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## **Northern Neonatal Network Board Meeting 14.00 Wednesday 25<sup>th</sup> January 2017 The Durham Centre, Belmont**

### **Present**

Deborah Jenkins (DJ), Network Chair  
Martyn Boyd (MB), Network Manager  
Sundeep Harigopal (SH), Network Clinical Lead  
Peter Dixon (PD), NHS England, Senior Local Service Specialist  
Rob Bolton (RB), South Tyneside, Associate Specialist Paediatrics  
Yve Collingwood (YC), Newcastle, Unit Manager  
Samir Gupta, (SG), North Tees, Consultant Neonatologist  
Jane Hall (JH), JCUH, Unit Manager  
Mark Green (MGr), Network Data Manager  
Lesley Heelbeck (LH), QEH Gateshead, Midwifery Services Manager  
Lynne Paterson (LP), Network Nurse Lead  
Lorraine Munro (LM), Northumbria Health, Ward Manager/ANNP  
Lilian Malcolm (LiM), South Tyneside, Unit Manager  
Dennis Bosman (DB), QEH Gateshead, Consultant Paediatrician  
Richard Hearn (RH), Network Educational Lead  
Martin Ward-Platt (MWP), Network Audit Lead  
Jonathan Wyllie, (JW), South Tees, Consultant Neonatologist  
Majd Abu-Harb, Sunderland, Consultant Paediatrician  
Khairy Gad, (KG), North Cumbria, Consultant Paediatrician  
Hazel Raby, (HR), North Cumbria, Operations Service Manager  
Alan Fenton, (AF), Newcastle, Consultant Neonatologist

### **1. Welcome and introductions.**

### **3. Network Response to MBRRACE-UK Report and NHS England Concerns**

Deborah Jenkins welcomed all attendees. A round of introductions followed for Lesley Patel, Director of Specialist Nursing, NHS England who joined the meeting via conference call.

LPatel thanked the group for accommodating her via teleconference. LPatel updated the group following the Networks Response to the MBRRACE report.

Discussions took place on the role of the Network in taking the work forward and the radical asks to reduce the mortality rate to 50% by 2030.

LPatel asked for clarity and assurance following her report on how

improvements were going to be met and how this would be implemented into the workplan.

SH summarised the Network were well ahead of the curve in reviewing cases and this was part of routine practice. Outputs were dealt with by each trust and case reviews were discussed as an item quarterly at the Board Meeting. A template had been produced to document the review.

AF questioned the rationale behind halving the mortality. LPatel advised the position had been measured geographically and demographics showed we were an outlier.

LH summarised clarity was needed on saving babies lives. Still births were different to Neonatal deaths and we needed to be clear on what percentage we were reducing by. Demographics, Public Health figures, Smoking, and Obesity all need to be linked in. These were already being measured by the Maternity Network.

LPatel responded reassurance was needed and a proactive plan to make improvements. How we improve care is about fact, our data and how we operate.

RH summarised the RVI was the largest regional centre and contributes to half of the neonatal mortality. Every infant case review is carried out in a robust manner. Information is shared with Directorates and lessons learned. Funding from Public Health would make a better investment in helping change Parents perspectives.

**MWP summarised;**

- Data stabilised and adjusted – MWP quoted “don’t know what that means”.
- Data based on 2014 – MWP quoted “74 deaths, 2.3 per thousand live births – good. In year 3 average 3.3 per thousand. Clearly getting better”.
- Data looked at is a rolling average and we should look at the rolling average changes.

**Neonatal deaths – 3 concepts;**

- Have to be careful on word “we” not all death is providence of the Network.
- 1/3 congenital anomalies – to reduce the death rate far more abortions way back.
- Under 27weeks are doing very well.

LPatel questioned our MOU and asked if this was consistent and shared. RH advised there was cross boundaries of care. Information was shared openly between trusts.

LPatel and the group agreed to the following;

- LPatel to speak to **Penny** \_\_, Programme for Care Lead to look at the data.
- NHS England recognised the improvements and headway had been made.
- The Network will share information with other Networks.

- The issues with Public Health will be looked into.
- The Network would support better communication, dedicated Clinical time and look at technology.
- MB would incorporate the references discussed into the work plan.
- MWP to follow up discussions with LPatel.

SH advised the Data Sharing Agreement was a key driver for reconfiguration within Networks to provide better care. SH hoped there would be support from NHS England. LPatel advised she would look into it.

JW asked how we would see the common outcomes being reported for dissemination. LPatel advised this would be via report or email.

Conference call closed Board meeting resumed.

2. **Apologies** were received from Mehdi Garbash, Ann Bowes, Janet Mackie, Kristina Simmons & Suzanne Thompson.

4. **Minutes of the meeting of the Northern Neonatal Network Board, 20<sup>th</sup> October 2016**

The minutes were agreed to be accurate.

## 5. Matters Arising

### 5.1 Network Workforce Strategy

MB summarised and advised there had been no response to the request for volunteers. The group agreed a date to be set within the next 3 months to review and sign off the report.

**Action** – MB to confirm date with the volunteer group.

### 5.2 Network Data Access and Data Sharing Agreements

MB confirmed there were four trusts who had not returned their signed agreements which included North Cumbria, North Tees, South Tees and Northumbria.

**Action** – Outstanding units to liaise with their trust.

## 6. Unit/Trust Updates

### North Cumbria

No changes reported. Success regime had been concluded and outcome awaited. Concerns raised with staffing issues and staff with extended skills on the unit.

### Gateshead

Recruitment and staffing had improved. A Business case had been submitted to release 3 members of staff for ANNP training along with a Paediatric Business Case. LH advised they would continue to improve and maintain safe standards.

### Sunderland

MAH reported red status in activity for the unit due to Infection Control and staffing issues.

### **North Tees**

Appointment of a 5<sup>th</sup> Consultant had been made. 2 Registrar vacancies along with a Cardiographer vacancy had been posted. Reconfiguration and communication through various work streams ongoing.

### **County Durham & Darlington**

No one present to update.

### **South Tees**

Staffing adverts in place following reconfiguration and BAPM standards. Discussions with Management has allowed for further staffing. 2 Cons have been appointed.

### **South Tyneside**

**RB** advised Ken Bremner has been appointed CEO for South Tyneside. Discussion were taking place on reconfiguration, however **RB** commented he had not been party to this.

### **Newcastle**

**RH** reported Rob Tinnion had been appointed as Transport Consultant. There were 2 nurse and 3 practitioners' vacancies to be filled on the unit. 6 appointments to band 6 promotions were filled in house. 46 nurses had been trained in Intensive Care. Plans in place to over recruit by a further 10. **RH** advised the costs would be absorbed across the board. **RH** commented on the success of the recruitment open day. Work ongoing with BLISS for assessed Charter Mark.

### **Cramlington**

Unit has been very busy but manageable.

## **7. 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. No questions were raised by the group.

## **8. Reconfiguration Update/Feedback & Discussion**

**JW** advised this was progressing. There had been further movement and discussions with STP's and Better Health. Discussions were progressing for a single in patient paediatric and delivery unit.

**SH** reported plans and costings were being proposed for expansion at the RVI if reconfiguration was agreed.

## **9. Network Plans & Priorities for 2017**

**MB** advised this had already been covered in his Officer update.

## **10. Unit Closure Based on Infection Control Policy**

This had been raised to the group in MAH update.

#### **11.AOB**

No further items were raised for discussion.

#### **12.Network Board Chair Position**

**DJ** advised the meeting of her feeling that in the aftermath of stepping down as South Tees Trust Chair it may be also time to stand down as Chair of the Network Board. She left open the decision to the Board, but in the meantime thanked them for their time and support. The meeting agreed further discussion would need to take place regarding any potential replacement and thanked **DJ** for steering the group should this be her last meeting.

**Date and time of next meeting – 2pm, Thursday 27<sup>th</sup> April 1400-1600**