

Minutes of Clinical Governance Group

Wednesday 12 October 2022

10:00 – 1:00

via Microsoft Teams

Present:

Jane Gill (JG), Clinical Lead, EMNODN, South Hub (Chair)
 Linda Hunn (LH), Director/Lead Nurse, EMNODN
 Judith Foxon (JF), Deputy Lead Nurse (Workforce and Education) EMNODN
 Wendy Copson (WC) Deputy Lead Nurse (Quality and Service Improvement) EMNODN
 Anita D’Urso (AD), Psychologist, EMNODN
 Haddie Bills (HB) Care Coordinator, EMNODN
 Dushyant Batra (DB), Head of Service & Consultant Neonatologist, Nottingham University Hospitals
 Cheryl Griffiths (CG), Neonatal Quality Sister, Nottingham University Hospitals
 Rhian Cope (RC), Matron, King’s Mill Hospital, Mansfield
 Lorraine Collins (LC), Ward Manager, King’s Mill Hospital, Mansfield
 Jo Behrsin (JB), Consultant Neonatologist, University Hospitals of Leicester
 Hema Gandecha, HG), Specialist Doctor, University Hospitals of Leicester
 Claire Inglis (CI), Lead Nurse for Homecare, South Hub
 Shalini Ojha (SO), Consultant, University Hospitals of Derby & Burton
 Emma Barnes (EB), Interim Matron, University Hospitals of Derby & Burton
 Nichola Rawson (NR), Senior Sister, University Hospitals of Derby & Burton
 Dominic Muogbu (DM), Consultant Paediatrician, Queen’s Hospital, Burton
 Ruchika Gupta (RS), Consultant Paediatrician, United Lincolnshire Hospitals
 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
 Becky Sands, (BS) Designated Safeguarding Doctor, Nottingham and Nottinghamshire ICB
 Poornima Pandey (PP) Consultant, Kettering General Hospital
 Sarah Kent (SK), Matron, Kettering General Hospital
 Nick Barnes, (NB), Consultant, Northampton General Hospital
 Michelle Hardwick (MH), Matron, Northampton General Hospital
 Kelly Marriott (KM), Interim Ward Manager, Northampton General Hospital

In Attendance

Natalie Madden (NM), Speech and Language Therapist, EMNODN

	Subject	Attachment	Action
1.	Apologies for Absence Sarah Coxon, Jo Preece, Cara Hobby, Rachel Salloway, Linsay Hill		
2.	Declarations of Interest None.		

3.	<p>Minutes and Actions from the Previous Meetings The minutes from the previous meeting were accepted as an accurate record of proceedings.</p>	A	
4.	<p>Matters Arising</p> <p>4.1 Car Seat Update The issue is being discussed at an international meeting to gauge if the problem has been recognised in other countries. A further stakeholder group meeting is planned.</p> <p>LH will update when there is any further information available.</p> <p>4.2 Grading of Care JG will raise at the MBRRACE meeting.</p> <p>4.3 Telephone Access for Advice Calls/Referapatient This has been discussed with Specialised Commissioning who plan to introduce Referapatient for all transport services across the region (including neonates). It is already used for ECMO and adult critical care. Further information will be provided in due course.</p> <p>4.4 Network Morbidity Discussions Following previous discussions, morbidity cases will now be included in the Clinical Forum as it rotates around each of the units. This will enable learning to be shared and will meet the Ockenden requirements.</p> <p>4.5 Data Sharing across AHSN & Midlands Perinatal Group WC reported that all the signed documents have been received with the exception of ULHT and NGH which are still awaited.</p>		
5.	<p>Babies & Families</p> <p>5.1 FiCare Update The Network are working with the AHSN to produce family education videos which will be available on social media platforms. Work is also ongoing to translate parent information leaflets into the top 5 languages across the East Midlands. Work continues in increase attendance and engagement for the PAG and attendance at coffee mornings is being considered. Cot side visits are underway. Equality and diversity work continues</p> <p>5.2 NVP Recruitment NVPs are now in place in Lincs, Derbyshire and Leicestershire. Notts are in the process of implementing a MNVP and there is no NVP in Northamptonshire at present.</p> <p>5.3 Parent & Family Access Parent access is open 24/7 in all units across the Network All units now have visiting for grandparents and siblings which differs slightly in terms of timings and duration of the visits</p>		

6.	<p>Surgical Updates A drive through Bilious vomiting pathway is under development</p>		
7.	<p>COVID-19 Update No update required</p>		
8.	<p>National Update 8.1 National Critical Care Transformation Review Capacity LH reported that capacity continues to be a significant issue within the Network.</p> <p>The QMC business case is proceeding and is due for completion at the end of 2024. The Leicester Womens and Childrens build has been paused due to a national pause with the HIP funding and it is not known when this will recommence which will result in the Network not having sufficient critical care capacity by the end of 2024 when the NCCR recommendations should have been implemented.</p> <p>The Network team are currently remodelling the Network cot requirements based upon activity in and out of Network which is attributable to the East Midlands. Required cot numbers will be provide as soon as they are available.</p> <p>Staffing Nurse staff recruitment is being monitored and returns provide to the National Team (see also item 19).</p> <p>All nurse, medical and AHP gaps are being recalculated in line with the cot requirements and fully costed for submission to the Regional Team and ICBs.</p> <p>Ockenden workforce funding has been distributed according to levels of risk and all units have been informed of the allocation. All remaining gaps are being fully costed.</p> <p>FiCare See item 5.1.</p> <p>8.2 Ockenden & GIRFT Proposed Actions A Network level action plan is being produced to cover the Ockenden and the GIRFT actions.</p> <p>Regional support from the GIRFT Team has been paused so please send all unit action plans to WC.</p>		

<p>9.</p>	<p>Preterm Birth Group Update 9.1 Latest Data The ODN Team now meet regularly with the Maternity Clinical Network to review all cases where extreme preterm babies have been born outside of a NICU to identify if it was avoidable and if there is any learning. Q1 compliance was 76% and Q2 64%. WC requested that any antenatal information is included in the exception reports if extreme preterm babies are born in an LNU or SCU.</p>		<p>ALL</p>
<p>10.</p>	<p>AHP and Psychology Update The AHP and Psychology team are working with the trusts to update risk registers and to scope what AHP/Psychology support is available either as a substantive post or provided as a good will service and what upskilling may be required. The team are happy to help with writing job descriptions and with advertising of posts if required.</p>		
<p>11.</p>	<p>Outreach Update 11.1 Outreach Update South Hub update Recruitment is underway for the 7/7 service with a home phototherapy service.</p> <p>North Hub update No update available.</p> <p>11.2 Dashboards The dashboard was presented, and this will be reviewed, and the metrics revised at the next outreach meeting.</p>		
<p>12.</p>	<p>Centre Transport 12.1 Dashboard The dashboard was presented. HK reported that there has been a significant increase in the number of capacity transfers from 44 in Q1 to 73 in q2 and urged units to consider what is a true capacity transfer versus a repatriation before referral is made. During Q2 the 60-minute target was not met in 2 cases which were at the end of a shift and were stable, so a consultant decision was made to defer to the next shift.</p> <p>The service currently has a lot of sickness and maternity leave and here are still gaps in ambulance provision at the end of the shift which impacts upon availability.</p> <p>12.2 BadgerNet Access HK enquired if it would be possible for the transport service to have access to the badger data. Discussion followed about the lack of contemporaneous data within the system and so it may not be as useful as the Opel summary and would require a data sharing agreement with each Trust.</p>		

<p>13.</p>	<p>Risk Register The Risk Register was tabled and there were no comments from the group.</p> <p>LH requested that any comments are sent to her by the 26 October so that they can be brought to the attention of the Network Board.</p> <p>ROP screening in Derby will be added as the lack of service is an additional pressure on capacity and the transport service.</p>		<p>ALL</p>
<p>14.</p>	<p>Guidelines Chantelle Tomlinson has now left her Network guidelines role and thanks were extended to her for all her hard work.</p> <p>Jo Preece will now be joining the team until the end of the financial year and will be a welcome addition to the team. Jo will be working on the guidelines which were included in the GIRFT report especially transfusion and the bilious vomiting drive through pathway.</p> <p><i>Ratified & Available on the Network Website</i></p> <p>14.1 NEC Care Bundle Now available on the website.</p> <p>14.2 Transport Stabilisation Now available on the website.</p> <p><i>For Comment/Ratification</i></p> <p>14.3 SCID Screening (N) This is a separate document to the South Hub guideline as the 2 tertiary services have very different processes. The flow chart has been put into Network format and thanks are extended to Drs McDermott and Cliffe for producing the guideline. All to check content and send any comments to AWD.</p> <p><i>Under Review</i></p> <p>14.4 PPHN Will be circulated shortly</p> <p>14.5 CPAP Will be circulated shortly</p> <p>14.6 Light & Noise Progress to be checked and draft guideline circulated</p> <p>14.7 Positioning Progress to be checked and draft guideline circulated</p> <p>14.8 Exchange Transfusion Will be circulated shortly</p>		<p>ALL</p>

	<p>14.9 ROP Will be circulated shortly.</p> <p><i>Under Development</i></p> <p>14.10 Early Care Will be circulated shortly.</p> <p>14.11 PDA Drive Throughs Will be circulated shortly.</p>		
<p>15.</p>	<p>Data Quality and Assurance Reporting</p> <p>15.1 Local Network Quality Dashboard The dashboard was circulated and discussed.</p> <p>It was noted that there are currently 2 charts for steroids demonstrating the compliance to the old standard and the new one. It was noted that there is a considerable amount of missing data.</p> <p>Delayed cord clamping compliance is improving.</p> <p>Temperature compliance is on a slightly upwards trend. Discussion followed around the purchase of towel warming cabinets and the use of servo control on the resuscitaires.</p> <p>The group discussed the new NNAP measure of 90% of babies of less than 32 weeks receiving only non-invasive ventilation. It was agreed that this is not evidence based and that it could become counterproductive and compromise the babies. The group agreed that a Network response to this expressing concern and highlighting current Network BPD rates would be appropriate. The possibility of Rachel Salloway ascertaining what other Network compliance is at the moment in relation to the BPD rates. East Midlands compliance to the new standard IS ONLY 40% LH to speak to RS to ascertain if this is possible. AWD and JG to send Network response.</p> <p>It was noted that Rachel Salloway holds a monthly meeting with the data analysts and clinical teams were urged to encourage attendance to ensure that data input is correct.</p> <p>15.2 SI Reporting</p> <p>CenTre/ ULHT SI HK outlined the learning Centre now always have a manager on call 24/7 A proforma has been developed by ULHT for discussions with CenTre which CF will share with the group</p> <p>NGH SI x 2 Learning was shared from 2 cases It was agreed that if an impartial unbiased view is required all trusts can ask someone from another trust or the Network to help with a review</p>		<p>LH AWD/JG</p> <p>ALL</p>

	<p>KGH SI Deferred to the next meeting.</p> <p>15.3 Learning from Incidents/Excellence WC outlined the RENS awards system and urged everyone to nominate their teams or team members for awards if they have produced any outstanding work.</p> <p>The nominations are now open for Q3.</p> <p>15.4 Exception Reporting The exceptions report was tabled and there were no queries. None of the clinical teams have received requests from their LMNSs for a list of exceptions as per Ockenden.</p>		
16.	<p>Service Improvement/Implementation Programme</p> <p>16.1 PERIPrem A successful conference was held 2 weeks ago. It was clear that levels of knowledge differ between units and individual staff members. A Network wide project is planned with a steering group to share good practice and learning.</p> <p>Discussion followed around the Network wide approach to probiotics. This is agreed in the South hub and discussions are still ongoing in the North hub.</p> <p>16.2 Transitional Care Implementation Updates WC will be meeting with Gemma Manning in UHDB to look at implementation of a TC service in UHDB.</p>		
17.	<p>ATAIN Updates/Learning None.</p>		
18.	<p>LMNS Local Feedback All continue to work with the LMNSs to get neonatal services onto the agenda.</p> <p>Lincolnshire LMNS continues to give equal priority to maternity and neonatal services.</p>		
19.	<p>Workforce & Education</p> <p>19.1 Nurse Staffing The data was shared which did not include the NICU data and will be remedied. With the exception of NGH all units fall below the national average for the percentage of shifts staffed with the required numbers of QIS nurses. Some discussion followed about ensuring that mitigations are put in place until QIS nurses can be trained such as the Network CPAP competencies. Workforce data is currently being gathered for the Q2 national return. JF will contact all units to review their establishments.</p>		

	<p>19.2 Foundations in Neonatal Care Programme The first year of the foundations program was celebrated this week. Three cohort have now completed the course with 23/25 nurses completing the course. Evaluations have been very positive. Students' posters were recently displayed at the Network conference.</p> <p>The fourth cohort has just commenced, and this includes two nursing associates.</p> <p>All foundations study days are available to access on an ad hoc basis for nursing staff and AHPs if required for CPD.</p> <p>Compassion focused techniques study days are being held regularly by AD.</p> <p>A FIC conference and nurse leadership days are also being planned.</p>		
20.	<p>Mortality Review 20.1 Mortality Steering Group North Hub A copy of the June Mortality Learning Bulletin was circulated. This, along with all previous bulletins, is available on the Network website and can be viewed here.</p> <p>20.2 Mortality Steering Group South Hub A copy of the July Mortality Learning Bulletin was circulated. This, along with all previous bulletins, is available on the Network website and can be viewed here.</p>		
21.	<p>Feedback from Network meetings 21.1 Lead Nurses Group The Minutes were circulated for information.</p> <p>21.2 Parent Advisory Group The Minutes were circulated for information.</p> <p>21.3 Education & Practice Development Group See item 19.</p> <p>21.4 Pharmacy Group The group has not met since the last CGG meeting.</p> <p>21.5 NCOT Group The group has not met since the last CGG meeting.</p> <p>21.6 Safeguarding Group The safeguarding group has been formed to look at best practice and to embed safeguarding across the Network. discussions have included upskilling the workforce and focusing on neonatal families and their specific needs. All to consider who should be on the group from each unit especially</p>		

	<p>in the light of the new BAPM standards which detail that there should be a medical and nurse safeguarding lead in each unit. Meetings will include case discussions, discussions about difficulties and information required around transfer, and timely interventions along with implementation of a safeguarding pathway.</p> <p>Discussion followed around the importance of accurate handovers between units.</p> <p>All to send names and contact details of safeguarding leads for the individual services to Linsay Hill.</p> <p>All to consider training needs so that competencies can be developed.</p> <p>Draft pathway to be circulated</p>		<p>ALL</p> <p>ALL</p> <p>BS</p>
<p>22.</p>	<p>Research 22.1 Update No update</p> <p>22.2 NEC Care Bundle Evaluation Study The NEC care bundle was circulated recently as a quality improvement initiative for the Network and is available on the Network website.</p> <p>SO outlined a network wide project to increase breast feeding rates and reduce NEC rates using NNRD data and she has secured NHIR funding for the project. The East Midlands CRN are also involved in the project and will be able to speak to the parents and medical and nursing staff. SO will apply to the ethics committee on behalf of the whole Network. Any questions to shalini.ojha@nottingham.ac.uk</p> <p>22.3 Collaborative Research Probiotics study in NUH. FEED1 trial in most units.</p>		
<p>23.</p>	<p>AOB LH requested that the units all share any intelligence that they have around any transfers which could not take place due to a lack of capacity.</p> <p>LH thanked all for their hospitality during the peer reviews. The reviews are now complete, and any outstanding reports will be with the units shortly.</p> <p>LH introduced Natalie Madden the new Speech and Language Therapist for the Network.</p>		

24.	Date/Time of Next Meeting Wednesday 11 January 2023, 10:00am – 1:00pm, via Microsoft Teams		
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