now be following the previously agreed succession plan and would invite expressions of interest and arrange the selection process with David Loughton's availability. TP suggested that given all the changes currently taking place in the Network with loss of maternity and additional unit/s joining, perhaps now is not the right time to change lead clinician and requested that the previous decision should be reviewed and a new proposal for the existing lead clinician to continue for an agreed period of time discussed at the next Board meeting. SD agreed that it should be discussed at the next Board meeting in July, in order to decide if the current lead clinician should continue or if expressions of interest should be requested. AM stated that the previously agreed process should be followed and that expressions of interest should now be requested. RM referred to the board's Terms of Reference which states "No matter which the Board has agreed may be rescinded or varied at a subsequent meeting unless that rescission or variation is a specific item of business on the agenda for that meeting", therefore as it has been requested today a new proposal to continue with the current lead clinician for a further period of time will be brought to the next Board meeting in July. BK returned to Chair the remainder of the meeting.

RM

10. NETWORK OBJECTIVES

RM went through the review of 2016/17 Network Objectives and the Draft 2017/18 Work Programme. VN agreed to circulate the West Midlands Neonatal Review Implementation Plan to the Board once it was approved. AP informed the Board that the North West NTS are putting forward a case to Commissioners to undertake all the transfers of Stoke and Telford babies requiring surgery to and from Alder Hey. AP was in full support and felt that this would mean the West Midlands NTS would be out of region for less time if the North West NTS could undertake these transfers. AP agreed to keep the network informed of developments with this

VN

AP

plan.

11. SSBCNMN SPECIFIC ISSUES

Update on Annual Network Visits

BK gave verbal feedback from the recent network visits that were all completed in March. RM will circulate the brief draft notes of the visits to each unit for approval.

RM

12. NETWORK SUB GROUPS

NTS

AP explained that the NTS is looking at SLA's with all units in order to allow ANNP's in the Network to fill posts in the NTS. AP attended a meeting in Birmingham about organ donation. AP to provide document to SC for circulation to the Board. AP explained that Clinicians must speak to the SNOD nurse first before approaching the parents in order to confirm that the baby would be a suitable donor however this is something that should be considered more often for both other children's benefit and to help parents in their grief that their babies life was not in vain.

AP

Equipment Group

RMc getting quotes and trial IV packs. All to e-mail robin.mcmahon@nhs.net with thought on safety cannulae, are sharps injuries a significant risk on units? SD stated that all units should have a record of any sharps injuries as part of their internal reporting procedures, all agreed this data would be useful to make an informed decision.

Education and Workforce

The last meeting of the Group had medical representation and the Group is meeting following the Board today.

Joint Neonatal Guidelines Group

KP asked that anyone asked to respond to guideline requests please return to Kathryn McCarron as soon as possible.

All

Quality and Improvement Group

TP thanked AM for having been Chair of the Group. TP has now taken on the role of Chair of the Group and the Group have agreed a change in name. The QI group is considering its role to co-ordinate and support Audit and Quality projects proposed through the other network sub groups.

Feeding and Nutrition Group

Study Day was held last week where flyers were given out advertising for representation on the Group in order to take things forward in each of the units in the Network.

Parent and Public Involvement Group

Two new network parent representatives have joined the PPI group Vicki Lloyd and Nadia Griffin.

Long Term Follow Up Group

The collated comments from the Network on the new NICE guideline were sent yesterday. A meeting will be arranged once the approved NICE guideline is released. MD is producing an updated report on the two year outcomes in SSBC which will be included in the annual report.

Developmental Care Group

The Group is looking at aids and tools with ST and also an audit of units against the network developmental care guidelines. LC confirmed that there are no plans to formally merge with SWM's developmental care group, however ST attends both Groups.

13. ANY OTHER BUSINESS

Genome Letter

RM to invite a representative from the Project to come and speak at the Network AGM.

RM

Whose Shoes

Whose Shoes? is a very popular transformation tool across health and social care. A board game version is available which explores Maternity and Neonatal Services with real service users experiences. Both the WM MCN and SWMN ODN have licenses to run Whose Shoes workshops. LS asked if any individuals in the Network would be interested in training as facilitators. In order for the programme to be successful in the WM we need a pool of facilitators to be available. In order to become a facilitator, individuals need to observe an event, and Gill Phillips will provide training. Anyone interested in being a facilitator please email RM. ST stated that the next event planned in SWMN ODN is in July with Hereford and Worcester.

All

Linx Study Day Booking System

LC explained that all places on study days need to be booked via the Linx Online System at <http://linx.worxinfo.com/> SC to re-circulate registration instructions with the notes. Please ensure that all colleagues are aware of this.

SC/All

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 7 July at 10 am in Telford Education Centre, Princess Royal Hospital, Telford, TF1 6TF. The AGM and Annual Network Awards presentation will follow in the afternoon.

**NETWORK BOARD MEETING
ACTION POINTS
for the meeting held on 4 April 2017**

ACTION:	PERSON(S) RESPONSIBLE
VN is to create an integrated care pathway for babies with ROP, as part of each neonatal ODN's care pathway document.	Vandana Najran
Units are to contact John Ainsworth if any issues are identified with accessing laser treatment for ROP.	All
VN will arrange for everyone to get together to agree the guidelines and specification, in order that everyone is providing the same level of care.	Vandana Najran
ST is meeting with the NTS and LS to discuss the Network Escalation document and a meeting with representatives from all units will be held to review and finalise the document with an aim to bring this back for approval at the next Board meeting.	Sarah Tranter
All agreed to remove Consultant-Led Obstetrics in Stafford from the agenda until further information is available.	Sarah Carnwell
LS has identified funding for a part-time 8b role to assist with her role but from a midwifery perspective, further details will be provided for circulation to midwifery contacts in the Network.	Louise Stewart
VN will share with RM the national dashboard data that is shared with commissioners.	Vandana Najran
RM to bring the activity and quality report data to the neonatal activity planning meeting with Kieran Caldwell.	Ruth Moore
RM requested Stoke SUI data.	Stoke
VN will pass on data from Angela Young, Quality and Safety which the commissioners have agreed to share with the ODNs.	Vandana Najran
SC to ask the PPI Group why parents don't use the parent app/survey.	Sarah Carnwell
AM to raise issues affecting UHNM with RM to take to commissioning meeting.	Alison Moore
ST and VN to meet to discuss quality improvement opportunities coming out of the Term admission CQUIN data	Sarah Tranter and Vandana Najran
ST, VN and Jyoti Kapur to meet to look at how improvement in term admissions can be rolled out across both Networks.	Sarah Tranter, Vandana Najran and Jyoti Kapur
A high level implementation plan has been written by Commissioners with input from the neonatal ODNs and the MCN to address the ten recommendations from the neonatal service review report (previously circulated to all in February) which VN will circulate once there is approval to do so.	Vandana Najran
AP asked if she could be informed once the project goes live.	Dudley and Wolverhampton
A new proposal to continue with the current lead clinician for a further period of time will be brought to the next Board meeting in July.	Ruth Moore
VN agreed to circulate the West Midlands Neonatal Review Implementation Plan to the Board once it was approved.	Vandana Najran
AP agreed to keep the network informed of the North West NTS developments.	Alex Philpott
RM will circulate the brief draft notes of the visits to each unit for approval.	Ruth Moore
AP attended a meeting in Birmingham about organ donation. AP to provide document to SC for circulation to the Board.	Alex Philpott
KP asked that anyone asked to respond to guideline requests please return to Kathryn McCarron as soon as possible.	All
RM to invite a representative from the Genome Project to come and speak at the Network AGM.	Ruth Moore
Anyone interested in being a facilitator please email RM.	All
Linx online system at http://linx.worxinfo.com/ registration instructions to be circulated with the notes. Please ensure that all colleagues are aware of this.	Sarah Carnwell All