



Chair: Deborah Jenkins

deborah.jenkins@stees.nhs.uk

Clinical Lead: Dr Sundeep Harigopal

sundeep.harigopal@nuth.nhs.uk

P.A. 0191 282 5755

Nurse Lead: Lynne Paterson

lynne.paterson@stees.nhs.uk

(01642) 854871

Manager: Martyn Boyd

Northern Neonatal Network, Trust Headquarters (Room 248), Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP

martyn.boyd@chsft.nhs.uk

Office line (0191) 541 0139

Mobile 07795062535

Northern Neonatal Network

Board Meeting on Thursday April 21st 2016 at 1400

At The Durham Centre, Belmont, Durham

Present; Deborah Jenkins (DJ), Network Chair
Martyn Boyd (MB), Network Manager
Lynne Paterson (LP), Network Nurse Lead
Sundeep Harigopal (SH), Network Clinical Lead
Yve Collingwood (YC), Newcastle, Matron
Peter Dixon (PD), NHS England, Senior Local Service Specialist
Hazel Raby (HR), North Cumbria, Operational Service Manager
Janet Mackie (JM), North Tees, Head of Midwifery & Children's Services
Lorraine Munro (LM), Northumbria Health, Ward Manager/ANNP
Rob Bolton (RB), South Tyneside, Associate Specialist Paediatrics
Majd Abu-Harb (MAH), Sunderland, Consultant Neonatologist
Sue Hindle, Sunderland, Acting Unit Manager
Samir Gupta, (SG), North Tees, Consultant Neonatologist
Lilian Malcolm, South Tyneside, Unit Manager
Jane Hall (JH), JCUH, Unit Manager
Richard Hearn (RH), Network Educational Lead
Sue Thompson (ST), Network BLISS Nurse
Mark Green (MGr), Network Data Manager
Jackie Butterworth (JB), Sunderland, Divisional Manager
Alan Fenton (AF), Newcastle, Consultant Neonatologist
Helen McKee (HM), Northumbria Health, Operations Service Manager
Chris Crone, QEH Gateshead, Modern Matron
Ann Bowes, CDDFT, Neonatal Service Manager
Jonathan Wyllie (JW), JCUH, Consultant Neonatologist

1 Welcome and introductions. Deborah Jenkins welcomed all attendees. A round of introductions followed.

2 Apologies were received from Mehdi Garbash, Suzanne Thompson, Dennis Bosman, Martin Leake, Victoria Brett & Martin Ward-Platt.

3 Minutes of the meeting of the Northern Neonatal Network Board, 27th January 2016 were accepted and confirmed as an accurate record, pending one name misspelling that will be corrected.

4 Unit/Trust updates

RVI – YC reported that there was a refurbishment of the IC Red Area on Ward 35 that

meant they were operating over 2 sites at the moment, utilising the children's wards as well as parts of the antenatal ward, which had meant extensive logistical planning. AF felt that it had however presented some new opportunities, such as the low dependency area being nurse-led which both medical and nursing staff had enjoyed. It had also highlighted other potential opportunities pending any expansion under reconfiguration and enabled good relationships with paediatrics to be developed.

Sunderland – MAH reported that it has been a very busy period for the Unit, especially with some very small babies increasing activity and workload which had resulted in some requests for cots having to be refused, but things had improved in recent weeks.

North Tees – SG also reported a very busy spell resulting in very high occupancy levels and paid tribute to the staff for coping with this. Two ANNPs had recently completed their training and were felt to have potential to undertake registrar duties in due course. JM also highlighted the increased activity within neonatal cots had been having a knock-on effect on maternity beds and services.

CDDFT – AB reported that there have recently been some medical and nursing issues but some nurses were due into post which should help and attempts were being made to recruit experienced nurses at band 6. A recent external neonatal review had not highlighted any issues and an Annual Review had just been drafted which would be distributed round the Network.

South Tyneside – RB reported that the Unit now has 2 trained nurses on for most shifts, so the Unit capacity is back up to 6 cots in total and sickness levels had also decreased recently.

Cumbria – HR reported that the Trust were struggling with medical vacancies, which has seen only 1 substantive consultant in post out of 5 at West Cumberland, so contingency plans were being explored for possible Unit closure, although the Trust were keen to avoid this and attempting to recruit but the most recent advert had not attracted much interest.

JCUH – JH highlighted that the emphasis for the Unit had been nurse recruitment which has resulted in 10 new WTE staff which required to 14 nurses starting in 6 months so the focus would be on training these new staff.

Cramlington – LM reported that they were continuing to see an increase in obstetric bookings with a knock on effect on SCBU activity. They were planning to recruit for a trainee ANNP to help with succession planning and had finally managed to secure their BLISS grant.

Gateshead – CC fed back that since the last Board Meeting, the Trust had received their CQC Report following their visit. The structures within the Trust had also changed so that the SBCU now sat within the surgical division rather than medical, so the line management would also be changing. There had also been some recent retirements, so posts at both band 5 and band 6 had recently been advertised.

5 Network Officer updates. Summaries had previously been circulated with the Board papers. DJ asked for any salient points from each and then for any questions;

SH reported that the new transport service was completely funded so Newcastle were now moving to recruit nurses, ANNPs and a consultant and this was progressing. He emphasised that the new service was a long term solution so the current pressures would continue, which had been discussed at the morning meetings. This had focussed on the recent transport service position statement and the potential use of other transport services. This meant that it was the neonatal transport teams who would always be the only point of contact for transfers and they would arrange the appropriate response.

The reconfiguration had also been discussed at the morning session including the projected cot capacities at each of the current NICUs. These had already been shared with NHSE commissioners and they were seeking agreement from all the Trusts and the Network in order to proceed. It was agreed that this needed to be from the CEOs following Deborah's suggestion and then SH could progress plans with NHSE. He reported that letters had been sent to the CEOs from North Tees and South Tees to seek agreement in terms of the way forward for the Tees and the need for a suitable implementation plan. There had been a very positive response from Alan Foster at North Tees who had agreed to move to drafting a suitable implementation plan by June 1st, but there had been no response as yet from South Tees. DJ had chased this and reported that this would follow by next week.

SH also reported that the neonatal CRG had been stood down pending reorganisation and a move to significantly less regional representatives to just 4 and all members would have to re-apply, despite strong objections to this proposal.

ST highlighted that her role was due to come to an end in September and she requested people contact her before then to ensure any priorities she could help with could be addressed before then. Following the recent BFFAS audit at the RVI she would be seeking to arrange a meeting to review across the Network. MB asked what the feedback had been following the audit. YC reported that BLISS wanted to come back for another visit to speak to more parents, but they had also specifically raised the lack of a microwave and noise levels as issues, however ST felt that the former was not in the audit standards so was not a reason for failing the audit.

LP emphasised the positive development with HENE agreeing to support the local course for training ANNPs and that the tendering process was due to enable a suitable provider for the course to be agreed by the end of June and a course to start in September. There were concerns however because HENE were now stating that the Network would not be involved in the selection process. DJ felt this was not acceptable and MB stated this contradicted the original discussions with HENE which has suggested otherwise. **Action** LP agreed to draft a suitable letter to raise concerns to this development that would be signed by DJ and she would also try to ring somebody at HENE to discuss this. LP also reported that discussions about Foundation Training were still ongoing with the managers.

MGr stated that 5 responses were still outstanding to the request from Methods for the national dashboards he had circulated to enable data to be taken directly from BadgerNet. There was uncertainty if the current "Badger Leads" list he had was up to date so forms were distributed to those present for signing and returning.

MB reported that the plans to reduce membership on the CRG also meant that the seat given to the Chair of the National ODN Manager's Forum and currently occupied by him was unlikely to continue. He also gave an update on the proposed national neonatal

review, now termed a “Transformation Programme” following initial discussions he had with Anthony Prudhoe, who is the national Programme Lead at NHSE who would be overseeing this. He was keen to progress this through the ODNs with their support and the initial draft document that Neil Marlow had produced was felt to be a useful starting point. MB was planning to circulate this for feedback and comment and other ODNs were seeking similar action before the May 18th meeting they would have to progress this. AF confirmed that the reference to the need for a neonatal review had been included by him within the recent maternity review to emphasise the need for one when it had not been included but no timeframe had been attached to this.

Following JW's arrival SH revisited the earlier discussion he had initiated to ensure that he was in agreement with the proposed cot capacities, to which the answer was yes.

MWP was not present and had submitted his update outlining the plans to migrate the dormant PMS database to CHS. MB updated the initial progress he had made in having exploratory discussions and then trying to arrange a meeting with suitable representation to move this forward in MWP's absence and he would keep the Network updated on developments.

NB – due to an oversight, the Officer update from Richard Hearn was not sent out with the other papers and will be included with these minutes for reference.

6 Annual Work Plan. MB outlined the process undertaken to enable the main priority areas for the Network to be agreed, which had resulted in the draft plan, which included some that were ongoing from last year. He felt that the recently agreed Network Budget was adequate to meet the priorities and objectives outlined in the Plan. The Board agreed with the Plan as drafted and ratified it accordingly without further comment.

7 Reconfiguration Task Group Hub update. JW fed back that progress on the Tees had stalled temporarily due to his recent absence, but this could now be picked up again. SG emphasised the recent positive response from North Tees and JM stated a date for further meeting now needed to be agreed. MB reminded the Board that the Reconfiguration Task Group had last met formally in December with the suggestion that the next full meeting of that Group could be in late March, but this had not been confirmed when offered. He asked if those Task Group members present felt it was needed. SG felt the emphasis needed to be on agreeing the implementation plan and JW agreed that this could be in place for reporting back to the Network Board in July following the proposed June date for drafting.

8 Annual Network Capacity Assessment. MB had drafted the Plan according to the same methodology used in the last 2 years, but adapted for the activity across all Units during the last year 2015-16. It showed that this activity had been fairly static and as a result, the aggregated shortfall of IC/HD cots across the Network assuming the recommended 80% average occupancy levels was about 7. This matched the recent detailed modelling exercise that had been carried out for the reconfiguration of NICU services.

JM pointed out that co-morbidities in maternity were now requiring significantly more care. MB highlighted the main recommendation for more cots to be urgently addressed by NHSE, whilst JB suggested more focus needed to be placed on nursing numbers and not just total cot numbers to be able to accommodate the activity. JW felt this was not

easy to standardise and DJ questioned if this could be done for the Network, but the consensus was this was difficult. AF highlighted the effect their cot closures had brought via Trust support, including going over establishment on recruitment and changed the way they utilised their resources and cots and improved their BAPM staffing ratios. YC suggested their use of incident forms every time they could not accommodate babies had also helped quantify their problems for the Trust. MB asked in light of recommendation 2 from the paper regarding the 2 IC cots closed at the RVI when they may re-open and AF felt it would be towards the end of 2016 when the nurses who were recruited had been trained up.

DJ asked what the NHSE response was to the recommendation for more cots. PD said that the full cost of 7 new cots would be around £3M and whilst the commissioners were committed to look at this, he felt that part of the issue needed to be looking at different methods of funding which could result in a regional tariff, which would allow capacity and staffing issues to be addressed. He was also keen not to have any differential tariff but one that all Trusts had and that may include transitional care. SH emphasised the urgency of the problem with lack of capacity and that it now at least equalled that within transport. PD said the first next steps needed to be Network agreement on capacities as well as the staffing deficits against recommended levels but also what NHSE funded as opposed to Trusts making available for staffing. SG emphasised that the need for cots at the RVI was key to making any reconfiguration possible and that there was an increasing risk of out of Network transfers if not addressed.

9 Neonatal Transport Service Commissioning. It was felt that the earlier discussions had covered this item so no further discussion was required.

10 Network Parent/Lay representation and involvement. ST summarised the recent discussions that had occurred across the Network Team about the future of Parent Representatives within the Network as there was a feeling that engagement and participation was proving difficult for various reasons. She queried what we were actually looking for from parents and confirmed that the BLISS website highlighted that this varied across networks and was up to each to decide according to what they were looking for. It was felt that attendance at Board meetings was not the best use of their time and Sue felt there needed to be more parents to be involved than the two current Board Reps. AF wondered if giving parental feedback from individual units during Board meetings may be a possible means of being responsive to this. Other potential ideas for best utilising a parent voice were discussed, but it was felt the best way forward would be to set up a meeting on the next Network day with interested members to explore the best options.

Action

ST will arrange and head a focus group to meet on the 6th July to explore options for enhancing parental engagement and involvement – LP, AF, DJ and JM suggested Debbie Bryan or Jane Malcom from North Tees.

11 New Exception Reporting Guideline. MB outlined the background to the proposed guideline and the process that had been followed, basing one working well at Thames Valley & Wessex. The focus would be to monitor exceptions to 2 agreed pathways – for SCBU to NICU transfers and also out of area transfers and enable a timelier means of the Network doing so.

AB queried the inclusion of referral after 6 hours of non-invasive ventilation and this was felt to be too low, so should be increased to 48 hours. RB queried the actual purpose of the form and whether Network monitoring could not be taken directly from Badgernet instead and that it would entail extra time to complete and submit. SH felt it was important for the Network to monitor and highlight by reporting any pathway exceptions not clinically agreed which previous audits by Martin Ward-Platt suggested was occurring in small numbers. HM felt that requesting a form to be filled in was unlikely to be successful and if Badgernet could be used it may be a better way of trying to achieve the aim. DJ felt there was no consensus for adopting the guideline so it was dropped. It was suggested that MG could monitor the Badgernet data to identify possible exceptions and include them on the quarterly reports

Action

MG will monitor Badgernet data for possible exceptions and liaise with Unit Leads to clarify the circumstances and include in quarterly reports as required.

12 Network Escalation & Emergency Evacuation Plan. MB had recently attended a full day exercise at North Cumbria to work through a full evacuation plan in the event of the whole hospital being lost to fire. HR gave more detail to this as she had been heavily involved in the exercise. This had led to a concern that there was no Network-wide plan in place for the management of babies beyond emergency short-term movement to places of safety that could involve potential transfers elsewhere if it was going to be required. Board members confirmed that evacuation plans existed for each Unit/Hospital but these had not been shared to produce a high level plan across the Network. JB was aware of a critical care network plan as was MB and it was thought this may help to refer to. It was felt that individual business continuity plans (BCPs) in the event of a major disaster should be adequate to cover the problems being highlighted and that members needed to check these were in place and adequate. There was no consensus for the Network to draft its own separate plan.

13 BLISS Nurse: contract and future work streams. MB pointed out that ST's contract is due to end in September 2016 and this may leave the Network struggling to pick up various projects and priorities she is leading on, particularly the BFFAS applications. He stated that there was a potential for the Network to fund part of the costs of the post until the financial year end, but not to the current 60:40 split between BLISS and South Tees, rather a 50:50 split. ST said this was still being discussed at South Tees but on that basis as an option to extend her contract till the end of March. She was keen to support other Units through the audit process and asked Units to contact her with any issues related to this and accreditation as she was not getting some of this directly via BLISS. There was consensus to support this as a Network and a decision from South Tees would be sought in time for the July Board meeting

14 Any other business

SH raised the issue of medical staffing problems and felt there was an acute crisis looming due to reduced trainees. JW confirmed that this equated to only 4.2 WTE out of 8 at middle grade and at the RVI they were 3 short, which was having an effect on transport services. He queried whether it was appropriate to write to the Deanery, as they emphasise they are responsible for training and not service. **Action** SH to draft a letter to the Deanery highlighting current concerns re trainee numbers

Date and time of next meeting – Wednesday 6th July 2016, The Durham Centre, 1400-1600