

Minutes of Clinical Governance Group

**Wednesday 15 July 2020
10:00 – 12.00
via Microsoft Teams**

Present:

Jo Behrsin (JB), Clinical Lead, EMNODN, South Hub (Chair)
 Linda Hunn (LH), Director/Lead Nurse, EMNODN
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN
 Rachel Salloway (RS), Data Analyst, EMNODN
 Louise Stewart (LS), Head of Midlands Maternity Clinical Network
 Dushyant Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
 Pheobe Kigozi (PG), Consultant Neonatologist, Nottingham University Hospitals
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Cheryl Griffiths (CG), Quality Sister, Nottingham University Hospitals
 Alison Bedford (AB), Family Support Sister, Nottingham University Hospitals
 Hilliary Killer (HK), General Manager, CenTre Neonatal Transport
 Nicky Davey (ND), Matron, CenTre Neonatal Transport
 Nigel Ruggins (NR), Consultant, Royal Derby Hospital
 Shaun Edwards (SE), Matron, University Hospitals of Derby & Burton
 Margaret Pratt (MP), Ward Manager, University Hospitals of Leicester
 Simon Rhodes (SR), Consultant, King's Mill Hospital, Mansfield
 Wendy Copson (WC), Matron, Northampton General Hospital
 Ajay Reddy (AR), Consultant Paediatrician, United Lincolnshire Hospitals
 Carole Chapman (CC), Ward Manager, Pilgrim Hospital, Boston
 Rachel Wright (RW), Ward Manager, Lincoln County Hospital
 Dom Tolley (DT), Service Specialist, Specialised Commissioning, NHSE
 Poornima Pandey (PP), Consultant, Kettering General Hospital
 Susan Chisela (SC), Educator, Kettering General Hospital

In Attendance

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

	Subject	Attachment	Action
1.	Apologies for Absence Anneli Wynn-Davies, Nick Barnes, Michelle Hardwick, Lleona Lee, Jess Morgan, Cara Hobby, Dominic Muogbo		
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	

<p>4.</p>	<p>Matters Arising All were previously asked to provide their unit contacts for the Network data group. The contact details are outstanding for QHB. RS to contact SRO to discuss.</p> <p>RS was planning to visit individual units however; this was paused due to COVID-19. RS has now met virtually with Ruth at ULHT, and will schedule online meetings with the other unit data analysts.</p> <p>The next Clinical Forum will take place after the October Clinical Governance Group meeting. The agenda will consist of sharing the best practice, which was highlighted during the peer review visits.</p> <p>The second LMNS/ODN/Trust Collaboration event was cancelled. However, this has now been rearranged and will be held on Wednesday 26 August 2020 via Microsoft Teams. An Outlook meeting invite has been sent to those invited to attend.</p>		<p>RS</p> <p>RS</p> <p>ALL</p>
<p>5.</p>	<p>COVID-19 Update LH attended the National meeting yesterday; there is nothing specific to report regarding COVID-19. LH reported that generally things are quieting down, and the ODN management team are now undertaking more business as usual.</p> <p>Bliss guidance for COVID-19, including the use of masks/facial coverings for parents, was released last week. Following subsequent discussions with Chelsie Letts at Bliss, it was agreed that the long-term psychological impacts on babies should be considered if they are unable to see their parents faces. Consideration should be made into how parents can remove masks for direct care or face to face interaction with their babies, where there are not any other parents or staff within 2 metres. LH is mindful that masks are being used for mitigation of the 2-metre guidance.</p> <p>There is no update on the 2-metre cot spacing risk assessment process. The Regional team are in the process of checking with Trusts that the submitted risk assessments were signed off by the Trust Boards.</p> <p>LH is completing an overview of parent access across the Network. The information will be collated into one document and distributed to all units so that staff can inform parents of any differences to access, prior to any transfers taking place. Parent access information is still outstanding from NCH and LCH.</p> <p>LH/LSH to circulate template when complete.</p>		<p>NCH/LCH</p> <p>LSH/LH</p>
<p>6.</p>	<p>Safeguarding Update No update provided.</p>		

	<p>suggested that LH pick this up from Sarah Tranter from the WMNODN, and the Regional Maternity Team on today's lunchtime call.</p>		LH
9.	<p>Outreach Update There was no one present from the Outreach teams however; LH reported delayed recruitment to the units outside of the lead centres due to COVID-19. This will hopefully be resolved over the next few weeks.</p> <p>SE confirmed there is no further development/decision from UHDB regarding engagement with the regional Outreach team.</p>		
10.	<p>Centre Transport A copy of the transport dashboard was circulated.</p> <p>DT asked for some explanation around the two red areas. ND explained that these were mainly transfer requests, which came in at night, when there is only one acute team available. HK agreed that the team continue to monitor this and will feed back to Specialised Commissioning if they consider that more teams are required at night. However, HK felt that this is not the case at the moment.</p> <p>Centre are hoping to have new equipment in March/April. However, there are, and have been, issues with medical physics in Nottingham, which has caused significant delays.</p> <p>At the National transport call on Monday there remains a consensus (except NI) that parents still cannot travel in ambulances. This will be reviewed again in September 2020.</p> <p>The Ambulance contract is currently out to tender, this will encompass adult critical care, COMET and ECMO all under one provider. The contract with EMAS will be withdrawn from the beginning of 21/22.</p> <p>On average Centre continues to undertake 120/130 transfers every month.</p>		
11.	<p>Risk Register The Network risk register is regularly tabled at this meeting at the request of the Network Board. The risk register was updated for the Board meeting on 06 July 2020. The biggest risk remains the critical care capacity across the Network, which has also been included within the ODN response to the NCCTR.</p> <p>A COVID-19 section has also been added to the risk register.</p> <p>All were asked to read and make any comments by end of next week.</p>		ALL

<p>12. Guidelines <i>Ratified and available on EMNODN website</i></p> <p>12.1 Escalation Available on guideline section of the Network website.</p> <p>12.2 SOP for PDA Ligation Final version awaited from Katie Linter. When received this will be uploaded on guideline section of the Network website.</p> <p>12.3 CPAP Competency Documents Available on the education section of the Network website.</p> <p>12.4 Escalation of Operational Pressures and Surge Plan during Covid-19 Pandemic Available on the COVID-19 section of the Network website.</p> <p>12.5 Duty of Candour – A Network Approach Available on guideline section of the website following transfer onto EMNDON template.</p> <p>12.6 Management of Neonatal Patients with Suspected or Confirmed COVID-19 Infection Available on the guideline and COVID-19 sections of the Network website</p> <p><i>To be Ratified</i></p> <p>12.7 Respiratory Care Considered ratified and will now be uploaded to the guideline section of the Network website.</p> <p>12.8 Encephalopathy (S) Considered ratified and will now be formatted and uploaded to the guideline section of the Network website</p> <p>12.9 Management of PDA and Referral Criteria for PDA NR asked for some time to share with Cardiology colleagues at UHDB, this was agreed and any comments to be sent to LSH by Wednesday 29 July 2020.</p> <p><i>For Review</i></p> <p>12.10 Investigation of Hydrops Circulated on 07 July 2020 on email, and also included within today’s meeting papers.</p> <p>No comments were received prior to the meeting.</p> <p>All comments to be sent back by end of August with the intention of ratifying the guideline at the October meeting.</p> <p>12.11 Seizures (N) JB wondered if the NUH team could look at use of phenytoin versus lignocaine and the possibility of having a combined Network guideline in future. Other centres using lignocaine have reported concerns around its efficacy and difficulties in</p>			<p style="text-align: center;">NR</p> <p style="text-align: center;">ALL</p> <p style="text-align: center;">NUH</p>
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	<p>drawing up and have changed practice to use of phenytoin instead. JB to discuss with AWD</p> <p>Comments to be sent by the end of August with the intention of ratifying the guideline at the October meeting.</p> <p>12.12 Seizures (S) Reflects current practice in UHL and this was agreed at the local guidelines meeting with minor changes for adoption.</p> <p>Comments back by end of August with the intention of the guideline being ratified at the October meeting.</p> <p>Under Development</p> <p>12.13 Surgical (S) Remains under development; an update will be provided at the October meeting.</p> <p>12.14 Early Care (N) Remains under development; an update will be provided at the October meeting.</p> <p>WC asked for an update on the Exchange Transfusion guideline. LSH confirmed that CT sent an update to say this is still under review. In the interim JB to ask Sumit Mittal (UHL guidelines lead) to contact Wendy with the UHL guidance as this was very closely developed on the Network guideline.</p>		<p>JB</p> <p>ALL</p> <p>ALL</p> <p>JB/SM</p>
<p>13.</p>	<p>Data Quality and Assurance Reporting</p> <p>13.1 Local Network Quality Dashboard</p> <p>A copy of the dashboard was circulated.</p> <p>Specific areas for discussion were;</p> <ul style="list-style-type: none"> • Parents seen within 24 hours • ROP Screening • Neurodevelopmental follow up difficult due to lack of face-to-face visits <p>LH has had some feedback that some parents have refused to attend for appointments due to COVID-19, which may have an impact on the data. LH thought this may also have an impact on the number of parents seen within 24 hours – NR confirmed this is the case in some instances. LH asked all to consider the use of virtual meetings/calls with parents to ensure that they get an update within 24 hours. LH will report this as an impact of COVID-19 to the Maternity & Neonatal Safety Cell.</p> <p>All to consider how these metrics can be improved</p> <p>AR – some queries were discussed around how the ODN produces the 2-year follow data, and also whether the antenatal steroids and magnesium could be presented per mother rather than per baby as per NNAP. RS explained the challenges of 2-year follow-up data, in that this is the way the badger reports are</p>		<p>ALL</p> <p>LH</p> <p>ALL</p>

	<p>constructed. RS will explore whether Magnesium/steroid data can be presented differently on the dashboard</p> <p>AR – babies born at less than 27 weeks – now showing on dashboard – RS has spoken to Ruth about this and will now take this data from a data download in future.</p> <p>13.2 Learning from Incidents/Excellence - NGH SI WC gave an overview of the case and the resulting learning.</p> <p>- BAPM Spotlight on Safety Story A BAPM alert was circulated for information and to highlight a recent incident which was raised by units in North East. All to read and circulate to local teams.</p> <p>13.3 Exception Reporting A Network report on exceptions will be presented at future Clinical Governance Group meetings. However, there is currently a backlog with exception reports for the latter half of 2019 and for 2020 due to COVID-19. Reports will be sent out shortly</p>		<p>RS</p> <p>RS</p> <p>ALL</p> <p>RS/JB/ AWD</p>
<p>14.</p>	<p>Audit & Improvement Programme 14.1 Nurse Staffing A copy of the nurse staffing data was circulated.</p> <p>LH reported that the data was discussed at last Lead Nurse Group. There was a steep decline in the number of nurses available in March/April most likely due to staff sickness and self-isolating. It was noted, however, that this is not in line with the national average. However, LH reported that extra staff were sent into Neonatal units elsewhere in the country, which was not the case in the East Midlands which may account for this discrepancy.</p> <p>The data will be reviewed again at the next meeting, which will hopefully give a clearer picture as things begin to return to normal.</p> <p>NR raised concerns over the potential pressure on neonatal staffing over the winter when paediatrics are dealing with the winter pressures on top of any potential increases in Covid cases.</p> <p>14.2 Transitional Care Implementation LH asked for an update from each unit around transitional care implementation following on from last year's CNST requirements and the subsequent action plans.</p> <p>UHDB – starting to work on the plans again. An area has been identified, and a business plan is under development.</p>		

	<p>NGH – have submitted a Business Case with regard to staffing the TC area; however, this was rejected. WC reported that the 6 bedded TC is currently staffed with staff from the neonatal unit. WC will be looking at staff modelling with the Maternity Matron and will complete another gap analysis. This has been added to the Trust risk register.</p> <p>LH asked LS what impact these delays in implementation will have on NHS Resolution. LS was not sure what the impact would be and suggested that LH raise this for discussion on the lunchtime call.</p> <p>NUH – The team are reviewing the guidance with maternity and looking at how the rotas run for the service and how they will run in the future.</p> <p>KMH – The team are meeting weekly currently. This was stepped back over the last few months. The plan is to launch stage 3 on 27 July 2020</p> <p>UHL – initial meetings have taken place with the ANNPs regarding tube feeding on PN wards. This will be discussed, with Cara Hobby.</p> <p>KGH – There will be a meeting next week to get the plans back on track. There is a current restructure of the teams</p> <p>ULHT – The service continues to function with no issues</p> <p>14.3 Perinatal Mental Health Working Group This is an element of the work plan to develop a pathway for managing babies whose mothers have been treated with medication during pregnancy. There have been no meetings this year and work has stalled partly due to COVID-19, and partly due to other complexities.</p>		<p>LH</p>
<p>15.</p>	<p>ATAIN 15.1 Working Group All units are now reviewing all term admissions and this is fully embedded into practice. It was agreed that this working group would now cease. ATAIN will be added as a standing CGG agenda item in order to ensure that there is continued discussion/sharing of learning from these reviews.</p> <p>All to provide Trust ATAIN Lead contacts to LSH, and Clinical leads to liaise with the trust contacts to ensure that they have an update to bring to the CG meeting. LS to explore how the maternity learning can be shared across the region.</p>		<p>ALL LS</p>
<p>16.</p>	<p>LMNS 16.1 Representation All aware that LMNSs are responsible for realisation of the NCCTR implementation. It is therefore important that neonatal</p>		

	<p>units are represented at their local LMNSs as decisions may be made there which impact upon them.</p> <p>Anyone wishing to get details on when their local LMNS take place to contact LH.</p> <p>16.2 Feedback There was no specific feedback from any of the LMNSs.</p> <p>SJ explained that the Lincolnshire maternity programme was paused during COVID-19, however a pre-launch meeting is being held today.</p>		ALL
17.	<p>Project & Education</p> <p>17.1 QIS Training HEE have commissioned a company to undertake a project to review QIS training provision across the country, starting in September 2020, which will run for 6 months. At the end of the project recommendations will be produced, similar to the work which Sue Turrill completed a number of years ago. The successful company will be announced in the next week or so. Whoever undertakes the project will be consulting with the local neonatal services, along with the universities and the national lead nurse and educator groups.</p> <p>Courses at Nottingham University are going to run as normal in terms of timings, with more online teaching than face-to-face. The course has however been reduced to 2 x 20 credit modules.</p> <p>Many of the ODN units have reported that they are now looking to access courses from several different universities as the courses have moved to online access.</p> <p>DMU have not had a neonatal course lead since Katie Tallowin left, but hopefully this has now been addressed. Courses at DMU will not be resumed until March 2021.</p> <p>17.2 Family Integrated Care The project has been temporarily paused due to COVID-19, and Zara Doubleday returned to work clinically at NUH, as did each of the FiCare Link Nurses.</p> <p>LH is considering when best to restart the project and will hold off making a decision for 2/3 weeks. LH will provide an update as soon as possible. Reassuringly the units have reported that parent involvement with care has continued throughout the pandemic.</p> <p>Clarification is awaited from the National team around the funding for the Network Care Coordinator roles.</p>		LH

<p>18.</p>	<p>Mortality Review</p> <p>18.1 NNAP Mortality Review JB provided a summary of the NNAP findings for the South Hub, which she had undertaken. Each network has been asked to look its own high-level data.</p> <p>Highlights; Half babies had at least one modifiable factor Third of babies cold on admission NEC commonest cause of death Palliative care for severe IVH was the next most common</p> <p>A data review is still to be completed for the North Hub which will be circulated when it is available.</p> <p>JB asked whether review and adoption of the EofE NEC bundle should be considered. All to review and consider and discuss at the next meeting</p> <p>18.2 North Hub Group The group has continued to meet virtually.</p> <p>The Mortality Learning Bulletin from the June meeting was circulated by email on 09 July 2020.</p> <p>The next meeting date is yet to be confirmed.</p> <p>18.3 South Hub Group The group has continued to meet virtually.</p> <p>The Mortality Learning Bulletin from the May and July meetings will be circulated on email shortly</p> <p>The next meeting is on 13 October 2020, 2:30pm- 4:30pm via Microsoft Teams</p>		<p>AWD</p> <p>ALL</p> <p>AWD/LSH</p>
<p>19.</p>	<p>Feedback from Network meetings</p> <p>19.1 Lead Nurses Group Meetings have resumed virtually. There have been discussions around about resuming projects, the NCCTR work, staffing, QIS, and the training needs analysis.</p> <p>Minutes will be circulated when they are available.</p> <p>19.2 Parent Advisory Groups The meetings have resumed virtually and proved to be very successful.</p> <p>LH is currently updating the group terms of reference and work will resume on development of a Network PPI strategy.</p> <p>19.3 Education & Practice Development Group A meeting held yesterday for first time since December. Most units have managed to maintain a certain level of training during</p>		<p>LSH</p> <p>LH</p>

	<p>COVID. The group are considering producing some online learning resources for sharing across ODN.</p> <p>Discussed ODN conferences/webinars going forward and production of recruitment videos for universities.</p>		
20.	<p>Education Days</p> <p>20.1 13th Annual Midlands & East Conference Feedback Feedback from the conference was very positive. There were 2 parent speakers; one feeding back on local experience and James Titcombe who was involved with the Morecombe Bay investigation.</p> <p>The Network Smart survey subscription has expired which has led to a delay in issuing of certificates. These will be provided ASAP</p> <p>20.2 Future Education All to think about what can be delivered virtually and what would be useful and beneficial.</p>		<p>LSH</p> <p>ALL</p>
21.	<p>Research</p> <p>21.1 Update EIB – Reported that research in the South of the Network had largely paused during COVID-19, and the research staff have been working clinically. Studies are beginning to get back to normal.</p> <p>Leicester have restarted a number of studies, and are opening a new study shortly.</p> <p>EIB has been asked by the CRN to get in touch with all Trusts to see where they are with restoring research programmes.</p> <p>DS reported that the FEED1 study has recommenced.</p> <p>The data collection of maternal and neonatal outcomes for those suspected with COVID-19 shows that the direct effects are relatively small.</p> <p>All agreed that it is vitally important to reiterate that research in neonates should absolutely continue during any future surges.</p> <p>21.2 PreCept JB to request an update from Sumit Mittal on progress with the Precept project, and any impact that COVID-19 has had.</p> <p>Post meeting note: Following on from the clinical governance group we have received an update from Michaela Thompson (Senior Improvement Lead at the East Midlands Academic Health Science Network’s Patient Safety Collaborative). Quarter one 2020/21 demonstrated an 85% uptake of MgSO4 administration.</p>		<p>JB</p>

	Further information is awaited in the service specification for the patient safety collaborative to see how this work is taken forward.		
22.	Location of Future Meetings Glenfield was suggested as a central point for future meetings however, it is impossible to get rooms here booked more than 8 weeks in advance making scheduling difficult. EIB suggested looking at University locations, and HK suggested the Ruddington area as a possibility. LSH to further explore.		LSH
23.	AOB ARH – asked if anyone is carrying out pulse-oximetry screening as part of the NIPE assessments. JB confirmed they are in UHL and that the tests are undertaken by the midwifery staff. Derby on hold awaiting national view on it. NUH are not using pre and post saturations, and have no plans to introduce them.		
24.	Date/Time of Next Meeting Wednesday 07 October 2020, 10:00am – 1:00pm, via Microsoft Teams		