

Minutes of Clinical Governance Group

**Wednesday 07 July 2021
10:00 – 12.30
via Microsoft Teams**

Present:

Jane Gill (JG), Clinical Lead, EMNODN, South Hub (Chair)
 Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub
 Linda Hunn (LH), Director/Lead Nurse, EMNODN
 Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN
 Haddie Borbely (HB), Care Coordinator, EMNODN
 Susan Chisela (SC), Project Lead, EMNODN & PDN KGH
 Nicky Davey (ND), Matron, CenTre Neonatal Transport
 Hilliary Killer (HK), General Manager, CenTre Neonatal Transport
 Lleona Lee (LL), Consultant Neonatologist & Service Lead, Nottingham University Hospitals
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Claire Pierson (CP), Practice Development Matron, Nottingham University
 Nigel Ruggins (NR), Consultant Paediatrician & Neonatologist, Royal Derby Hospital
 Lyn Slade (LS), Matron, UHDB
 Karen Sampson (KS), Senior Sister, Royal Derby Hospital
 Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals
 Jo Behrsin (JB), Head of Service and Consultant Neonatologist, University Hospitals of Leicester
 Pauline Coser (PC), Matron, UHL
 Rhian Cope (RC), Matron, King's Mill Hospital, Mansfield
 Wendy Copson (WC), Matron, Northampton General Hospital
 Michelle Hardwick (MH), Ward Manager, Northampton General Hospital
 Andrea Warnock (AW) Neonatal Grid Trainee, UHL
 Jo Baker (JBa), Neonatal Grid Trainee, Nottingham University Hospitals

In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	Apologies for Absence Nick Barnes, Simon Rhodes, Dawn Davies, Margaret Pratt, Sophie Stephenson, Gregory Shepherd, Claire Inglis, Poornima Pandey, Lorraine Collins, Judith Foxon, Lynsey Jones, Lucy Panesar		
2.	Declarations of Interest None.		
3.	Minutes and Actions from the Previous Meetings The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	

4.	<p>Matters Arising Any matters arising will be picked up through the agenda.</p>		
5.	<p>COVID-19 Update 5.1 COVID-19 Catch Ups LH asked the group for thoughts regarding the continuation of the fortnightly COVID-19 catch ups. JB suggested that it be rebadged as the Critical Care Review update, including discussions around capacity due to RSV etc. It was agreed that it would be sensible for these to be held monthly.</p> <p>5.2 Bliss Locked Out Report The Bliss report was released a few weeks ago, and a copy of the report was circulated. It was agreed that the report is harrowing reading and in light of this would LH suggested that there should be some internal discussions to agree road maps for return to normal access for parents, siblings and extended family.</p> <p>5.3 Parent Testing Information A Network parent information leaflet has been written by CH & HB to highlight the importance of parent testing. This has been produced as a result of feedback from the units that several parents are refusing testing. A copy of the leaflet shared with the group by email. All to review the document and send any comments/suggestions to LSH by Friday 09 July 2021.</p> <p>5.4 Roadmap for Return to Normality There are still some anomalies around parent access across the Network. This requires some thought about what the roadmap is going to be. CH has been doing some work with each of the Lead Nurses around this and is collecting information to ascertain what is currently happening</p> <p>Bliss report recommendations suggest a roadmap should be developed by NHSE. CH to make contact with Chelsie Letts at Bliss to find out where this is.</p> <p>LH/JF/CH have meeting next week with regional IPC team.</p> <p>CF confirmed that she is awaiting Trust guidance around visiting, and that this is a high priority within ULHT.</p> <p>HB said that as isolating guidance is changing, this might assist with current staffing issues.</p>		<p>ALL</p> <p>ALL</p> <p>CH</p>
6.	<p>Safeguarding Update At the previous meeting it was agreed that a Network subgroup will be formed, which brings together professionals from across the Network. The group will meet twice a year and be constituted of designated professionals who sit at a CCG level, named professionals who sit within Trusts, senior clinicians, nursing staff, outreach, and family care staff. This will feed up into the Clinical Governance group.</p>		

	<p>The names and contact details of the Safeguarding lead midwife, neonatal safeguarding lead, and named doctor for safeguarding contacts are outstanding for UHDB and UHL</p> <p>LSH will then look to convene a date/time for the first meeting.</p>		<p>NR/LS/JB</p> <p>LSH</p>
<p>7.</p>	<p>National Update</p> <p>7.1 National Critical Care Transformation Review</p> <p>A severe lack of critical care capacity was highlighted in the GIRFT report. An East Midlands Neonatal Capacity Oversight Group (EMNCOG) has been formed which is made up of UHL and NUH teams along with the regional/national teams to look at how the capacity issues are addressed, to work towards the new builds and to ensure that any momentum is not lost.</p> <p>The new Women's and Children's building work has now commenced. NUH have secured funds to produce an outline business case and architectural plans.</p> <p>Funding from the transformation funding has been secured by NUH and UHL for nurse staffing. The amount available nationally is a relatively small amount compared to the amount which will be flowing down next year. The East Midlands has been very fortunate to receive an additional £290k to help with capacity. £70k of which will come to Network to enable the implementation of a network foundation programme to support new nurses coming into post.</p> <p>Money was also allocated to the Network for the Care Coordinator posts. and there is additional funding for workforce and education and AHPs. Job descriptions are currently going through the banding process.</p> <p>7.2 Car Seat Update</p> <p>The issues of car seats not made small enough for preterm babies was highlighted some time ago to RoSPA. Concerns were raised through a formal letter from the National Lead Nurse Group. RoSPA subsequently asked all units to collect data for all babies at discharge to provide evidence for the requirement for smaller seats. LH explained that there does not appear to be much appetite from the car seat manufacturers around this.</p> <p>Latest update is that RoSPA have looked at the number of preterm babies involved in accidents, and that there are not many, if any. The issues have now been escalated to Jacqueline Dunkley Bent, who is the maternity lead for the country.</p> <p>ND suggested approaching Sara/Chris Hoy. LH agreed to discuss with Lead Nurses at national meeting in the next few weeks.</p>		<p>LH</p>

	<p>7.3 Ockenden Report LH thanked all for their responses. It was agreed at a team meeting that there would be a Clinical Forum in October 2021 to discuss the requirements in greater detail.</p> <p>Some discussion followed regarding the neonatal recommendations within report for joint notes. WC reported that the NGH medical and nursing notes are written in medical notes</p> <p>CF confirmed that all the ULHT notes are written in the medical notes.</p> <p>SC confirmed KGH are also trialling writing all notes in medical notes.</p> <p>7.4 SCID Screening The UK National Screening Committee (UK NSC) has recommended that screening babies for severe combined immunodeficiency (SCID) should be evaluated in the NHS in England. The start date for the SCID screening evaluation in England is September 2021.</p> <p>The East Midlands is included in the evaluation which will run for 2 years, and will cover around two-thirds of the newborn population of England.</p> <p>The results will inform a recommendation about whether screening for SCID should become part of the NHS Newborn Blood Spot (NBS) Screening Programme in England.</p> <p>This will be discussed further on the next Wednesday morning call on Wednesday 21 July The immunologists from NUH and UHL will be invited to discuss this further.</p> <p>A dedicated screening for SCID e-Learning unit on Health Education England's e-Learning for Healthcare platform is in the final stages of being developed. The unit will be recommended for all health care professionals involved in the offer of NHS NBS screening.</p> <p>CH/HB to pull together a preterm parent information leaflet.</p>		<p>CH/HB</p>
<p>8.</p>	<p>Pre Term Birth Group Update LH reported that the Group is well attended, with obstetric and neonatal attendance from each unit.</p> <p>Reports and internal investigations are being requested where babies have not been born in the right place.</p> <p>NR explained that there have been occasions where parents change their minds about what course of action they would like in the event of an extreme preterm birth meaning it is then too</p>		

	<p>late for an IUT. These issues are also all being discussed by the preterm birth group.</p> <p>JG said it may be useful to offer tertiary consultant video conversations with the parents which would include the local team. JB also suggested MDT discussions prior to speaking to the parents, although there may be some challenges around organising this.</p> <p>8.1 Extreme Preterm Counselling Leaflet At the previous meeting a leaflet based on the one devised by UHL was agreed. However, the Network team identified a few issues with the document and have subsequently identified that there is a national parent information leaflet which was written by BAPM. This has been adapted for Network use and all were asked to review the document and send any comments by Wednesday 21 July 2021.</p> <p>JB explained that the UHL team thought the BAPM leaflet gave a steer towards survival focussed care which was the reason that UHL produced their own document.</p> <p>JB asked who is responsible for counselling parents in non-tertiary centres as there have been occasions where there have been issues around the information that has been provided to parents who have been transferred as an IUT to the tertiary units. NR confirmed in Derby this counselling would be the responsibility of the neonatal consultant to provide.</p>		ALL
9.	<p>RSV Update 9.1 RSV Parent Information Leaflet It has been identified that that there may be an early RSV season this year which may result in many more cases than usual. As a result, the JCVI have decided that there will be a 7-month vaccination season, which will start as soon as possible. This may be extended further if there are still clear rising cases. Letters have gone out to the commissioning teams and will be circulated to the units as soon as possible. Cases are definitely rising already, and NHSE are planning for up to 100% increase in cases.</p> <p>NHSE are also asking that if children that come into hospital with any respiratory issues that they are all screened for RSV. This is to enable tracing and monitoring of the number of cases. WC reported that in NGH they have POC testing and have extended this to include RSV.</p> <p>The Paediatric ODN are in the process of producing a surge plan, which may require units to keep babies a little longer if paediatrics are struggling for capacity. LH has asked Pete Barry to liaise with individual units about what assistance can be provided.</p>		

	<p>CH and HB have produced a parent information leaflet around RSV. All to read and send any comments/suggestions to LSH by Wednesday 21 July 2021. CH felt it may be sensible to add that the vaccination program will be extended.</p>		ALL
10.	<p>FiCare Update CH and HB are now in post. They have started by:</p> <ul style="list-style-type: none"> • Visiting to units to meet teams, touring the units and making contact with the FiCare link nurses • Doing some work around parent access post covid • Reviewing parent accommodation across the Network • Devising/reviewing parent information <p>A Newsletter is being produced and will be circulated shortly; it will spotlight a family experience, areas of excellent care etc.</p> <p>JG asked if there are any Medical FiCare links within units to let CH/HB know.</p>		ALL
11.	<p>Outreach Update BL confirmed that NUH have now appointed to all posts. The team are supporting one of the new Lincoln nurses this week.</p> <p>KS confirmed that Derby and Burton now also have a fully recruited outreach team.</p> <p>LH updated that the business case for a 7-day service has been submitted to the Specialised Commissioning Team, but it has been confirmed that there is currently no funding available to support this.</p> <p>CF asked if funding will continue for the FiCare Link nurses. LH reported that she will be meeting with finance on Friday and will let the teams know.</p>		
12.	<p>CenTre Transport 12.1 Dashboard A copy of the CenTre dashboard was circulated.</p> <p>ND reported that activity is increasing and the service has been especially busy over the last 10 days.</p> <p>It was noted that Bilious vomiting is a time critical transfer.</p> <p>ND reported that the new trolleys are now in use, and that the service have been experiencing issues with power in ambulances.</p> <p>The ambulance contract has gone out to re-tender, and will incorporate all of the following services:</p> <ul style="list-style-type: none"> • CenTre • Comet 		

	<p>14.5 NEC Care Bundle There have been preliminary meetings with good north/south collaboration and MDT representation. The project is being led by Shalini Ohja from Derby.</p>		
<p>15.</p>	<p>Data Quality and Assurance Reporting 15.1 Local Network Quality Dashboard A copy of the dashboard was circulated.</p> <p>LL enquired how the NEC data was presented and the comparison with different levels of unit as the current dashboard highlights that rates are higher in the lead centres which causes concern for the Trust Boards.</p> <p>As part of the NEC bundle Shalini Ojha has been creating some comparative data graphs using wider data which may assist in breaking down the data.</p> <p>JB suggested looking at Network NEC rates and comparing them to other Networks rather than at unit level. Would like to have a comparator, LH to explore with national group what data other Networks use.</p> <p>In light of some recent issues with mortality data interpretation it was decided to remove mortality data from dashboard, as there is already good overview of mortality through North and South MSGs.</p> <p>To ensure that data within the Network / unit dashboards is not misinterpreted a separate LMNS dashboard has been created.</p> <p>15.2 SI Reporting KGH SI This has been deferred to the next meeting.</p> <p>UHL SI JB shared learning around mitochondrial mutation and gentamicin toxicity.</p> <p>15.3 Learning from Incidents/Excellence None.</p> <p>15.4 Exception Reporting A copy of the exceptions was circulated.</p> <p>Lists of exceptions for Q4 2020 and Q1 2021 should be coming out imminently. A breakdown of exceptions for 2020 showed that there are still a lot of data errors, where HFOV has been inputted instead of high flow, or where nitric oxide has been incorrectly entered. The Network team requested that units move toward contemporaneous reporting of exceptions, and units discussed ways in which they were implementing this.</p>		

	<p>JB asked if there was a run chart, or feedback on how units are performing with reporting so that this can be fed back to teams. JB to have conversation with RS about what information would be helpful for UHL.</p>		JB/RS
16.	<p>Audit & Improvement Programme 16.1 Nurse Staffing A copy of the nurse staffing data was circulated and discussed.</p> <p>The key points are the lack of QIS nurses and the nurses staffing in the tertiary services.</p> <p>It was noted that the data is very much improved from a couple of years ago.</p> <p>CW confirmed that UHL were not putting data onto badger properly and so work has been undertaken to improve this.</p> <p>SC confirmed that KGH have significant issues with having sufficient band 7 supernumerary nurses in charge.</p> <p>16.2 Transitional Care Implementation Updates NR reported that a working group has been formed in Derby to look at what is required to fully implement TC services. They are developing a business case, but feedback is that it is unlikely to get any support.</p> <p>KGH reported that they are looking at guidelines and had a definite push on this over the last few weeks.</p> <p>CW asked for any TC contacts to be shared with Julie Park, her email address is; julie.park@uhl-tr.nhs.uk</p> <p>16.3 Network Normothermia Project AW is pulling together a working group and would like LNU representation. If there are any interested individuals all to share details with AW by email; aewarnock@doctors.org.uk</p>		ALL ALL
17.	<p>ATAIN Updates/Learning No updates provided.</p>		
18.	<p>LMNS Local Feedback JB has already got the contact details for the Lincolnshire neonatal workstream leads but asked if anyone has any other LMNS neonatal contacts to share with her.</p>		ALL
19.	<p>Project & Education 19.1 Network Education Team Update The Network will be appointing a nurse to lead on the foundation programme. An advert is out at the moment and LSH has shared the link by email.</p>		

	<p>19.2 Foundation Induction Programme A pilot session is planned on the 28 July 2021. There are currently 17 people booked to attend.</p> <p>Post meeting note: pilot session has been rescheduled and will now be held on 25 August 2021.</p> <p>19.3 Bereavement Workshops The first session was on 09 June. This went well with lots of good discussions. The next session is on 09 September 2021.</p>		
20.	<p>Mortality Review</p> <p>20.1 North Hub Group A copy of the June Mortality Learning Bulletin was circulated. This, along with all previous bulletins, is available on the Network website; https://www.emnodn.nhs.uk/health-professionals/meetings-forums/mortality-oversight-group-north-hub/</p> <p>20.2 South Hub Group A copy of the April Mortality Learning Bulletin was circulated. This, along with all previous bulletins, is available on the Network website; https://www.emnodn.nhs.uk/health-professionals/meetings-forums/mortality-oversight-group-south-hub/</p>		
21.	<p>Feedback from Network meetings</p> <p>21.1 Lead Nurses Group The group last met in June 2021. The minutes are not yet available, and these will be circulated shortly. There is nothing specific to report.</p> <p>21.2 Parent Advisory Group The group last met in June 2021. The minutes are not yet available, and these will be circulated shortly.</p> <p>CH/HB will be looking at ways to continue to recruit parents to the group.</p> <p>21.3 Education & Practice Development Group The group last met in June 2021. The minutes are not yet available, and these will be circulated shortly. There is nothing specific to report.</p> <p>21.4 Pharmacy Group The group last met in April 2021, the minutes have been circulated and are available on the Network website; https://www.emnodn.nhs.uk/media/2082/2021-04-13-minutes.pdf</p> <p>The group are currently working on developing a Network Prostin monograph.</p>		

	<p>21.5 NCOT Group The group last met in May 2021. The minutes are not yet available, and these will be circulated shortly. There is nothing specific to report.</p>		
22.	<p>Research 22.1 Update None.</p>		
23.	<p>AOB NR highlighted a recent issue of ROP treatment which is usually carried out under sedation with morphine at Derby. However recently there were two babies who could not be sufficiently sedated with a morphine infusion and were unable to be transferred to a tertiary centre due to a lack of capacity. The Derby team therefore opted to intubate and sedate the babies. The treatment was successful, and the Derby ophthalmologist is keen to continue undertaking the procedure this way. Discussions are ongoing with ophthalmologist and it would be useful to have a Network view on how this progresses in future. The Network team to convene a separate meeting to discuss/agree governance issues around this, involving tertiary unit and CenTre in this discussion.</p> <p>JB highlighted the cardiac service move from Glenfield across to LRI. Confirmation (pending further setbacks) has been received that this will happen on Monday 02 August 2021. During the transition period there will be a halting of the cardiac surgical service at LRI. PICU will be operating, and so cardiology opinions are likely still to be operational, but surgery or catheter procedures will stop on the 30 July 2021 resuming 12 August 2021. Mutual aid has been agreed between UHL/BCH for this period for children/babies. JB will forward the email detailing the arrangements to LSH to disseminate to the group</p> <p>WC asked if anyone uses iGrow. NR confirmed that it is used in Derby. It was introduced in paediatric service initially, and is a nice facility. If the EDD is inputted the system will recalculate for preterm baby. However, it is not actively used on the unit, but the information is available for outpatient clinic follow up.</p>		<p>Network Team</p> <p>JB/LSH</p>
24.	<p>Date/Time of Next Meeting Wednesday 06 October 2021, 10:00am – 12:30pm, via Microsoft Teams</p>		