

Minutes of Clinical Governance Group

Wednesday 13 January 2021

10:00 – 12.30

via Microsoft Teams

Present:

Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub (Chair)
 Jo Behrsin (JB), Clinical Lead, EMNODN, South Hub
 Linda Hunn (LH), Director/Lead Nurse, EMNODN
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN
 Susan Chisela (SC), Project Lead, EMNODN
 Rachel Salloway (RS), Data Analyst, EMNODN
 Lynsey Jones (LJ), Chair of PAG & Parent Representative, Nottingham
 Charlotte Barry (CB), Head of Midlands Maternity & Perinatal Mental Health Clinical Network
 Nicky Davey (ND), Matron, CenTre Neonatal Transport
 Leona Lee (LL), Consultant Neonatologist & Service Lead, Nottingham University Hospitals
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Lucy Panesar (LP) Outreach Lead Nurse, Nottingham University Hospitals
 Nigel Ruggins (NR), Consultant, Royal Derby Hospital
 Wendy Copson (WC), Matron, Northampton General Hospital
 Michelle Hardwick (MH), Ward Manager, Northampton General Hospital
 Claire Inglis (CI), Outreach Lead Nurse, University Hospitals of Leicester
 Poornima Pandey (PP), Consultant, Kettering General Hospital
 Caroline Nyawira (CW), Matron, Kettering General Hospital
 Ajay Reddy (AR), Consultant Paediatrician, United Lincolnshire Hospitals
 Lorraine Collins (LC), Ward Manager, King's Mill Hospital, Mansfield
 Rachel Cook (RC), Educator, University Hospitals of Derby & Burton
 Don Sharkey (DS), Consultant Neonatologist, Nottingham University Hospitals
 Sarah Roberts (SR), Senior Sister, Queen's Hospital, Burton
 Gregory Shepherd (GS), Consultant Paediatrics Surgeon, Queen's Medical Centre
 Dominic Muogbo (DM), Consultant Paediatrician, Queen's Hospital, Burton
 Lynn Slade (LS), Matron, University Hospitals of Derby & Burton
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals
 Andrea Warnock (AW), Neonatal Grid Trainee, University Hospitals of Leicester
 Michaela Thompson (MT), Senior Improvement Lead, East Midlands AHSN

In Attendance

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

	Subject	Attachment	Action
1.	Apologies for Absence Karen Sampson, Margaret Pratt, Marie Hoy, Rachel Barker, Sue Jarvis, Claire Gartland, Zara Doubleday, Margaret Pratt, Nick Barnes		

2.	Declarations of Interest None.		
3.	Minutes and Actions from the Previous Meetings The minutes from the previous Clinical Governance Group meeting were accepted as an accurate record.	A	
4.	Matters Arising Data Group – RS has met with 2 data analyst and will make dates to meet with the remaining. LH discussed IUT transfers which has led on to bigger piece of work to look at flows from West Midlands units into the East Midlands. TOR ratified and uploaded to the Network website. AWD/JB not yet met with Becky Sands to discuss safeguarding updates. Sharing data from November national transport group, will defer for full discussion at next meeting. Natalie Batey is looking at a Network Whole Exome Sequencing guideline. Methods for sharing maternity findings which have transpired from neonatal reviews. Charlotte has just taken over and was not aware of the context Charlotte discuss and report back. Network ANNP group. LH confirmed just been disbanded but some of the group are keen to pick it up again. All other matters arising will be picked up through agenda.		ND
5.	COVID-19 Update LH confirmed that the COVID-19 update meetings have been stepped up again regionally. For Wednesdays weekly catch ups it will be useful for each of the Lead Nurses to bring percentage nurse staffing absence and for each of the Clinical Leads to provide an update on any absences or redeployments. RS creates an overall SitRep to demonstrate occupancy but requested that BadgerNet is up to date to ensure that the data that is submitted is accurate. All to continue to notify LH with staff, capacity issues and any COVID-19 positive babies. There has been some discussion nationally about the possibility of pausing transformation, this will be discussed again at the February Maternity Transformation Board. NR reported that UHDB are requesting some consultant redeployment, there is no further information on this at present but it is understood that this will include neonatal consultants.		ALL

	<p>CF confirmed that ULHT have asked for nursing names for potential redeployment to ICU. LS confirmed that UHDB have also asked for nursing names for potential redeployment.</p> <p>LH confirmed that a national document had gone out, which recommends that neonatal staff should be protected unless in cases where Trusts reach Opel 4. There has been some discussion around where best deployed to, i.e. low risk areas to reduce the risk of transmission of COVID-19 back into the neonatal service. However, this is down to local determination.</p> <p>Regional escalation policy suggests minimal staffing levels; 1:2 ITU, 1:3 HDU and 1:5 SC. However, if Trusts are in declaring emergency situations, then they may decide to take that risk of reducing the numbers further if they need to take more staff. This will be down to local rust determination</p> <p>NR reported seeing more COVID-19 positive parents which in turn means having to isolate more babies. This has a knock-on effect on staffing levels which continues to be a challenge.</p> <p>JB reported that UHL have been asked to look at redeployment of medical staff, and also potentially identify nursing staff who could be redeployed. Adult critical care is currently working above their safe staffing levels. JB felt that there may be a need to revisit Network guidance to determine if this is useable moving forward. UHL are also looking at the redeployment of physical space within neonatal unit, with the potential of using the empty cot space if extra capacity at the LRI be required. Discussions are ongoing.</p>		
6.	<p>Safeguarding Update AWD and JB to meet with Rebecca Sands to discuss. AWD/JB to arrange date/time.</p>		AWD/JB
7.	<p>National Update 7.1 National Critical Care Transformation Review Transformation work is continuing at the moment, with 6 monthly progress reviews in the diary. Capacity issues have been strongly highlighted within East Midlands response to CCR. There are a series of meetings underway regionally, and with national teams regarding the critical care capacity within the Network, it is hoped that there will be some progress.</p> <p>7.2 GIRFT Highlighted areas of concern were raised with the National and Regional teams. Namely high occupancy in tertiary centres, and critical care capacity across the Network. GIRFT have identified a link between the number of babies less than 27 weeks who died outside of a NICU. Eleri Adams has identified this a very significant issue and this has been highlighted to all the relevant people within the Regional and National teams.</p>		

	<p>7.3 Car Seat Audit Completed car seat audits to be returned to LH for forwarding on to ROSPA, all reminded to remove any patient identifiable data.</p> <p>7.4 Ockenden Report The Ockenden report was published in December 2020, containing mostly maternity actions. Divided into immediate and local actions. Immediate actions; ensuring that Term deaths and babies with brain injuries were properly reviewed and put into PMRT with external scrutiny. Local actions; which are directed at Shrewsbury and Telford, however the Network has been asked by Regional team/Regional Chief Midwife to consider how we might review these within region. The Network will write a response to give the current Network position. All to read and provide input and to share any responses to the individual Trust Boards.</p> <p>CN confirmed KGH are in the process of looking at the report.</p> <p>CF enquired of it would be feasible for ANNP's to access any training online to reduce travel times going to the Tertiary Centres. It was agreed to consider reinstating the ANNP group across the region. NUH grand round still open to all, anyone not invited who wishes to be, to contact LL.</p> <p>LL to ask the NUH ANNPs for thoughts and views on sharing some of their teaching</p> <p>AW reported that interest in grid teaching has dropped off, so there is the potential to invite ANNP's into teaching if there is any interest. ANNP contact details to be sent to LSH who will pass on to AW.</p> <p>SC asked if there was any specific training for Band 7's in tertiary centres. SC/JF to take forward to Education Forum.</p> <p>Trust Board assistance is required to enable HR honorary contracts to make it easier to move staff to other units to gain experience and to do clinical shifts. This may need to be escalated to the EMNODN Board to get some support.</p>		<p>Lead Nurses</p> <p>ALL</p> <p>ALL</p> <p>LL</p> <p>ALL LSH</p> <p>SC/JF</p> <p>LH</p>
<p>8.</p>	<p>Optimising Place of Birth Project 8.1 Project Update The IUT guideline for the extremely preterm infants was launched in December 2020. It is reassuring that the data from last year shows that babies born in right place has gone from 60 to 85%. This is a great achievement!</p> <p>DS is about to release a summary of a presentation which will go out to obstetrics and midwifery teams across the Network to highlight the importance of IUT over postnatal transfers.</p>		

	<p>There will be a bi-monthly meeting to discuss cases where babies haven't been born in right place, which will review all cases and ensure that learning is shared.</p> <p>NR felt that a recent experience demonstrates there is still some work to do to ensure that all babies are managed according to the pathway. DS confirmed that there is still some work around reaching all the obstetricians and midwives.</p> <p>LL confirmed NUH are doing all that they can to accept these babies.</p> <p>ND mentioned 365 call handling pressures, so sometimes the lines may be busy and there may be a delay.</p> <p>DS noted that in order for the pathway to succeed this must be a two-way process. It is important to repatriate babies as soon as possible to ensuring that the flows are managed</p> <p>8.2 Extreme Preterm Counselling/Leaflets A copy of the leaflets and guidance was circulated. All to read and send comments back to LSH in couple of weeks.</p> <p>LSH to reformat leaflet and recirculate.</p> <p>It is anticipated that the guideline will be ratified by email unless there are comments which need to come back to next meeting for further discussion.</p>		<p>ALL</p> <p>LSH</p>
<p>9.</p>	<p>Outreach Update CI shared a report of a faulty oxygen cylinder is being reviewed and there is a meeting to discuss the SI next month. CI will share the learning at a Clinical Governance Group and /or Clinical Forum.</p> <p>There has been one community acquired COVID-19 positive baby which has been readmitted to hospital, this is now the third outreach baby with community acquired COVID-19.</p> <p>CI has sent a copy of the updated SLA, including cross boundary issues to LH, this will be shared/discussed at the next Regional Outreach meeting.</p> <p>LP explained that NUH outreach are currently running with 60% staffing. The discharge teams also have staff shortages. Despite this the team have still been able to discharge all patients, and there have been no babies who have not been able to receive a visit.</p> <p>LP visiting LCH next week to go through SOPs and guidelines before the new staff are recruited</p>		<p>CI</p>

	<p>LS has a meeting on Friday with Laura Churm and Finance to discuss and will feedback when she has any further information.</p> <p>The purchase of Biliblankets for the East Midlands and home/outreach phototherapy service will be discussed at the next regional outreach meeting on 25 February 2021. AWD confirmed there is still a lot of work to do before this is rolled out, a further update will be given at the next Clinical Governance Group meeting.</p>		<p>LS</p>
<p>10.</p>	<p>CenTre Transport</p> <p>10.1 Dashboard</p> <p>A copy of the CenTre dashboard was circulated, it reflects how busy the service has been, especially over the last few weeks. Nationally CenTre is still the third busiest service in the country.</p> <p>IUT uplifts – NHSE service specification agreement of a timeframe which states 3.5 hours for 80% of those babies requiring IUT uplift transfer. The service did not meet the target in December, with 8 out of 28 babies which fell into that criteria with the service taking longer than 3.5 hours to arrive. Some of the reasons behind this were out of the control of the senior team. Work is ongoing with consultant bodies to clarify what a time critical transfer is.</p> <p>10.2 Cooling Referrals</p> <p>Cooling referral pads with tear off strips are being provided to each of the Network LNUs and SCUs, these contain all of the information transport require to make a referral. Pads will be sent out to transport link nurses this week.</p> <p>Paediatric transport teams; EMBRACE and NECTAR are being asked to move adults, because of the increase in adult patients requiring intensive care. This may have a knock-on effect on paediatric/neonatal transfers, and CenTre may be asked to help provide some cover for their neonatal transfers.</p> <p>NR raised the issue of babies who are referred for HIE cooling where transport team is called but on arrival baby is declared not eligible for cooling, as this is a great waste of time. ND confirmed there are not a huge number of these incidents, but that should a referring unit feel that a situation has changed they can call the transport team again even if they have been dispatched</p> <p>Transport nurse raised the potential that parents may be stopped by police when going longer distances to units during the current lockdown restrictions. There has not been anything raised nationally on this topic, however LH thought it may be sensible to provide a letter to parents. ND will draft something they can give out to parents</p>		<p>ND</p>

	<p>Following an SI which resulted in an ischemic injury secondary to femoral line, current practice will be reviewed as to whether the team move babies with femoral lines or not. It would be useful, once complete, for this to be presented at a Clinical Forum. ND to discuss with to SS.</p> <p>Following a drug error last year, the team has been re-educated and a report sent back to parents concerned.</p>		ND/SS
11.	<p>Risk Register A copy of the post EMNODN Board Risk Register was circulated.</p> <p>LH asked all to review and send any comments/issues/additions by Wednesday 27 January 2021.</p>		ALL
12.	<p>Guidelines <i>Ratified and available on EMNODN website</i></p> <p>12.1 SOP for PDA Ligation Ratified and available on the Network website.</p> <p>12.2 Seizures (N) Ratified and available on the Network website.</p> <p>For Review</p> <p>12.3 Extreme Preterm Guidance Adapted from UHL guidance a copy was circulated. All to read and send comments to LSH by Friday 05 February 2021.</p> <p>Under Development</p> <p>12.4 Surgical (S) Updated version will be sent out to the South Hub units for comment later today. Algorithms simplified. All to review and bring comments back to next meeting.</p> <p>12.5 Early Care (N) A new group to be set up to look at producing this guideline. Pheobe Kigozi to look at and AWD will contact LL to discuss.</p> <p>12.6 Kangaroo or Skin-to-Skin Under review with Zara Doubleday.</p> <p>12.7 Light & Noise Under review with Zara Doubleday.</p> <p>12.8 Positioning Under review with Zara Doubleday.</p>		<p>ALL</p> <p>ALL</p> <p>AWD</p> <p>ZD</p> <p>ZD</p> <p>ZD</p>
13.	<p>Data Quality and Assurance Reporting 13.1 Local Network Quality Dashboard A copy of the dashboard was circulated along with a copy of the NNAP report</p>		

	<p>LH explained that the NNAP report was shared at the EMNODN Board so it is likely that board members will ask questions within their own organisations.</p> <p>Parents seen within 24 hours of admission is down to 57%, which is a significant decrease on last year's data. LH raised concern about the reduction and suggested use of FaceTime and other social media platforms to enable parents to participate in the ward round if they are not able to be present.</p> <p>SR reported that KMH are using iPads but need to further develop this for ward rounds. The iPad was used with the transport team for a baby moved out last week and worked really well.</p> <p>DM noted that the data previously only referred to those babies who were inborn but now includes those transferred in.</p> <p>Others talked about the measures taken to try to address the issues of data entry.</p> <p>ND reported a recent transfer incident and reiterated that transport team would never be too busy to talk to a family. This will be brought back to this meeting for discussion and shared learning when the investigation is complete</p> <p>13.2 SI Reporting All reminded to continue to send any SI's to the Network.</p> <p>13.3 Learning from Incidents/Excellence Learning was shared regarding a drug error incident.</p> <p>13.4 Exception Reporting A copy of the exceptions was circulated. It highlights the issues with ongoing exceptions. There is still a significant proportion of exceptions which are not being returned. NR apologised but reported that he is working through the list.</p> <p>AWD reminded all to request that colleagues submit the form at the time of exception. The form is available on the Network website emnodn-exception-reporting-form-v1-online.pdf and can be completed/submitted electronically.</p>		<p>ND</p> <p>ALL</p> <p>ALL</p>
<p>14.</p>	<p>Audit & Improvement Programme</p> <p>14.1 Nurse Staffing A copy of the nurse staffing data was circulated and discussed.</p> <p>14.2 Transitional Care Implementation No progress to report.</p> <p>LH reminded all that CNST are looking really closely at last year's action plans to ensure that the actions are in fact being implemented.</p>		

<p>18.</p>	<p>Mortality Review 18.1 NNAP Mortality Review A data review for the North Hub has been completed and a copy circulated.</p> <p>This includes babies from 2016-2018, it is thought with individual Network projects that the data will show improvement on the next report. The IUT pathway implementation and the administration of magnesium sulphate is demonstrating an improvement on the Badger data. Causes of death mirror the picture seen in the South Hub and there has been some previous discussion about Network wide feeding regimes and NEC bundles to see if Network rates can be improved.</p> <ul style="list-style-type: none"> • Will look at Normothermia as a Network • Will add next on list to look at NEC bundles <p>JB explained that where babies are transferred in for surgery, the NNAP metric on NEC is the hospital where a baby is cared for at 48 hours. This influences where NEC data is attributable to so most NECs should be attributed to unit they are referred from if coming in for surgery, but this is an area we need to look and follow up as a region.</p> <p>18.2 Revised Mortality Steering Group TOR The TOR has been revised to incorporate obstetric and bereavement representation.</p> <p>Any comments to be sent to LSH by 27 January 2021, after which the TOR will be considered ratified and uploaded to the Network website.</p> <p>18.3 North Hub Group MLB will be out shortly.</p> <p>18.4 South Hub Group MLB will be out shortly.</p>		<p>ALL</p> <p>LSH</p>
<p>19.</p>	<p>Feedback from Network meetings 19.1 Lead Nurses Group No minutes available yet, these will be circulated ASAP.</p> <p>Main discussions around COVID-19 and workforce issues.</p> <p>19.2 Parent Advisory Group No minutes available yet, these will be circulated ASAP.</p> <p>LJ reported that the group last met in December, with good representation. There are more parents involved now that the group is running virtually. Lincoln NVP is very active and there has been increased involvement from them also.</p>		

	<p>19.3 Education & Practice Development Group No minutes available yet, these will be circulated ASAP</p> <p>JF reported that the group Last met in December. There was lots of discussion around the delivery of education during COVID-19 and what are the best platforms for virtual teaching/conferences. JF/SC are looking to create a Network learning library.</p> <p>19.4 Pharmacy Group The UHL neonatal Pharmacist approached JB to set up a Pharmacy Group. The first meeting was held on Monday. Terms of reference will be drafted and will be brought to this group to be ratified. This will be a subgroup of CGG</p> <p>The group agreed on two projects to take forward; streamlining of pharmacy induction and shared common network formulary and drawing up list of common drugs particularly around stabilisation.</p>		JF/SC
20.	<p>Education Days 20.1 Future Education Ideas on future education were asked for previously, however no suggestions had been received.</p> <p>JB and SS held a virtual teaching session before Christmas, attendance was good and another session is being planned.</p> <p>AW asked if there was any appetite for virtual joint learning radiology meetings, within the North Hub to share interesting cases between hospitals. Anyone interested to contact AW who can put them in touch with paediatric radiology link from Nottingham, who can then look to facilitate.</p>		ALL AW
21.	<p>Research 21.1 Update Nothing to update due to COVID-19. Some of the smaller studies are still running.</p>		
22.	<p>AOB Please send MBRACCE reports to the Network team. If any services are identified as red then that years deaths will need to be reviewed.</p> <p>JB is standing down as Network Clinical Lead, as she will be taking on the Head of Service role in Leicester. Interviews for a replacement are taking place in the coming weeks. All extended their thanks to JB for all her hard work and support for the Network and wished her well with her new venture.</p> <p>AWD has been asked for clarification of PPE on labour ward. AWD will respond to AR by email.</p>		AWD

	PP enquired about redeployment of staff and the situation regarding readmissions to the neonatal unit. LH confirmed that units should not be routinely readmitting to the neonatal unit and that any readmissions, if they occur, should not be entered onto BadgerNet.		
23.	Date/Time of Next Meeting Wednesday 28 April 2021, 10:00am – 12:30pm, via Microsoft Teams		