East Midlands Neonatal
Operational Delivery Network

Minutes of Clinical Governance Group

Wednesday 28 April 2021
10:00 – 12.30
via Microsoft Teams

Present:
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub (Chair)
Jane Gill (JG), 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 & PDN KGH
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
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
Lucy Panesar (LP) Homecare Lead Nurse, Nottingham University Hospitals
Zara Doubleday (ZD), Clinical Sister, Nottingham University Hospitals
Claire Pierson (CP), Practice Development Matron, Nottingham University
Nigel Ruggins (NR), Consultant Paediatrician & Neonatologist, Royal Derby 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
Jo Behrsin (JB), Head of Service and Consultant Neonatologist, University Hospitals of Leicester
Rhian Cope (RC), Matron, King's Mill Hospital, Mansfield
Andy Currie (AC), Head of Service, CenTre Neonatal Transport
Cathy Franklin (CF), Matron, United Lincolnshire Hospitals
Gertrude Mupazi Clinical Sister, Queen's Medical Centre
Cara Hobby (CH), Matron, University Hospitals of Leicester
Karen Sampson (KS), Senior Sister, Royal Derby Hospital
Becky Sands (BS), Designated Doctor for Safeguarding, Nottingham CCG
Karen Askin (KA), Interim Governance Manager, Kettering General Hospital
Natalie Batey (NBa), Acting Neonatal Consultant, King's Mill Hospital, Mansfield

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

	Subject	Attachment	Action
1.	**Apologies for Absence** Rachel Salloway, Don Sharkey, Andrea Warnock, Lynn Slade, Margaret Pratt, Marie Hoy, Rachel Wright, Sarah Roberts, Wendy Copson AWD formally welcomed Jane Gill, who is the new Clinical Lead for the EMNDON, South Hub.		

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.	**Matters Arising** Any matters arising will be picked up through the agenda.		
5.	**COVID-19 Update** Nothing specific to report, things have quietened nationally and regionally due to the decline in cases across the whole of the country. BL had meeting yesterday around the introduction of parent testing and was also asked what they were going to do in terms of visiting once the restrictions have been removed. No one had any advice, but some confirmed they were also having similar conversations Derby are starting to test parents, and parent information has gone out this week ND confirmed there have been discussions with the team around starting to take parents in ambulances again, and this will be further discussed in the senior team meeting next week. ND asked where the results of the parent's lateral flow results are recorded should they come back positive. It was noted that they should be recorded through the national system and then confirmed through PCR testing. AWD requested that return to normal visiting is considered as the June date approaches. LH to take this to the national meeting to ask if there will be any national guidance. LH asked if anyone had considered opening up visiting to siblings. BL confirmed this has been discussed at NUH however no conclusions have been reached. There are concerns that most people within the neonatal visiting population will not have been vaccinated yet. AWD explained that parents with babies on a neonatal unit are eligible to get their vaccines as carers if they highlight this to their GPs. LH to resend the carer information to BL. JB confirmed that in UHL the Trust are vaccinating parents, but she is not aware how many parents are taking this up. JF felt it would be sensible to undertake a general risk assessment around allowing siblings back into units, and perhaps also allowing a limited part of the wider family group, which could then be presented to Trusts, highlighting the low risk.		**LH**

	JB agreed a risk assessment would be a good idea but that it would also be useful to consider what Trusts are doing in other areas around general visiting.		
6.	**Safeguarding Update** Safeguarding has been a standing agenda item for several years. AWD/JG met with Becky Sands and the Safeguarding Midwife and Lead Nurse from NUH yesterday to talk about what the Network and this group needs in terms of safeguarding. BS explained about a serious case review which occurred a while ago which recognised that safeguarding needs to be a part of Network business. It is generally recognised that babies in neonatal units often have an accumulation of risk factors This is more pertinent with the introduction of outreach when babies are going home earlier, which reduces the time to work with families on the unit. There should be a shared approach to safeguarding across the Network, stressing the importance of educating all staff who are working with families, that safeguarding is key to all interactions with parents and building trust. A National panel was set up last year to look at all serious case reviews and rapid reviews, thematic report pulled out the need to build these key relationships which will changes family's attitudes to safeguarding It was agreed that Network subgroup should be formed, which brings together professionals from across the Network. The group should meet twice per 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. Activities should include the following: • Development of best practice points, which would be reviewed at peer review visits, • Bringing relevant learning from serious case reviews, rapid reviews, and CDOP • Possible development of safeguarding into neonatal study days and competencies. All to email LSH the details of their safeguarding lead midwife, neonatal safeguarding lead, and named doctor for safeguarding. LSH will then look to convene a date/time for the first meeting. NR raised some concern around the capacity in the community to follow up these vulnerable babies.		**ALL** **LSH**

	LJ commented about the guilt that neonatal parents experience and the need to make sure that any conversations do not add to parental pressure. LL said that these discussions need to be normalised, and thought should be given to how this can be made a seamless pathway from midwifery/obstetric care into neonates. CF has met with the safeguarding leads in ULHT who have developed a proforma for discussions. CF happy to share a copy once been it has been through the appropriate governance process. LP is currently looking at what the team do to prepare families for discharge, home visits etc. LP to have conversation with BS. CI explained that the South hub do try to do home visits, which is useful and she is supportive of this, however we need to be aware that not every baby discharged from neonatal unit goes through the outreach services.		**CF** **LP/BS**
7.	**National Update** **7.1 National Critical Care Transformation Review** As all are aware the Network plan was submitted and approved by the regional and national teams. The plan highlighted that there is not enough critical care capacity in the Network which has caused concern with the National and Regional teams, particularly in light of the GIRFT data which demonstrates a direct correlation between the number of deaths in the LNUs and an inability to admit to the NICUs. An East Midlands Neonatal Capacity Oversight Group (EMNCOG) has been convened and meets on a monthly basis. It consists of NUH, UHL, Network, National and Regional teams to look at short and medium term solutions to the capacity issues until the long term solutions can be realised. The long terms solutions are new builds in both NUH and UHL. UHL are building new W&C Hospital. In NUH the ultimate aim is to have all maternity and neonatal services on the QMC site. There is an interim plan for increased critical care capacity onto QMC site. In light of this the Network were asked by the EMNCOG to look at a series of mitigations in short/medium term; These include looking at adoption of the KP tool, HDU transfers from the NICUs to the LNUs and opening extra cots at UHL which are currently vacant. All the various mitigations are being worked through, feasibility being discussed, and papers being written to ensure that East Midlands babies can be accommodated in the correct level of unit for their care needs.		

	Nurse staffing JF has been working closely with the Lead Nurses to collect the required data which was submitted to National team who have now allocated additional funds for nurse staffing to NUH and UHL. UHL were awarded more than NUH due to the expectation to open the additional cots. The money will be released in two parts and both Trusts have to demonstrate they can recruit to the posts before the second amount is released. There is no allocation for medical staffing. Network AHP funding was been allocated with which the Network are expected to recruit to physio, OT, dietetics, SALT and psychology. LH/JF are in the process of writing job descriptions for banding. The ODN are also aiming to secure funding to create an education team. The awarded Family Care money will be used for a Network Deputy Lead Nurse (FiCare & PPI) and a Care Coordinator. Cara Hobby has been appointed to the Deputy Lead Nurse post and will be joining the Network team at the end of May 2021. A Care Coordinator, who is from outside of Network will be starting on 17 May 2021. JF will be making contact with the units to arrange virtual/actual unit visits. LL asked about AHP money into Network team. NUH has business case for these posts, and job descriptions which she would be happy to share if that is helpful. LH confirmed there is a national template, however, LH would appreciate a psychology job description if NUH have one. There is a national directive of responsibilities for the AHP teams which includes the following: • Development of guidelines • Consistency across Network • Teaching and formation of a working group • Providing expert advice • Attending ward rounds All to continue working through individual business cases for AHP support. LH reported that CF and the Lincolnshire LMNS are in the process of writing a business case for community AHPs to provide in reach so that they can follow the patient through the entire patient pathway, so may be helpful for LL to make contact with them for further information. Funding for AHPs will continue next year but will not increase so will not fund Trust AHPs posts.		**JF** **LL/BL** **ALL** **LL**

	7.3 Car Seat Audit All units have collected data which has been submitted to ROSPA. This data is being looked at and shared with Baroness Vere. LH will update the group as information is received **7.4 Ockenden Report** Discussions were undertaken at the previous meeting around the neonatal recommendations within the report. LH sent out template for all to complete which indicates where each unit benchmarks against the recommendations. Responses are still required from NUH UHL NGH and KMH. LH requested that these responses are sent to her as soon as possible so that a Network document can be produced.		**LH** **NUH/UHL/ NGH/KMH**
8.	**Pre Term Birth Group Update** **8.1 Extreme Preterm Counselling Leaflet** The leaflet was discussed. There is a link for LSH to insert and CH noted a couple of typos which need to be addressed. This will be accessed via the website for the units to print and share with the parents. All agreed to ratify for use. Don Sharkey was not able to be present, but sent the following update from the Preterm birth group for neonates: 1. Made excellent progress in 2020 with IUTs <27w. There was a slight decline in numbers of transferred babies at start of this year which reminds is that we all need to remain focused. SENIOR level decisions must be made about transfer between centres (i.e. not registrar saying no we can't/won't transfer - needs to be at consultant and senior nurse/MW level). 2. Lack of cases <27w coming to the alternate monthly Preterm Birth meetings – colleagues need to be encouraged to submit any missed IUT opportunities or any early postnatal transfers for these babies for discussion and shared learning. JG enquired about the process for reporting cases to the preterm birth group. NR sits on the group and explained that a request goes out for any cases, and then a proforma is sent out/completed. NR confirmed there had been some interesting cases discussed. However, there are still slight difficulties in highlighting cases particularly from an obstetric point of view.		**LSH**
9.	**Outreach Update** **North Hub** North hub staffing levels are still low but improving. Derby and Burton are actively recruiting, and Lincoln and Boston have successfully recruited.		

	BOC are now providing home oxygen for most units across the Network. The team are looking at introducing home phototherapy and what needs to be in place to implement this however, this is still in the early stages. **South Hub** Fully recruited at UHL, KGH and NGH. Looking at providing a 7-day service and introducing home phototherapy. LH added that a 7-day service is part of the mitigations for the NCCR, in the hope that flows can be improved, and a business case is currently being written.		
10.	**CenTre Transport** **10.1 Dashboard** A copy of the CenTre dashboard was circulated. HK confirmed the service remains busy, however is currently quieter than in previous years. 1400 transfers were undertaken last year compared to 1600 in previous years. CenTre are working jointly with COMET who can now also move babies who are >2kg in weight. Mobilisation times are red, because of multiple transfers and all teams being out, or that there has been consultant decision to delay from day shift to night shift, or vice versa. The team have strengthened the Duty of Candour process. The new trolleys are now being used for planned transfers, and will be used for <u>all</u> transfers from 17 May 2021. The team will them be able to provide high frequency ventilation An ambulance tender is currently going through, which will be for 4 services: CenTre, COMET, ECMO and Adult Critical Care. The outcome should be known at the end of the year. The new contract will commence April 2022. ND, the CenTre Matron is retiring July 2021. AC confirmed that there is some outpatient work undertaken. The service are happy to continue to support this however, there are occasions when the service take babies for outpatients appointments and then they get discharged that day or day after. AC asked that units give consideration to whether babies can be discharged, and parents take to these babies to their appointments.		

	AC commented about the NCCR capacity issues and the impact on transport for the movement of West Midlands babies. Conversations to be continued outside of this group. SC asked if the parent passport is part of the parent transfer checklist. ND confirmed that it is not, but it is expected that the referring unit give all the necessary paperwork to the transfer team. LH added that use of the parent passport is on list for CH and HB to review when they come into post. **10.2 COT – Basic Principles of Ventilation** This session will be rescheduled for June 2021. JB will send revised date and flyer nearer the time.		
11.	**Risk Register** A copy of the post EMNODN Board Risk Register was circulated. Mortality data has been added as highlighted by GIRFT. Any additions to let LH within the next week so that they can be added prior to the next EMNODN Board meeting.		**ALL**
12.	**Guidelines** ***Ratified and available on EMNODN website*** **12.1 Surgical Assessment (S)** This is not a clinical guideline but more of a pathway document to mirror the pathways in the North. NR added that the pathway for Burton babies may change overtime. AC asked if a decision needs to be made to keep babies within Network as this does have an impact on CenTre and taking teams away from the region. JB explained that this pathway simply describes the pathways which already exist. LH said there needs to be discussion at the perinatal group around this. It would be useful to look at data to see how many babies go out of Network. All agreed to ratify this guideline today but with a view to taking forward conversations around the historical pathways. **12.2 ROP (N)** Updated with new contact details for NUH and RDH ophthalmology teams. It also emphasises the importance of appropriate discussions with consultants in both units and timely discussions with the Transport service. CH wondered if it would be useful to add a paragraph around parent communications, AWD agreed to look at however this is more of an operational guideline. NR commented about the terminology of ‘laser treatment’ and wondered if it should say treatment for retinopathy of		

	prematurity as there are now other treatments which are now being utilised. AWD agreed to include. **12.3 Exchange Transfusion** This is not yet ready to be ratified, some further comments were received which AWD will need to include. The guideline will then be sent back out for review. **Under Development** **12.4 Early Care (N)** This will be a Network wide guideline. Chantelle Tomlinson returns soon and will be reinvigorating the group to take this forward. JB suggested it would be helpful to align this with the MAtneo SIP and BAPM Preterm Birth Bundle. **12.5 Exome Sequencing** A first draft has been written, with the exception of the pathway for babies in Northamptonshire. Nick Barnes has provided NB with the contact details of the clinical geneticist and is currently awaiting a response from them. Once this information is added the guideline will for circulated for comment. **12.6 Developmental Care** The development care guidelines; Light & Noise, Positioning &Kangaroo care have been due for review for some time. It is anticipated that these will be reviewed by the new Deputy Lead Nurse and Care Coordinator once they are in post. **12.7 NEC Care Bundle** A working group will be convened to look at this which will include feeding guidelines. It would be good to have a trainee from the North Hub to work on this. If anyone is interested to contact LSH. Updates will be provided as this progresses.		
13.	**Data Quality and Assurance Reporting** **13.1 Local Network Quality Dashboard** A copy of the dashboard was circulated. There have been some areas of improvement. Delayed cord clamping has now been included which is part of the new BAPM guideline. JB asked if the less than 34 weeks temperatures could be reported and felt that it would be useful to have the first page dedicated to the optimising care of preterm birth parameters. Network Team to discuss at next team meeting. LL asked about NEC measurement, and whether there any other adjustments being made and as the NICUs are being compared with the EM rolling rate. She enquired if it would be possible for RS do a NICU comparison. NR asked if it is okay to share the Trust dashboard with their LMNS. It was agreed that as this is Trust data then approval should be gained from the Trust but that data should be shared within the LMNSs. The Network have created an LMNS		**RS**

	dashboard, so all will get the same data, and that this is being shared with them. LL asked if she and SR would have sight of LMNS dashboard before the LMNS meetings. LH to check with RS. **13.2 SI Reporting** **ULHT MRSA** CF shared the learning. **13.3 Learning from Incidents/Excellence** LH highlighted the excellent work by ULHT and the Lincolnshire LMNS which has included the implementation of NVP group and the work around community health with the AHPs. LH is keen to see the NVP work replicated across the Network. PP raised the issue of accidental extubations and reported that KGH are looking at other modes of securing ET tubes and enquired what the Network practice is; • NUH using neofits • UHL using clips • Derby are pre-cutting but about to trial neofits • ULHT using neofits • NGH using neofits LL said one of the NUH trainees running accidental extubation audit if that would be helpful to share. **13.4 Exception Reporting** A copy of the exceptions was circulated. Only about 25% of exceptions have been self-reported prospectively. There was a renewed plea for all to check data, and to double check what data is being entered by the juniors. Derby/Burton transfers still being flagged as exceptions, AWD confirmed these will be filtered in future. **13.5 Advice Calls Process** LH advised all of the governance processes for advice calls and the recording of conversations. All advice calls should now to go through 365 where they will be recorded, and this is being incorporated into the pathway document. All to feedback to clinical consultant and senior colleagues.		**LH** **LL**
14.	**Audit & Improvement Programme** **14.1 Nurse Staffing** A copy of the nurse staffing data was circulated and discussed. The key points; Across the Network, as an average, all units met the national average around staffing to toolkit standards, with exception of UHL.		

	For percentage of shifts staffed to QIS, Derby is currently the only unit meeting national average, and is slightly above. KGH just short by 1%. All units except KGH met the national average for shifts with Team Leader. CH picked up on UHL issues; The service has struggled over the last year with levels of maternity leave, and QIS long term sick. Numbers are now starting to look a little better. The data includes LRI and LGH as one service which sometimes skews the data. Plans are in place to recruit and better support staff through education packages. **14.2 Transitional Care Implementation** JB asked the group how strictly are others adhering to BAPM, or if anyone is using any alternative models of care? NB confirmed NGH are using the standard staffing ratio, with no enhanced midwifery care. KS reported that in Derby, TC is in the early stages of implementation. It is understood that the midwife will stay allocated to the mother for the duration of her stay, but the unit would be increasing the staff base to include a nurse on each shift who would allocated to go to the transitional care area from the unit JF reiterated that the ratio for neonatal staff is 1:4 and reminded all that the staffing model should be clearly described when setting up a TC model. In many units, neonatal staff are being pulled from the unit to staff the TC area without any additional funding. This will have an impact on overall unit capacity at times. LH offered help from the Network team to work with units when developing models. LH reminded the group that CNST have reviewed some of last year's plans and may recover money if the plans have not been delivered. **14.3 Network Normothermia Project** Project ongoing in Leicester. AW to identify some champions within each of the units to move this forward. If anyone is aware of individuals looking at normothermia in units please send their contact details to LSH/JG who will pass on to AW and will arrange a meeting.		**ALL** **LSH/JG**
15.	**ATAIN Updates/Learning** None		

16.	**LMNS Local Feedback** A number of the LMNSs are looking at setting up NVPs LH said LMNS have been given an increased focus on neonatal care, and there is a dashboard for deliverables they are required to achieve throughout the year that are reported to the perinatal board. This will hopefully increase the LMNS attention to the neonatal components of their work.		
17.	**Project & Education** **17.1 Network Education Team Business Case** JF looked at the education provision which can be provided at Network level. The East Midlands is an outlier amongst other ODNs who have dedicated education staff within their Teams. SC was appointed primarily to look at how we could deliver a Network Induction Programme with the intention of improving recruitment and retention, and providing Nurses new to neonates with the education they need and to support local units The ODN team have written a business case for education provision. The Network has been allocated some money for education from the national team and the busines case is for additional money to enable delivery of the foundation program and also the Network wide education program. The case was submitted to Specialised Commissioning last week, who have requested that the business case is reviewed in light of the national funding to see if some of the national funds can be used to support a Network Education Team. The business case will therefore be resubmitted to Spec Com for recurrent funding for Network Education Team who would be able to deliver a more robust education programme AC raised concern over lack of representation from Commissioning at the EMNODN Clinical Governance Group. **17.2 Foundation Induction Programme** SC has focussed on devising the curriculum and is hoping to have a pilot of one of the subjects in July. The ODN are still hoping for a start date of September. The first topic will be thermoregulation. There has been a lot of engagement with the unit PDNs, discussing what the curriculum should look like. **17.3 Family Integrated Care** LH formally thanked ZD for her hard work and for setting a solid foundation for CH to follow on with. Link nurse posts will continue for a further three months. **17.4 Bereavement Workshops** Two workshops are planned, and the flyer has been circulated to each of the Lead Nurses and PDNs. The days have been		

	funded by Network but will be delivered by Bereavement Training International. Plans are in place for other study/education days, and information will be out to all as it becomes available.		
18.	**Mortality Review** **18.1 North Hub Group** A copy of the March Mortality Learning Bulletin will be available shortly. **18.2 South Hub Group** A copy of the April Mortality Learning Bulletin will be available shortly.		
19.	**Feedback from Network meetings** **19.1 Lead Nurses Group** The minutes not yet available, and will be circulated shortly. There is nothing specific to report. **19.2 Parent Advisory Group** The group met in March and the meeting was well attended. Minutes have been circulated. Maternity integration issues are being picked up by the PAG. Network money from FiCare slippage, is being used to fund Bliss accreditation for each unit to achieve gold standard. **19.3 Education & Practice Development Group** The minutes have not yet been circulated but will be available shortly. There were no issues to raise which have not already been covered. The Learning library is now live on the website. The CenTre Outreach Teaching (COT) sessions will be added. All to let teams know available. **19.4 Pharmacy Group** There is a plan to create Network monographs for various infusions, and the first of these will be for prostin. This will be brought to this group for comment/discussion once completed. **19.5 Pharmacy Group TOR** A copy of the TOR was circulated. All happy to ratify. **19.6 Regional NCOT Group** A copy of the minutes was circulated. The group met with conversations mainly taking place around standardisation and the need to produce a business case for a 7 days service **19.7 Regional NCOT Group TOR** A copy of the TOR was circulated. All happy to ratify.		**ALL**

20.	**Research** **20.1 Update** Update from Don Sharkey. Research projects are slowly recovering as nursing teams are released back into non-COVID research posts. Nothing further to report at this time.		
21.	**AOB** CN asked if anything came from the staph capitis safety alert. AWD was not aware of any network cases being reported BL said once alert received it was raised with the IPC and Microbiology teams. There is a meeting with them this week to look at what the issues are, and what actions should be taken. The Trust have fed back to BAPM that it was not clear what was expected. BL to provide update if/when response on this is received. LH highlighted the Draeger ventilators alert, where newer machines are giving off false alarms if the oxygen levels are adjusted while the machine is not connected to the patient. LH emailed a copy of alert. National team are expecting RSV surge as early as August Work is underway to examine if the vaccination programme should start earlier than it would do ordinarily. LH will forward any further information once known. BL shared that Doncaster and Bassetlaw have had a flood, which is affecting Maternity, Neonates and Paediatrics and are diverting to Sheffield. This may have a knock-on effect on the East Midlands. NB asked whether teams are using the Badger delivery room death episode function. LL confirmed NUH are, NR confirmed RDH are doing the same.		**BL** **LH**
22.	**Date/Time of Next Meeting** Wednesday 07 July 2021, 10:00am – 12:30pm, via Microsoft Teams		