

BOARD MEETING

Minutes of the meeting held on
Friday 7th July 2017 at 10am

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

PRESENT:

Alex Philpott, Lead Consultant	Newborn Transport Service
Alison Moore, Consultant Neonatologist	Royal Stoke University Hospital
Asha Shenvi, Consultant Neonatologist	Royal Stoke University Hospitals
Babu Kumararatne (Chair), Lead Clinician	Newborn Network
Chrisantha Halahakoon, Consultant Neonatologist	Royal Wolverhampton Hospitals
David Loughton (Chair), Chief Executive	Royal Wolverhampton Hospitals
Dawn Homer, Nurse Manager	Royal Wolverhampton Hospitals
Jayne Johnson, Women and Children's Care Group Manager	Royal Wolverhampton Hospitals
Jo Gregory, Chair – Education and Workforce Development Group	Royal Stoke University Hospital
Julie Marks, Nurse Manager	Dudley Group of Hospitals
Kate Palmer, Chair – Neonatal Guidelines Group	Royal Stoke University Hospital
Lee Abbott, Network Transport Lead	Royal Stoke University Hospital
Lynn Keilty-Woolcock, Nurse Manager	Royal Stoke University Hospital
Lynsey Clarke, Practice Educator	SSBC Neonatal ODN
Margaret "Julie" Price, ANNP	Walsall Manor Hospital
Mudassar Dawood, Data Analyst	SWMNMN and SSBC Neonatal ODN
Raghu Krishnamurthy, Consultant Neonatologist	Walsall Manor Hospital
Rebecca Johnson, Commissioning Manager, Integrated Care Team	Telford and Wrekin CCG
Richard Heaver, representing Tilly Pillay	Royal Wolverhampton Hospitals
Robin McMahon, Chair – Equipment Group (RMc)	Royal Wolverhampton Hospitals
Ruth Moore, Network Manager/Lead Nurse (RM)	SSBC Neonatal ODN
Sarah Carnwell (Minutes), Chair – PPI Group	SSBC Neonatal ODN
Sarah Tranter, Quality Improvement Lead (ST)	SWMNMN and SSBC Neonatal ODN
Stacey Taylor, Quality Improvement Officer (STa)	Maternity SCN
Subramanian Mahadevan, Consultant Neonatologist	Dudley Group of Hospitals
Vandna Najran, Local Service Specialist, Women and Children & Internal Medicine	West Midlands Specialised Commissioning
APOLOGIES:	
Catherine Rutherford,	Newborn Transport Service
Jo Cookson, Practice Educator	SSBC Neonatal ODN
Lisa Poston, Unit Manager	Walsall Manor Hospital
Louise Stewart, Maternity Clinical Network	NHS England
Melanie Sutcliffe, Network Clinical Effectiveness Lead	Royal Wolverhampton Hospitals
Nicky Taylor, Chair – Developmental Care Group	Walsall Manor Hospital
Tilly Pillay, Consultant Neonatologist	Royal Wolverhampton Hospitals
Wendy Tyler, Consultant Neonatologist	Shrewsbury and Telford Hospitals

ACTIONS

DL welcomed everyone to the meeting and everyone introduced themselves.

2. MINUTES OF THE MEETING HELD ON THE 4th APRIL 2017

The minutes were agreed.

3. MATTERS ARISING

Ophthalmology Services for Neonatal Units Update

VN informed the Board that negotiations are taking place between Commissioners and BCH to set up a service for babies requiring laser treatment for ROP, with babies being treated locally by BCH and other hospitals providing service. Historically it was Sandwell and West Birmingham providing an outreach service through Lucy Butler, however following her retirement there is a need to renegotiate the service. CH felt that it was not good for babies to travel for this service, as these are some of the sickest babies, however the numbers are fairly small. VN and the ophthalmologists all agree that it would be preferable if babies did not have to travel. KP stated that there was an ophthalmologist at Stoke that was willing to take part in an on call rota to cover the West Midlands however this would need to be reflected in their job plan. VN confirmed that coding for this treatment is being reviewed with a funding model required.

Standardising Escalation Levels Update

ST and RM have produced a Procedure for Escalation of Neonatal Operational Pressures for discussion/agreement across both networks at a meeting on 16th August. ST stated that this standardised procedure will sit above the individual units escalation policies. CH felt that it was unacceptable to transfer babies from a level 3 unit to another level 3 unit for intensive care given that studies have shown that outcomes are worse for babies that are transferred ex-utero compared to transferring babies IUT. RM stated that the Review of Neonatal Services aims to address repatriation and capacity issues. AM agreed that ex-utero transfers should only happen in very exceptional circumstances. ST stated that the policy will mean each unit is utilising its cots more effectively. RM reminded everyone that LNU's are there to create capacity therefore they need to be used in this way. KP explained that in order to create capacity for one IC baby a unit would need to send out two HD or four SC babies to LNU's. RMc suggested that units interface with level 3 units earlier and that everyone needs to be less paternalistic. BK agreed advising parents earlier using the patient information leaflet that care is delivered as a network. The Board discussed patient choice however the baby is the patient therefore parents do not have a choice, it is the clinicians decision as to what is in the best interests of the baby. AP confirmed that in such cases the Repatriation Without Parental Consent policy would be used which is a legal document.

All

Updated Network Board ToR and Voting Procedures

RM presented the updated documents and highlighted the changes made in terms of name of network and membership. If members have any other suggestions for changes required to the Board TOR at this time please feedback to RM by the end of August. VN will take to the Transformation Board with the Capacity Plan. STa to ask Louise Stewart to look at the documents. DL stated that each Trust has one vote per organisation. There was discussion as to whether the NTS was included as a Trust and all agreed that NTS (BCWH) should get a vote. RM to amend the voting policy accordingly.

**All
VN
STa**

RM

4. NETWORK DEVELOPMENTS

West Midlands Maternity and Newborn Clinical Network (M&NCN) Update

STa gave a presentation which will be circulated with the notes of the meeting. The M&NCN is currently undergoing restructuring. STa felt that networks were able to steal best practice shamelessly and share best practice seamlessly. Louise Stewart has done a good job working with the LMSs across the network.

STa/SC

National Maternal and Neonatal Health Safety Collaborative

Following its launch in London in February, ST is attending a regional meeting on the 24th July at Leicester. Royal Wolverhampton Hospital is in phase one of the roll out, following bids submitted by maternity colleagues, however it includes neonates. All to liaise with maternity colleagues in order to be aware of any bids submitted.

All

Neonatal Services Quality Oversight Group NHSE

Angela Young, Deputy for the Director of Nursing NHS England (Specialised Commissioning – West Midlands), has convened a Neonatal service quality oversight group, membership includes the ODNs and Public Health together, the aim is to monitor the current quality status in the commissioned neonatal services and identify and manage those issues where gaps in assurance exist, as well as improving communication between the various stakeholders involved. The Group is looking at live quality issues such as infections. RM to keep the Board updated.

RM

5. SSBCNMMN ACTIVITY AND QUALITY MONITORING

Network Quarterly Report Suite Quarter 4 2016-17

Melanie Sutcliffe has sent her apologies therefore RM presented on her behalf. Melanie is looking at why two year follow up assessments do not always appear on Badger despite having been done and the data input at RWH. RM highlighted issues with ex-utero exceptions delayed repatriation of IC babies to BWH. ST confirmed that BWH capacity is high, however it is hoped that this will be addressed as part of the Neonatal Service Review. AP confirmed that transport is helping to repatriate babies from BWH back to local units however it is more of a pull rather than a push.

6. COMMISSIONING UPDATE

WM Neonatal Service Review – Implementation Plan

VN confirmed that the Implementation Plan had gone to the Transformation Board and had gone through five gateways, making it the furthest advanced piece of work to date. VN is working with LMSs, M&N Clinical Network and ODNs, only together can it be achieved. TC aligns more closely with maternity, however Commissioning and delivery of service models now sits with CCGs. Please can everyone forward their views to VN by the end of this month. Commissioning at 85% capacity across all HRGs. DCO Team and Nursing Directorate are responsible for primary care commissioning. VN went through the plan, highlighting that

All

specialised commissioning will be writing to Trusts to ask for their plans on how they aim to achieve 85% occupancy. VN to copy in the neonatal clinical lead in order that they are aware of when the letter has been sent. LMSs need to give their plans before the letter can be sent. VN will write to the Chairs of LMSs rather than STPs. VN will get approval to circulate the plan which will then go out with the notes of the Board meeting. The Commissioners are producing a service model including the impact on workforce, how use midwives on TC and the numbers of nurses needed on units. DL felt that Health Education England needed to be involved. VN agreed and welcomed DL's support in taking workforce issues forward. All agreed that improved staffing is required to address some of the capacity issues in the neonatal units in SSBC however there is not the trained staff available to recruit into posts even if there was enough funding. LK suggested that the only solution is to grow your own QIS staff, and to develop the Band 3 and 4 roles to take on a more supporting role within the units. DL felt that the answer to the staffing issue was in the hands of the clinical staff in neonatal services and suggested that the ODN should obtain workforce plans from each neonatal service and work within the ODN to address the issues. VN and RM will work together to obtain the workforce plans from units to start this piece of work.

VN

VN

VN and RM

National Neonatal Service Review

No further news on the national review other than the national peer review process which sits alongside it is progressing and, a Quality Surveillance Team representative will be speaking at the AGM following the Board meeting.

7. FINANCE

The budget position was noted.

8. NETWORK ROLES

Extension of Lead Clinician's Current Tenure

DL explained that he had been canvassed outside of the board meeting regarding the Lead Clinician's tenure and therefore he had decided to invite expressions of interest from across the network in taking on the Lead Clinician role. This will be administered through DL's office. Should there be more than one candidate, an anonymous voting procedure will be applied. All agreed that each Trust and the NTS would have one vote each. DL will write to the Medical Director at each Trust to ask for their organisations voting preference. DL felt that this was also a good opportunity for a change of Chair and he will write to the Chief Executives at each of the Trusts in the Network to ask for expressions of interest in taking on the role of Chair of the Network Board.

DL

DL

Data Analyst

Today is MD's last day as he is leaving to work in Public Health at Birmingham City Council. RM and ST to look at funding and discuss with Commissioners how to take forward the role of Data Analyst in both networks. DL suggested using the facilities at the CSU. Melanie Sutcliffe will be taking on the role in the interim however need a proposal for how the role will be taken forward in the future.

RM and ST

Combined Network Clinical Effectiveness and Audit Lead Role

Melanie Sutcliffe undertakes the network roles within her substantive post, there is no funding available for the role. All approved the proposal to appoint a combined Network Clinical Effectiveness and Audit Lead Role for the network. RM to advertise for expressions of interest

RM

Quality Improvement Lead/SWMN ODN Manager/Lead Nurse Update

ST is currently covering for Sonia Saxon whilst she is on sick leave until the end of this month.

9. NETWORK 2016/17 ANNUAL REPORT

All approved the annual report. Everyone was reminded that the Network Awards and AGM would be following the Board, along with lunch and refreshments.

10. SSBC ODN SPECIFIC ISSUES

Expansion of Neonatal Unit at Walsall

The Business Case has been approved for the physical expansion of the NNU and work starts in September. It was acknowledged that recruiting the necessary workforce to go with the extra cots may be difficult.

Neonatal Data Analysis Unit (NDAU) Neonatal Mortality Report on 2015 Data

There is a noticeable North/South divide nationally. The report does not take into account the impact of social deprivation, however MD has done a piece of work looking at deprivation/social factors and mortality in the WM, this will be fed back to the network mortality group. KP felt that the Network/Trusts need to concentrate on what we can influence, as cannot change deprivation/poverty issues for the population we serve. RM and BK have sought support from Angela Young, Public Health and the M&NCN to look at what can do to improve mortality. Work will be undertaken with each Trust and progress reviewed and updated through the Network Mortality Review Group.

11. NETWORK SUB GROUPS

Newborn Transport Service

Looking at web based cot locator system which units would use to declare cots available.

Equipment Group

Views on needle safe were requested. Broad agreement has now been reached on the IV packs.

Joint Neonatal Guidelines Group

The next edition will be ready for distribution in the Autumn.

Q and I Group

The extubation audit has been completed. Looking at breastmilk survey and paediatric audit. The supporting and co-ordinating role of the Group was agreed at an extraordinary meeting.

Long Term Follow Up Group

Awaiting the new NICE guidelines following which a meeting will take place.

12. ANY OTHER BUSINESS

RM asked for any items for the next meeting to be submitted by the 22nd September to be included on the agenda. All agreed to have the sub groups update at the beginning of the next meeting.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 10 October 2017 at 10am in Dudley Education Centre, Russell's Hall Hospital, Dudley, DY1 2HQ.

All

**All
SC/RM**

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

ACTION:	PERSON(S) RESPONSIBLE
Escalation of Neonatal Operational Pressures for discussion/agreement across both networks at a meeting on 16th August.	All
If members have any other suggestions for changes required to the Board TOR at this time please feedback to RM by the end of August.	All
VN will take the Board TOR to the Transformation Board with the Capacity Plan.	VN
STa to ask Louise Stewart to look at the Board TOR.	STa
RM to include NTS in voting policy accordingly.	RM
STa gave a presentation which will be circulated with the notes of the meeting.	STa/SC
All to liaise with maternity colleagues in order to be aware of any safety bids submitted.	All
RM to keep the Board updated on the progress of the Neonatal Quality Oversight Group.	RM
Please can everyone forward their views to VN by the end of this month.	All
VN to copy in the neonatal clinical lead in order that they are aware of when the letter has been sent.	VN
VN will get approval to circulate the plan which will then go out with the notes of the Board meeting.	VN
VN and RM will work together to obtain the workforce plans from each neonatal service to start this piece of work to address the issues.	VN and RM
DL to write to the Medical Director at each Trust to ask for their organisations voting preference.	DL
DL to write to the Chief Executives at each of the Trusts in the Network to ask for expressions of interest in taking on the role of Chair of the Network Board.	DL
RM and ST to look at funding and discuss with Commissioners how to take forward the role of Data Analyst in both networks.	RM and ST
RM to advertise for expressions of interest in the combined Network Clinical Effectiveness and Audit Lead Role for the network.	RM
All to provide views/issues with needle safety to RMc.	All
RM asked for any items for the next meeting to be submitted by the 22nd September to be included on the agenda.	All
All agreed to have the sub groups update at the beginning of the next meeting.	SC/RM