

Minutes of Data Group

**Monday 21 January 2019
10.00pm – 12.00pm**

Meeting Room 2, LRCH

Present:

Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN (North Hub)
 Jo Behrsin (JB), Clinical Lead, EMNODN (South Hub)
 Rachel Salloway (RS), Network Data Analyst, EMNODN
 Linda Hunn (LH), Acting Director/Lead Nurse, EMNODN
 Judith Foxon (JF), Education & Project Lead, EMNODN
 Clare Scott (CS), Data Co-ordinator, University Hospitals of Leicester
 Nicola Spencer (NS), Data Administrator, Kettering General Hospital
 Joe Parker (JP), Data Administrator, Nottingham University Hospitals
 Nicholas Coupland (NC), Business & Project Support, Royal Derby Hospital
 Ruth Thoy (RT), Data Cleric, United Lincolnshire Hospitals
 Dominic Muogbo (DM), Consultant, Queen’s Hospital, Burton

In Attendance

Linsay Hill (LSH), Network Administrator, EMNODN (Minutes)

	Subject	Attachment	Action
1.	<p>Welcome & Apologies Round the table introductions were carried out.</p> <p>Apologies were received from Victoria Tredger from Northampton General Hospital and Jayne Underhill (JU) from King’s Mill Hospital, Mansfield</p>		
2.	<p>Purpose of the Group AWD explained the purpose of the group; to improve data quality in individual units within the Network, and to share learning</p>		
3.	<p>Terms of Reference The draft terms of reference for the Data Group was circulated prior to the meeting. AWD talked through the document, no comments were made.</p> <p>It was agreed that these would be presented at the next EMNODN Clinical Governance Group for ratification.</p>		

<p>4.</p>	<p>Purpose of the Data</p> <p>4.1 National Neonatal Audit Programme (NNAP) RS explained that this is an audit which all neonatal units take part in; it reports annually and is based upon a calendar year's data. Detailed results at unit-level and network-level can be found at NNAP Online: https://nnap.rcpch.ac.uk/. Interim reports are sent to units each quarter, these can be useful for individual units in order to ensure data is present/correct before the annual NNAP report is published.</p> <p>4.2 Specialised Service Quality Dashboard (SSQD) RS explained that this dashboard is looked at by Specialised Commissioning; the part of NHS England which pays for neonatal services.</p> <p>Many of the SSQD measures are the same as NNAP measures, discussion was had on some of the differences.</p> <p>Antenatal Steroids and Magnesium Sulphate measures were added earlier this year.</p> <p>4.3 Network Dashboard RS currently emails a copy of the Network dashboard to each of the members of this group, with the exception of NC.</p> <p>RS showed bubble graphs which are produced that are tabled at each of the EMNODN Clinical Governance Group meetings, the size of the bubbles indicate eligible cohort and compliance is shown in ascending order to encourage sharing of best practice between units.</p> <p>Post meeting note: RS has added NC to dashboard circulation.</p> <p>4.4 Network Activity Dashboard RS showed the activity dashboards which are sent out monthly to the group. There were no questions on the dashboard.</p> <p>4.5 ATAIN ATAIN which stands for Avoiding Term Admissions into Neonatal Units is a national programme. Term admissions should be less than 6% of live births.</p>		
<p>5.</p>	<p>Unit Data Arrangements A questionnaire was circulated for completion prior to the meeting to ascertain individual's level of involvement with BadgerNet.</p> <p>Forms are outstanding for NS, DM and Jayne Underhill.</p> <p>CS checks data quality using the data quality reports on BadgerNet and also the NNAP dashboard on BadgerNet, outstanding queries are brought to a weekly meeting with the</p>		<p>NS/DM/JU</p>

	<p>BadgerNet Data Lead Consultant, Special Care Registrar and SHO, this has proved to be very useful. All agreed they do similar checks to CS but agreed that adoption of a weekly meeting may be beneficial.</p> <p>It was commented it would be useful to know which fields within Badger are used for NNAP data. RS confirmed that this is available on the NNAP Guide to 2019 Audit Measures document and has also been copied into the Guide to Network Quality Dashboards which will be sent out imminently.</p>		
6.	<p>Data Quality</p> <p>6.1 Sharing Success</p> <p>RT keeps a spreadsheet of babies due for 2 year follow up to send out reminders and ROP screening to ensure that babies are screened on time.</p> <p>6.2 Key Areas for Improvement</p> <p>2 year follow up is an area where improvements in data quality can be made, sometimes follow up takes place but not all relevant questions are answered. AWD talked about a form they use in NUH to gather the required data and agreed to share a copy with this group.</p> <p>The group discussed that units may have local criteria for following up babies which differs from NNAP 2 year follow up criteria. LH suggested this requires further discussion with the EMNODN Clinical Governance Group to consider standardising across the region.</p> <p>AWD highlighted the 4 main areas of concern as temperature on admission (although this is not regarded as a data completion issue), ROP screening, 2 year follow up and parental consultation within 24 hours.</p>		<p>AWD</p> <p>LH</p>
7.	<p>Outreach Dashboard</p> <p>A copy of the dashboard was circulated. The purpose of this dashboard is to monitor success of the extended neonatal outreach service. Members of the group may be asked to complete parts of this dashboard with local data. RS showed the reports where the data can be accessed.</p> <p>Post meeting note: RS will circulate screen shots of the specific tables to use on BadgerNet</p>		RS
8.	<p>AOB</p> <p>None</p>		
9.	<p>Date & Time of Next Meeting</p> <p>Tuesday 30 April 2019, 11.00am - 1.00pm, London Road Community Hospital, London Road, Derby, DE1 2QY</p>		