Staffordshire, Shropshire & Black Country
Newborn and Maternity Network

Annual Network Meetings 2015

Brief Notes

Date & Venue:	**Monday 9 Feb New Cross Hospital, Wolverhampton**	**Tuesday 10 Feb Russell's Hall Hospital, Dudley**	**Monday 23 Feb Royal Stoke University Hospital**	**Tuesday 24 Feb Princess Royal Hospital, Telford**	**Friday 27 Feb Walsall Manor Hospital**
Present:	Tilly Pillay NICU Lead Clinician Debra Hickman HOM Julie Plant Matron Chrisantha Halahakoon CD Sarah Fulwood (on behalf of Dawn Homer NNU Manager) Babu Kumararatne SSBCNMN Lead Clinician Adam Gornall SSBCNMN Lead Obstetrician Ruth Moore SSBCNMN Manager/Lead Nurse Vandna Najran, Women and Children's Service Specialist, Specialised commissioning Apologies: Dawn Homer	Adrian Warwick CD Steph Mansell HOM Steve Phipps Anand Mohite Nicola Taylor Paeds & NNU Matron Julie Marks NNU Manager Justine Edwards MW Yvonne Jones MW Matron Liz Planter MW Vandna Najran, Women and Children's Service Specialist, Specialised commissioning Babu Kumararatne SSBCNMN Lead Clinician Adam Gornall SSBCNMN Lead Obstetrician Ruth Moore SSBCNMN Manager/Lead Nurse	Alison Moore NICU Lead Clinician Lynn Kielty-Woolcock NNU Manager Sarah Jamison Deputy HOM Babu Kumararatne SSBCNMN Lead Clinician Adam Gornall SSBCNMN Lead Obstetrician Ruth Moore SSBCNMN Manager/Lead Nurse	Sanjeev Deshpande Lead Clinician Wendy Tyler Lead Clinician Sam Davies NNU Manager Cathy Smith HOM Tina Kirby Business Manager Lynn Atkin Senior Nurse Babu Kumararatne SSBCNMN Lead Clinician Adam Gornall SSBCNMN Lead Obstetrician Ruth Moore SSBCNMN Manager/Lead Nurse	Karen Palmer HOM Anjan Bhaduri CD Bashir Muhammad Lead Clinician Alyson Skinner RWH/WMH Neonatologist Raghu Krishnamurthy Angela Bubalo Matron Lisa Poston Interim NNU Manager Babu Kumararatne SSBCNMN Lead Clinician Adam Gornall SSBCNMN Lead Obstetrician Ruth Moore SSBCNMN Manager/Lead Nurse
Areas Maternity & Neonatal Services discussed with the network	Maternity – Capacity and activity biggest challenge, currently creating from within, waiting to see impact of Stafford. Increase in general numbers, increase in inductions, IV antibiotics for babies. Additional LW, Antenatal and TC to create capacity for anticipated 700 births from Stafford. 5 bedded MLU has been	Maternity – Help with electronic data system for maternity, changes in Trust regarding IT now reviewing requirements with each department to report to Trust board ? in Summer. Neonatal – capacity peaks and troughs and difficulty matching L/W and NICU cot for antenatal transfers <27 weeks.	Maternity – Initially capacity concerns following integration but this has settled a bit. MLU has now had deliveries at Stafford. TC and IV antibiotics are a shared issue with NNU Positive – Newborn examination M/Ws running the clinic with M/Ws in training and developing a large pool of staff	Maternity - Births decreased about 250 with drift to Consultant unit. Re-looking at MLU criteria to fully utilise. Saw an increase in Jan in women booking from out of county Costs spending more than income has led to delay on refurbing MLU at Shrewsbury and shelved refurb at Ludlow	Review of perinatal mortality 2011-2014 finalising draft report, support from network to care for these babies – ***Walsall will send the network a copy of their response to the report when finalised.*** Up skilling of staff on LNU ?Need for separate rota for LNU

	challenged to staff to full capacity however the M/W's TUPE'd from MSH will help with this. An oversight group chaired by Prof O'Brien (UHNM) is monitoring activity and any issues are being escalated to LETB. ***Vandna to write to Prof O'Brien to formally request feedback from this group*** Neonates- 4 bed expansion to accommodate Stafford, concern capacity/activity needs to be monitored and reviewed. Challenge to increase number of babies accepted as IUTs <27 Amount of time nurses spend sorting out flow due to capacity in other NNUs SF leads the neonatal community service, discharging babies on NGT feeds etc and has evidence of decrease in LOS on NNU. Cover all babies discharged from NNU and observing increased travelling time due to visiting small babies from Stafford.	An update on the progress for the single number project was discussed as this would benefit the neonatal and maternity teams across the network, releasing time to provide patient care rather than telephoning to find bed & cot.	Neonates- Predicting around 7000 deliveries therefore need to consider when a 2nd tier of docs may be required on NICU Special care physical space limitations – plans to add another floor to maternity building Difficulties with delayed repatriations of HDU/SCU babies blocking IC cots Discharge co-ordinator actively visiting PN wards seeking babies on IV antibiotics suitable to go home with cover from hospital at home Plans for a Ronald Macdonald house at UHNM in the future which will release pressure on family rooms in the NICU. Ensuring enough essential IC equipment - Nitric oxide and cooling to care for more than 1 baby at a time if required. UHNM are able to perform MRIs on ventilated and cooled babies, supported by 3 paediatric radiologists.	Recognise that funding is a national problem Neonates- Maintaining activity levels apparent decrease in premature births at SaTH and in Welsh births Costs – income not matching expenditure Need to harmonise nurse staffing levels and quality of service Keen for 2 way movement of babies, perception that this isn't happening as much as it could to date. Need to develop better working relationships with UHNM Difficulties with staffing have reduced participation in network groups recently, this will be improved in May Joint strength = Recruitment and retention no agency used across maternity and neonates	Walsall need to increase HD cots, discussed at several annual meetings with network – issue with directorate managers changing, 2 separate business cases for Maternity and Neonates regarding developing TC and increasing HD cots. ***Chair of the Network to write to Walsall Chief Exec to raise the priority and identify impact this is having on Walsall women and babies and the network care pathways***
Review of Network Care Pathways Neonatal Unit Specification	AG identified a need to push out the message to all obstetricians in Trusts with NICUs the need to IUT women >28 to a Trust with LNU if only one NICU cot	Concern regarding wording of 3.2.5 in NHSE service specification describing complex IC, this needs to be clear in the revised network care pathway	NICU description 27+6 at odds with LNU description 26+6 (singletons), the weight criteria are the same 800gms. Need to ensure the network	Concern regarding wording of 3.2.5 in NHSE service specification describing complex IC, this needs to be clear in the revised network care	Network does not see any changes required to clinical thresholds described in original network care pathway document as these

and National Service Specification Neonatal Critical Care Final Draft Updated Network Parent Information Leaflet	available. RWH identified that this is a challenge though as there is no separate IUT maternity transfer service so this depletes the midwives on L/W. AG identified the ideal time to give the network parent information leaflet will be around the time of the detailed scan as the next possible thing that might happen I going into premature labour.	document that there will be some babies who can be managed at DGH with discussion and agreement with NICU Network does not see any changes required to clinical thresholds described in original network care pathway document as these reflect the new NHSE service spec Parent information leaflet needs positive language to sell the LNU. ***RM to send to JM and NT for their suggestions to the rewording of the leaflet*** AG identified a need to push out the message to all obstetricians in Trusts with NICUs the need to IUT women >28 to a Trust with LNU if only one NICU cot available	document is consistent. Need the network document to include anticipating babies who will need complex intensive care e.g. antenatally detected hydrops AG discussed the need to develop effective relationships between obstetricians across the network to facilitate early referral of woman whose baby is anticipated to need complex IC for delivery in NICU centre as those relationships are not there yet. There has been recent changes in fetal medicine Consultants at UHNM, AG has restarted the network fetal medicine group meeting to build up these relationships.	pathway document that some babies can be managed at SaTH with discussion and agreement with NICU AG identified a need to push out the message to all obstetricians in Trusts with NICUs the need to IUT women >28 to a Trust with LNU if only one NICU cot available	reflect the new NHSE service spec, it was agreed to leave the gestational threshold at 28 weeks gestation, this may be reviewed in the future when the HD capacity has been increased in Walsall. AG identified a need to push out the message to all obstetricians in Trusts with NICUs the need to IUT women >28 to a Trust with LNU if only one NICU cot available AG identified the ideal time to give the network parent information leaflet will be around the time of the detailed scan as the next possible thing that might happen I going into premature labour. The updated network parent information leaflet can be put on the Walsall website. ***RM to email a copy of the final version.***
Review of Draft Updated Neonatal Capacity & Workforce Plan Neonatal Nurse Staffing Maternity	RWH concerned that the network capacity plan did not reflect the demand. RM explained that the network capacity plan looked at both current occupancy and missed demand in terms of babies booked in SSBCNMN but who had first admission outside of the network. The	RHH agreed with the suggested cot configuration in the network's capacity plan which switches round the IC:HD cot numbers at RHH. Nurse staffing – developing a business	The network capacity plan supports an increase in cots at UHNM. The total number of SC cots required at UHNM will become clearer when the number of bookings by women from Stafford is seen.		Walsall agree they need more HD cots. Succession planning and retirement have been issues for neonatal nurse staffing. Hopefully going live with real time intrapartum

Capacity	total number of SC cots required at RWH will become clearer when the number of bookings by women from Stafford is seen RWH maternity service concerned that externally it is thought that L/W refuses many IUTs, their own audits have identified that this is not the case.	case to increase staffing to the Trust	2 new ANNPs complete their training this year and hopefully 2 more staff will be going to train as ANNPs, unfortunately these are experienced neonatal nurses. UHNM had an excellent Deanery visit, more trainees are needed UHNM are developing their business case for 2 more Consultant posts, and are considering developing an academic post with Keele, currently there is a locum in the 6th post.		records on badger shortly.
Maternity Information System NHS England Stillbirth care bundle CTG Interpretation IUGR Monitoring	AG asked about the following topics in order to understand how units may achieve the care bundle: Presence of an electronic maternity information system and extent of use Presence of a data analyst within the maternity unit Bereavement midwife Frequency of perinatal mortality meetings and presence of external assessment CTG training within the unit The use of GAP and associated training to detect IUGR	AG requested that maternity services in LNUs monitor and record for 3/12 period the process, problems/blocks to access and arrange IUTs for women < 27 weeks gestation. ***AG to develop and circulate a form to be used.*** AG asked about the following topics in order to understand how units may achieve the care bundle: Presence of an electronic maternity information system and extent of use Presence of a data analyst within the maternity unit Bereavement midwife Frequency of perinatal mortality meetings and presence of external assessment	AG asked about the following topics in order to understand how units may achieve the care bundle: Presence of an electronic maternity information system and extent of use Presence of a data analyst within the maternity unit Bereavement midwife Frequency of perinatal mortality meetings and presence of external assessment CTG training within the unit The use of GAP and associated training to detect IUGR	AG requested that maternity services in LNUs monitor and record for 3/12 period the process, problems/blocks to access and arrange IUTs for women < 27 weeks gestation. ***AG to develop and circulate a form to be used.*** AG asked about the following topics in order to understand how units may achieve the care bundle: Presence of an electronic maternity information system and extent of use Presence of a data analyst within the maternity unit Bereavement midwife Frequency of perinatal mortality meetings and presence of external assessment	AG requested that maternity services in LNUs monitor and record for 3/12 period the process, problems/blocks to access and arrange IUTs for women < 28 weeks gestation. ***AG to develop and circulate a form to be used.*** Walsall already keep a record of where tried before successful to arrange IUTs. AG asked about the following topics in order to understand how units may achieve the care bundle: Presence of an electronic maternity information system and extent of use

		CTG training within the unit The use of GAP and associated training to detect IUGR		CTG training within the unit The use of GAP and associated training to detect IUGR	Presence of a data analyst within the maternity unit Bereavement midwife Frequency of perinatal mortality meetings and presence of external assessment CTG training within the unit The use of GAP and associated training to detect IUGR
Mortality Update - Bereavement Support	More analysis of labour ward deaths is planned to identify impact of intention to treat in the network for extreme preterm births.	More analysis of labour ward deaths is planned to identify impact of intention to treat in the network There is a comprehensive review of all deaths from 23+ weeks at RHH, JE can pull all the information required from the MBBRACE system The reason for the IUTs that went outside the network in the mortality report was discussed and whether this was due to being unable to match a L/W bed with a NICU cot. We need to work towards 70% of transfers being IUT rather than Ex utero. No concerns had been identified regarding RHH mortality within the network's analysis.	The three ODNs in WM are working with the WMSCN and Public Health in a WM Perinatal Mortality Taskforce to develop a standardised proforma to review all neonatal deaths which will then facilitate independent mortality reviews Which deaths currently receive a RCA – Sands proposal is for all perinatal deaths (stillbirths and neonatal) to receive an RCA? The network is looking for any key maternity/obstetric themes coming from the review of neonatal deaths in 2012 ***AG to email Sarah Jamieson.***	The three ODNs in WM are working with the WMSCN and Public Health in a WM Perinatal Mortality Taskforce to develop a standardised proforma to review all neonatal deaths which will then facilitate independent /external mortality reviews. Representatives from CDOPs are also involved in this work.	Have a bereavement team on L/W (M/W lead and 2 support M/Ws) and 2 nurses on NNU who lead on bereavement
Any other business	Contracting for 2015/16 – unfortunately offers from commissioners had not been made at the time of the	A meeting with NTS to be arranged so the NNUs in SSBCNMN can discuss any current concerns.	***RM to send AM the minutes from the network cardiology meeting in 2014 and the***		A meeting with NTS to be arranged so the NNUs in SSBCNMN can discuss any current

	network meetings ***Vandna to clarify with contracting team what they are using to set activity levels for 2015/16 offer and copy Ruth in***	Guidance for the movement of equipment between NNUs in the network was requested, ***RM to ask for this to be discussed at the Equipment group meeting in March***	***bullet points for the network cardiology lead role***		concerns. Quarterly meetings (dates to be arranged one year in advance) between Walsall/Wolverhampton are being held to discuss cases of babies transferred between the two units, records will be kept of these discussions.