

**Minutes of Clinical Governance Group**

**Wednesday 11 January 2023**

**10:00 – 1:00**

**via Microsoft Teams**

**Present:**

Jane Gill (JG), Clinical Lead, South Hub, EMNODN (Chair)  
 Anneli Wynn-Davies (AWD), Clinical Lead, North Hub, EMNODN  
 Linda Hunn (LH), Director/Lead Nurse, EMNODN  
 Judith Foxon (JF), Deputy Lead Nurse (Workforce & Education) EMNODN  
 Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN  
 Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN  
 Anita D’Urso (AD), Psychologist, EMNODN  
 Dushyant Batra (DB), Head of Service & Consultant Neonatologist, Nottingham University Hospitals  
 Cheryl Griffiths (CG), Matron, Nottingham University Hospitals  
 Rhian Cope (RC), Matron, King’s Mill Hospital, Mansfield  
 Lorraine Collins (LC), Ward Manager, King’s Mill Hospital, Mansfield  
 Lynsey Lord (LL), Practice Development Matron  
 Jo Behrsin (JB), Consultant Neonatologist, University Hospitals of Leicester  
 Claire Inglis (CI), Lead Nurse for Homecare, South Hub  
 Nigel Ruggins (NR), Consultant Paediatrician & Neonatologist, UHDB  
 Dominic Muogbo (DM), Consultant Paediatrician, Queen’s Hospital, Burton  
 Lynn Slade (LS), Lead Nurse for Neonates, UHDB  
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals  
 Claire Gartland (CG), Neonatal Lead, Maternity Transformation, Lincolnshire LMNS  
 Hilliary Killer (HK), General Manager, CenTre  
 Julie Needham (JN), Matron, CenTre  
 Poornima Pandey (PP), Consultant Paediatrician, Kettering General Hospital  
 Issac Abraham (AI), Consultant Paediatrician, Kettering General Hospital  
 Sarah Kent (SK), Matron, Kettering General Hospital  
 Nick Barnes (NB), Consultant, Northampton General Hospital  
 Kelly Marriott (KM), Ward Manager, Northampton General Hospital  
 Rebecca Scorer (RS) Quality Care Sister, NUH  
 Stephanie McGarry (SM) PDN, NUH  
 Zara Doubleday (ZD) Acting Ward Manager, City Hospital  
 Andy Currie (AD), Head of Service, CenTre Transport  
 Michelle Bartles (MB), Nottingham University Hospitals  
 Lianie Tsilika (LT), Consultant Neonatologist, Nottingham University Hospitals  
 Anjali Sood (AS), Education & Practice Development Sister, University Hospitals of Leicester

**In Attendance**

Lindsay Hill (LSH), Office Manager, EMNODN (Minutes)  
 Katie Hay (KH), Dietitian, EMNODN  
 Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN  
 Susan Chisela (SC), Education & Practice Development Nurse, EMNODN  
 Rachel Salloway (RS), Data Analyst, EMNODN

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
<b>1.</b>	<b>Apologies for Absence</b> Margaret Pratt, Michelle Hardwick, Jo Preece, Gregory Shepherd, Davina Bhardwaj		

2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes and Actions from the Previous Meetings</b> The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	
4.	<b>Matters Arising</b> <b>4.1 Car Seat Update</b> Car seats are not currently safety tested for any baby less than 3.5kg and these smaller babies appear not to be correctly secured within them due to the height and width of the straps.  This issue was raised initially by the National Lead Nurse Group and was then escalated to National Car Seat Safety Team. Work continues to identify a solution to this issue nationally and internationally. WC attended the last national meeting on behalf of LH. There is no progress to report and no mandate to change the current legislation. It has been reported that there is work underway to review this in Europe and Canada.  This item will remain on the agenda to allow further updates as and when.  <b>4.2 Grading of Care</b> Previous discussions have taken place regarding the grading of care following a PMRT. It had been identified that if there are any issues such as the lack of a soundproof room, then according to the guidance, the care would have to be graded as a B. JG asked for clarification about this at the MBRRACE launch in October, and it was felt that such instances would not impact upon the overall care provided and therefore the care could be graded as an A.		
5.	<b>Babies &amp; Families</b> <b>5.1 FiCare Update</b> CH continues to work with the units to advance the FiCare provision. She is also delivering sessions on the Network Foundations in Neonatal Care Course and the QIS course at DMU, which have both been well received.  A FiCare module has been created on Moodle and is currently being tested.  Funding has been secured from the EMAHSN to produce educational videos on the following: <ul style="list-style-type: none"> <li>• Skin to skin delivery</li> <li>• Importance of early maternal breastmilk</li> <li>• Introduction to neonates?</li> <li>• Introduction to FiCare.</li> </ul>		

	<p>CH is currently seeking engagement from families to ensure this material is co-produced.</p> <p>The new Network Instagram and YouTube accounts are now live and introductory content is being posted. These can be followed at @emnodn.</p> <p>Cot side visits to gauge parental experience are underway with two Trusts left to complete. These visits will culminate in a report which will be shared with units and published on the Network website.</p> <p>The FiCare Steering Group are planning to produce a prompt card to support the decision-making process when identifying the most suitable family to transfer out of a unit for capacity reasons.</p> <p><b>5.2 NVP Recruitment</b> Four of the LMNSs now have an NVP chair in place or have an NVP as part of the MVP. CH is encouraging them to reach out to the units so that they can work together.</p>		
6.	<p><b>Surgical Updates</b> GS sent apologies.</p> <p>JG to invite a UHL surgeon to future meetings.</p>		JG
8.	<p><b>National Update</b> <b>8.1 National Critical Care Transformation Review</b> The critical care capacity issues across the Network have not yet been resolved. The East Midlands Capacity Oversight Group (EMNCOG) will be reconvened by Specialised Commissioning shortly.</p> <p>The Network Team have revised their initial response to the NCCR, which includes the capacity review, staffing recommendations and full costings for the workforce. LH is waiting for a response/comments from Specialised Commissioning before circulating to all.</p> <p><b>Staffing</b> Funding for nurse staffing towards achievement for the long-term plan was allocated to NUH, UHL and RDH. Recruitment is being monitored quarterly and provided to the National Team.</p> <p><b>FiCare</b> CH and Haddie Bills are undertaking a series of projects and initiatives as above.</p> <p><b>8.2 Ockenden &amp; GIRFT Proposed Actions</b> The Network Ockenden funding allocation for Medical and AHP staffing was allocated on a risk basis.</p>		

	<p>The Network GIRFT action plan is under review by the Network Management Team. There were also some guidelines included within the recommendations which will be picked up within the guidelines section of the agenda.</p>		
<p><b>9.</b></p>	<p><b>Preterm Birth Group Update</b>  <b>9.1 Latest Data</b>  Q3 data for birth in the correct setting is currently at 81%, which is an improvement. There were 21 extreme preterm births during that time period.</p> <p>A trend has been identified that there were 8 extreme preterm babies born before arrival during 2022. Previous years data only identified 1 BBA per year. Discussions have taken place with the Maternity Clinical Network and work is underway to identify a cause and any potential remedial actions.</p> <p>Discussion followed regarding the 'Just say Yes' policy and the lack of critical care capacity in the two lead centres. It was agreed that any inability to accept extreme preterm infants should be exception reported to enable the Network and Commissioners to develop a good understanding of the reasons for refusal. This will need to be discussed at the preterm birth group as the neonatal services are not always aware when an admission has been refused.</p>		<p>LH/WC</p>
<p><b>10.</b></p>	<p><b>AHP &amp; Psychology Update</b>  LH circulated an email last month regarding the Ockenden underspend against the AHP, Psychology and Medical posts. The AHP team have compiled a suggested education and equipment list which could help to use some of the underspend and prepare the new recruits to undertake their new roles. If there are any queries regarding the list, please contact KH or another member of the Network AHP/Psychology Team.</p> <p>The AHP/ Psychology Team are setting up an AHP forum. The first meeting will be held on 15 February, 2:00pm-3:00pm. LSH has circulated the flyer. If anyone knows of any AHP interested in working within neonates please contact the AHP/ Psychology team.</p> <p>The AHP/Psychology Team are also happy to help with recruitment, job descriptions, interviews etc, and are also available for supporting development of any business plans.</p> <p>The team have been delivering education on the Network Foundations in Neonatal Care course and the QIS course at DMU.</p>		

<p><b>11.</b></p>	<p><b>Outreach Update</b>  <b>11.1 Outreach Update</b>  <b>South Hub Update</b>  There has been ongoing recruitment for the 7-day service and there has been very good progress. The remaining post for UHL closes tomorrow. KGH and NGH posts are likely to be advertised in next couple of weeks.</p> <p>The South Hub are now offering a 7-day service and are planning to pilot home phototherapy in Leicester and would then plan to replicate this service in NGH and KGH.</p> <p>The service are continuing to increase the number of home tube feeding babies across the South Hub.</p> <p>NB expressed concerns about the governance processes for home phototherapy. JG had previously shared these concerns but believes that there is now a robust process.</p> <p>JG suggested a half hour in a clinical forum where the Leicester trial and process/guidelines can be shared.</p> <p><b>North Hub Update</b>  The Team are recruiting for a 7-day service. The Home Phototherapy Guideline is being reviewed. Some further work is required around education and home tube feeding in the north.</p> <p><b>11.2 Dashboards</b>  The dashboard was presented, this will be reviewed, and the metrics revised at the next outreach meeting.</p> <p>It was agreed that this agenda item will be entitled as 'Homecare' in the future.</p>		<p><b>CI</b></p> <p><b>LSH</b></p>
<p><b>12.</b></p>	<p><b>Centre Transport</b>  <b>12.1 Dashboard</b>  A copy of the dashboard was circulated. The team have been very busy with 373 transfers in the last quarter. There has been a slight increase in the number of category two transfers, all have been reviewed.</p> <p>The team are not meeting all the targets for critical care uplifts within 3.5 hours. The themes identified have been around cot locating and ambulance provision.</p> <p>Due to activity levels, there were five occasions where other transport teams were asked for assistance during December.</p> <p>Late finishes continue to be an issue for the team and so HK is currently looking at start/finish times for the three teams and the possible need to introduce an additional late shift. HK will feedback at the next meeting.</p>		



	<p>CentTre is now an outlier for stabilisation times compared to other transfers teams. Work is underway to understand the reasons for this.</p> <p>The themes from the DATIX reports include ambulance provision and equipment issues. Some issues with the nitric system have also been reported and these are being discussed with the company.</p> <p>JG enquired if the delays/issues with the ambulance provision should be formally escalated to Specialised Commissioning. LH confirmed it has already been escalated and is also included in the revised NCCR response.</p> <p><b>12.2 Losing Cots During Transport</b> There have been a few incidents when cots have been lost when the baby is already enroute to the unit. Any such incidents should be exception reported so that conversations can take place with the units and the data can be used to further illustrate the capacity issues.</p> <p>Notification has been circulated by AC to state that babies born at less than 27 weeks will not be moved for capacity reasons within the first 72 hours of life. This is in line with national guidance and the other transport services in the country.</p>		<p><b>ALL</b></p>
<p><b>13.</b></p>	<p><b>Risk Register</b> The Risk Register was circulated, and LH requested that any comments are sent to her by the 26 January 2023 so that they can be incorporated into the version that is presented to the Network Board on 20 February 2023.</p>		<p><b>ALL</b></p>
<p><b>14.</b></p>	<p><b>Guidelines</b> Jo Preece has joined the Network team until the end of the financial year, to work on the Network Guidelines. Jo will be a welcome addition to the team. Jo has been working hard on all of the guidelines detailed below.</p> <p>Any requests for particular guidelines please get in touch with Jo.</p> <p>There are future plans to create a Network nutrition guideline and a metabolic bone disease guideline.</p> <p><b><i>For Comment/Ratification</i></b> <b>14.3 SCID Screening (N)</b> No comments were received, and the guideline will now be ratified and uploaded to the Network website. This is different to the South guideline as the immunology teams manage the process very differently.</p>		<p><b>ALL</b></p> <p><b>LSH</b></p>

	<p><b><i>Under Review</i></b></p> <p><b>14.4 PPHN</b> Will be circulated shortly.</p> <p><b>14.5 CPAP</b> Will be circulated shortly.</p> <p><b>14.6 Light &amp; Noise</b> Sarah Willis is making some final changes which should be ready to be presented at the next meeting.</p> <p><b>14.7 Positioning</b> Helen Cater &amp; Sarah Willis are making some final changes which should be ready to come to the next meeting</p> <p><b>14.8 Exchange Transfusion</b> Will be circulated shortly</p> <p><b>14.9 ROP</b> Will be circulated shortly.</p> <p><b><i>Under Development</i></b></p> <p><b>14.10 Early Care</b> Will be circulated shortly.</p> <p><b>14.11 PDA Drive Throughs</b> Will be circulated shortly.</p> <p><b>14.12 Bilious Vomiting Pathway</b> Work underway and will be circulated shortly.</p>		
15.	<p><b>Data Quality and Assurance Reporting</b></p> <p><b>15.1 Local Network Quality Dashboard</b> The dashboard was circulated and discussed.</p> <p>Steroid compliance has reduced which is due to the new NNAP metric (a full course administered). It was felt that the maternity services were falsely reassured by the old metric (only one dose recorded). JB felt that there is also a neonatal responsibility to ensure that the maternity data is inserted into the Badger database.</p> <p>WC has been meeting with optimisation leads, and they have been undertaking deep dives to see if the low compliance is due to missing data or just whether improvements in care provision are required to meet the targets.</p> <p>There has been a definite improvement with the Optimal cord clamping measure over last few months.</p> <p>Early breastmilk has not been included in the optimisation metric as the compliance level would appear to be really low due to a lack of data. WC is working with the units to provide the information about where the data needs to be inputted.</p>		

JG expressed concern about timely ROP screening. AWD noted that the data dips April/May time which is probably due to the change in the criteria. RS reported that there is also a potential issue with the data, and she is hopeful that this is being addressed and will look better in the graphs which are circulated at the end of January. RS has reviewed the data and the average is around 65%.

## **15.2 SI Reporting**

### **KGH SI**

Final review processes are being completed, so this has been deferred to the next meeting.

### **UHL SI**

JB shared the learning from an SI regarding a lumbar puncture.

It was agreed that it would be helpful to share the UHL LocSSIPS across Network. DB is also happy to share the NUH LocSSIPS.

## **15.3 Learning from Incidents/Excellence**

RENS Q2 had three winners: 2 from KMH and 1 from UHL. The staff who received awards were really pleased. For Q3 there have been no nominations. Everyone was reminded that nominations can be made for anyone working within neonatal services. Nomination forms can be found on the website.

## **15.4 Exception Reporting**

A copy of the report was circulated. RS highlighted a change to the process, as all LMNS's require oversight of any exceptions so this will be included on the monthly quality reports. As a result of this, the ODN Team will be sending exceptions out monthly rather than quarterly. The focus should be on completing exception reports contemporaneously.

RS reported that exceptions reports are required for any babies admitted to neonatal unit from any non-perinatal settings. e.g., A&E or home.

An exception reporting form should be completed when a baby cannot be repatriated to its home unit. This cannot be identified from the Badger database, so the ODN will be reliant upon the units reporting these issues contemporaneously.

AWD requested that junior staff are reminded to input data accurately as, there has been a flurry of babies reported as receiving nitric and also a lot of HFOV instead of HF02

JG asked what the standard should be for repatriation. AC confirmed that nationally it is defined as 72 hours.

**JB**  
**DB**



<p><b>16.</b></p>	<p><b>Service Improvement/Implementation Programme</b>  <b>16.1 PERIPrem</b>  <b>16.2 Transitional Care Implementation Updates</b>  Work is underway to set up transitional care at Derby.</p> <p>Kirsty Adams has been networking with NUH, UHL and ULHT around best practice for cross covering two units.</p> <p>KMH have some really good work underway around administration of early breastmilk. KH has offered to support some of the other units.</p> <p>UHL have developed an optimisation passport which is being used as a basis for creation of a Network passport.</p> <p>NGH Dr Barnes suggested engaging in online conversations with parents whose babies need to be moved to enable the initial links to be made and to give them more confidence before the move takes place.</p> <p>Thermoregulation All reminded to send in any invoices for warming cabinets to the Network ASAP in order to get them paid before the end of the financial year.</p> <p>WC asked the group who uses temperature probes on the resuscitaires.</p> <p>Alma Gallagher is the new MATNEO sip in East Midlands, who has taken over from Michaela Thompson.</p> <p>If anyone needs any support, please get in touch with WC.</p>		
<p><b>17.</b></p>	<p><b>ATAIN Updates/Learning</b>  ATAIN rates remain fairly stable within the region with all units within the 6% target. No specific learning to report.</p>		
<p><b>18.</b></p>	<p><b>LMNS Local Feedback</b>  CG explained there has been collaboration with the Lincolnshire LMNS to obtain funding for a neonatal infant feeding coordinator in ULHT. The job has been agreed and matched. This will be a full-time post.</p> <p>CG has also been linking with CH and signposting financial support for families in Lincolnshire.</p> <p>JG encouraged attendance from representation from LMNSs at this meeting.</p> <p>LH reported that there is still inconsistent neonatal representation at LMNS meetings and urged everyone to get involved as it is likely that ICBs will be funding neonatal services in the future.</p>		

<p><b>19.</b></p>	<p><b>Workforce &amp; Education</b></p> <p><b>19.1 Nurse Staffing</b></p> <p>The staffing graphs still clearly illustrate that there are insufficient numbers of QIS nurses. Work is underway to optimise the number of nurses that can go through the course. JF will be meeting with DMU and NTU to see if it is possible to accelerate training for overseas nurses. There is also the need to ensure that the right people are identified to go onto the course. Work is also underway to mitigate the risks and to support band 5 nurses pending completion of QIS.</p> <p>It was agreed that everyone should send their current cot base to RS so that it can be included on the OPEL status forms.</p> <p>RS confirmed that there is no need to complete the Bager.Net cot bureau unless this is asked for by individual Trusts.</p> <p><b>19.2 Foundations in Neonatal Care Programme</b></p> <p>Cohort 4 is currently underway with 16 students on the course. Evaluations from the students and the neonatal services is very good. The education team are constantly reviewing the evaluations and developing the programme accordingly.</p> <p>Cohort 5 will start on 11 April, there are already 6 candidates. Please contact Susan Chisela/Charlotte Dolby for further information.</p> <p><b>19.3 HEE Funding</b></p> <p>The Network has secured funding from the HEE innovation fund to support education for nursing, AHP's and Psychology. The money must be spent by the end of this financial year.</p> <p>The Network have to provide assurance to HEE that the money has been spent wisely and are required to describe the outputs from these courses. First report due to HEE in February 2023.</p> <p><b>18.4 Education &amp; Practice Development Group TOR v4</b></p> <p>Version 4 of the TOR is attached for ratification. They have been updated, with the main change to add in peer support and professional development as part of the group.</p> <p>All asked to send any comments back to JF within two weeks, for consideration, otherwise they will be considered ratified.</p>	<p><b>ALL</b></p>	<p><b>ALL</b></p>
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<p><b>20.</b></p>	<p><b>Mortality Review</b></p> <p><b>20.1 Mortality Steering Group North Hub</b>  A copy of the December Mortality Learning Bulletin will be circulated shortly. This, along with all previous bulletins, is available on the Network website and can be viewed <a href="#">here</a>.</p> <p><b>20.2 Mortality Steering Group South Hub</b>  A copy of the October Mortality Learning Bulletin was circulated. This, along with all previous bulletins, is available on the Network website and can be viewed <a href="#">here</a>.</p> <p>Conversations have commenced with both MSG's regarding amalgamating the groups. This will ensure that there is more objectivity and feedback as part of the process. Work is underway to revise the TOR. Any comments regarding this process, please get in touch with AWD/JG.</p> <p>Delivery room deaths are not consistently reported, and it was requested that these are accurately recorded.</p>		
<p><b>21.</b></p>	<p><b>Feedback from Network meetings</b></p> <p><b>21.1 Lead Nurses Group</b>  Discussions within the group have included workforce, education, the Kirkup report, and also the possibility of implementing a fresh eyes approach to observation charts to enable earlier identification of trends when babies start to deteriorate.</p> <p><b>21.2 Parent Advisory Group</b>  The last meeting was cancelled due to a lack of parent attendance. The next meeting will be held next week with plans to review membership of the group and its function.</p> <p>There is now a form on the Network website for parents to complete if they'd like to get involved in PAG. <a href="#">Parent Advisory Group   EMNODN</a></p> <p>The draft work/story boards for the educational videos will be going to the next PAG meeting to get parents views/comments, and any further ideas.</p> <p>The parent information about PAG is being revised.</p> <p><b>21.3 Education &amp; Practice Development Group</b>  Minutes of the last meeting will be circulated as soon as they are available.</p> <p><b>21.4 Pharmacy Group</b>  The group has not met since the last CGG meeting. The group will be reinvigorated for 2023.</p> <p>WC added there are some GIRFT actions for the pharmacy group. LSH to invite WC to the next meeting.</p>		<p><b>LSH</b></p>

	<p><b>21.5 NCOT Group</b> The group has not met since the last CGG meeting. The next meeting will take place next week.</p> <p><b>21.6 Safeguarding Group</b> The Safeguarding group has had very good engagement. Becky Sands has been pivotal to this, and thanks were extended to her.</p>		
22.	<p><b>Research</b> <b>22.1 Update</b> SurfON &amp; FEED1 are being run from within the East Midlands.</p> <p>The WHEAT trial is underway which involves withholding enteral feeds during blood transfusion.</p> <p>Harmony trial was discussed which is a new RSV vaccination</p> <p>React trial was discussed which entails continuous blood sugar monitoring.</p> <p><b>22.2 NEC Care Bundle Evaluation Study</b> No update.</p>		
23.	<p><b>AOB</b> The Phoenix team at KMH are undertaking some work around smoking cessation. There have been some early meetings regarding rolling out the project in the neonatal service. The team are in process of mapping out the interventions.</p> <p>NR reported that the UHDB GIRFT review raised concerns about the current pathway for cardiac babies. JG confirmed she has picked this up as an action from the GIRFT review meeting and will pull together a meeting to discuss it further</p> <p>CG reported that there are still issues with stocks of neofit. She has been informed by the suppliers that there is not expected to be a regular stock until end of February.</p>		JG
24.	<p><b>Date/Time of Next Meeting</b> Wednesday 26 April 2023, 10:00am – 1:00pm, via Microsoft Teams</p>		