

Minutes of Clinical Governance Group

Wednesday 07 October 2020

10:00 – 12.00

via Microsoft Teams

Present:

Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub (Chair)
 Jo Behrsin (JB), Clinical Lead, EMNODN, South Hub
 Linda Hunn (LH), Director/Lead Nurse, EMNODN
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN
 Zara Doubleday (ZD), Service Improvement Lead, EMNODN
 Rachel Salloway (RS), Data Analyst, EMNODN
 Lynsey Jones (LJ), Chair of PAG & Parent Representative, Nottingham
 Emma Partridge (EP), Supplier Manager, Specialised Commissioning
 Louise Stewart (LS), Head of Midlands Maternity & Perinatal Mental Health Clinical Network
 Andy Currie (AC), Head of Service, CenTre Neonatal Transport
 Hilliary Killer (HK), General Manager, CenTre Neonatal Transport
 Nicky Davey (ND), Matron, CenTre Neonatal Transport
 Leona Lee (LL), Consultant Neonatologist & Service Lead, Nottingham University Hospitals
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Cheryl Griffiths (CG), Quality Sister, Nottingham University Hospitals
 Lucy Panesar (LP) Outreach Lead Nurse, Nottingham University Hospitals
 Nigel Ruggins (NR), Consultant, Royal Derby Hospital
 Alison Davies (AD), Consultant Paediatrician, King's Mill Hospital, Mansfield
 Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital
 Wendy Copson (WC), Matron, Northampton General Hospital
 Michelle Hardwick (MH), Ward Manager, Northampton General Hospital
 Claire Gartland (CG), Maternity Transformation Neonatal Lead, Better Births Lincolnshire
 Sue Jarvis (SJ), Maternity Transformation Manager, Better Births Lincolnshire
 Kamini Yadav (KY), Consultant Neonatologist, University Hospitals of Leicester
 Claire Inglis (CI), Outreach Lead Nurse, University Hospitals of Leicester
 Poornima Pandey (PP), Consultant, Kettering General Hospital
 Caroline Nyawira (CW), Matron, Kettering General Hospital
 Susan Chisela (SC), Educator, Kettering 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
 Natalie Batey (NBa), Neonatal Grid Trainee, Nottingham University Hospitals
 Jacqueline Eason (JE), Clinical Geneticist, Nottingham University Hospitals

In Attendance

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

	Subject	Attachment	Action
1.	Apologies for Absence		

	Cathy Franklin, Dawn Davies, Karen Sampson, Jane Hauton, Gregory Shepherd, Jenny Brown, Simon Rhodes, Jonathan Cusack, Andrea Warnock, Rachel Barker		
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	
4.	Matters Arising Data Group – RS was going to contact each of the data analyst across Network. This is still work in progress. LH had discussions with Sarah Tranter in the West Midlands regarding IUT flows. LH will check on outcome of conversations. JB has shared the UHL Exchange Transfusion guideline with WC. All other matters arising will be picked up through agenda		RS LH
5.	Revised Group Terms of Reference A copy of the revised TOR was circulated. Changes include addition of pharmacy and safeguarding to the group membership list, and update of the Network team job titles. There were no comments, the TOR will therefore be ratified. LSH will upload to the Network website.		LSH
6.	COVID-19 Update 2 metre spacing all units have undertaken risk assessments if 2 metre distancing guidance cannot be met. The risk assessments have been reviewed by the regional team, and letters have been sent to each trust outlining a series of required actions. BL to forward copy of NUH letter to LL. The Network have included the 2-metre cot spacing within the CCR response document, some estates need to be significantly improved and inclusion of this document will assist in adding weight to the argument for capital investment The Network template regarding parental access to units has been updated. Access still varies across the Network and this is mainly due to the available space on individual units. The template is in the process of being revised by ZD and mask wearing will also be added During the recent National call there was talk of plans for a second surge. There will be no national surge document but there will be a national set of principles for neonates. These principles specify that neonates should be considered as an		BL ZD

	essential protected service, with protection of staff from redeployment, unless the NHS is at Opel 4. It also highlights the importance of maintaining parental access through a second surge, and parents not having to wear face coverings where 2 metre distancing can be maintained. This document is currently in draft and awaiting approval from the national team. It is anticipated that the document will be published in the next few weeks.		
7.	<p>Safeguarding Update</p> <p>Originally a TPN standing agenda item which has diminished over the years due to lack of attendance from a safeguarding lead. AWD and JB to arrange discussion with Becky Sands who is the Safeguarding lead for Nottinghamshire, to ascertain what information is useful, what information comes in from services, and how information should be shared. If anyone from the group has any thoughts on this subject then please send to LSH.</p>		<p>AWD/JB</p> <p>ALL</p>
8.	<p>National Update</p> <p>8.1 National Critical Care Transformation Review</p> <p>Network response to the NCCTR is being finalised and is due for submission in November 2020. LH will be adding in a risk assessment as delivery of the plan is dependent upon critical care capacity. A quality impact statement, and costings will also be included. Capital costings and medical costings from the trusts are required as soon as possible to ensure inclusion. Nursing staff and AHP costings have already been calculated and included.</p> <p>Unit action plans are due by the end of October at the very latest.</p> <p>Kerry Forward, who is the Perinatal Programme Lead for the region has confirmed that where action plans are still awaiting Trust level sign off they should still be submitted with proviso that they are devised by clinical teams but not yet signed off by Trusts. EP also requested that the reason(s) the plan has been signed off be made clear.</p> <p>8.2 GIRFT</p> <p>The National paper was circulated and details the findings of GIRFT. LH also sent the Network GIRFT presentations for all to review.</p> <p>LH confirmed that some of the GIRFT data will be included within the CCR response document. GIRFT unit visits have resumed, and dates for NUH and Derby are already booked.</p> <p>8.3 Car Seat Audit</p> <p>RoSPA released recommendations in relation to car seats for neonates, which included car seat challenges. The National Lead Nurse Group wrote to RoSPA to express their concerns about the recommendations and car seat safety for preterm</p>		<p>ALL</p>

	<p>infants. A National meeting was held in February with RoSPA, car seat manufacturers and crash test dummy experts.</p> <p>RoSPA have now been in contact with all neonatal units to ask them to audit measurements of babies going home for a period of 3 months. The Chair of RoSPA will present information this to Baroness Vere, DoT and there may be a research project to look further at this issue.</p>		
<p>9.</p>	<p>Optimising Place of Birth Project</p> <p>9.1 Project Update</p> <p>Guideline approved across region, a copy of the guideline was circulated for information.</p> <p>NUH and UHL have agreed to progress towards a ‘just say yes’ policy for IUTs. The aim to go live with the new guideline in Nov/Dec after some education has been provided in the 2 lead centres. Don Sharkey will provide NUH education locally and (hopefully) record for wider dissemination as this has had a positive impact on getting maternity and obstetric colleagues on-board. The important aspect for Network neonatal centres will be that this is a two-way process so babies when ready will need TIMELY repatriation with avoidance of long delays to avoid putting a strain on accepting IUTs.</p> <p>The Pre term birth working group has raised the profile of this, Network percentage improved during the last quarter to 100%.</p> <p>9.2 Extreme Preterm Counselling/Leaflets</p> <p>Copies of the UHL documents were circulated. UHL are happy to share these with other units.</p> <p>There is a leaflet designed to be given to parents and some guidance for staff around the suggested dialogue</p> <p>All to read and send any comments to LSH by 30 October 2020 who will share with the UHL team for information. The Network will look to adapt these documents for Network use and bring to the January 2021 Clinical Governance Group meeting to be ratified.</p>		<p>ALL LSH Network</p>
<p>10.</p>	<p>Outreach Update</p> <p>CI gave a brief update; the service has continued to operate in the south hub. There have been some challenges in terms of cross cover in order to ensure that each unit has staffing. A team has now been developed which covers Northants, which is covered from UHL, It has been invaluable to have this regional approach.</p> <p>LP has recently been appointed in NUH and gave a brief update; there are a couple of band 6 and 5 roles vacancies within the team, NUH still supporting KMH at weekends.</p>		

	<p>LH explained that there are still posts in Derby and Lincolnshire which need to be recruited to and work around this is ongoing. There will be a Network meeting to discuss this and then the plan is to set up working group.</p> <p>The Lead consultant for outreach in NUH is now Carrie Young.</p>		
11.	<p>CentTre Transport A copy of the transport dashboard was circulated for information. Thresholds will be included for 6 months, at which point this will be reviewed.</p> <p>HK talked through the red areas.</p> <p>National transport group will be presenting a years' worth of data, so HK will be able to share more of where we stand nationally at next CGG.</p> <p>Following the departure of AWD from NUH, Julia Edwards has taken over the role of NUH Transport Lead</p>		HK
12.	<p>Risk Register The Network risk register is tabled at this meeting at the request of the Network Board.</p> <p>All to read and suggest any additions/ amendments. The document has a strong slant towards the lack of critical care capacity. The register will be presented at the next Board meeting in December 2020.</p> <p>Delays in implementing the new Transport system were going to be added to the risk register but current information is that they will be ready next week for use. ND confirmed that the team are hoping to have them all in use by the end of year. AC may be able to feed back after a debrief on the delays/issues</p> <p>HK wondered if the timescales for some of the risks could be identified. LH to consider.</p>		LH
13.	<p>Guidelines <i>Ratified and available on EMNODN website</i></p> <p>13.1 SOP for PDA Ligation Final version still awaited from HK. LSH to notify all as soon as this has been uploaded to the Network website.</p> <p>LL asked if PICU have the same drive by arrangement for babies 44 weeks. AC/HK to pick this up with COMET.</p> <p>13.2 Respiratory Care Ratified and available on the Network website.</p> <p>13.3 Encephalopathy (S) Ratified and available on the Network website.</p>		LSH AC/HK

	<p>SJ mentioned the successful use of attend anywhere, and the possibility of using for these discussions virtually in Lincolnshire. JE confirmed they are already using an alternative method video calls for patients in Lincolnshire.</p>		
15.	<p>PPI Strategy LH devised the PPI Strategy which sets out plans for engaging with parents over the next 3 years, the document has been to PAG who have approved. LJ has also written a PAG work plan for inclusion within the strategy.</p> <p>LH requested that the document be ratified by this group for inclusion in the CCR response document. There were no comments and all happy to ratify.</p>		
16.	<p>Data Quality and Assurance Reporting 16.1 Local Network Quality Dashboard A copy of the dashboard was circulated.</p> <p>Magnesium sulphate has increased although still less than the 80% national average.</p> <p>Still falling short on parents seen within 24 hours, this could be due to COVID and data recording</p> <p>ROP screening dipped during lockdown, and it has been reported that some parents did not wish to bring babies into hospitals during this period due to fears of contracting the virus.</p> <p>There were 100% <27 weekers born in the NICUs over the last three months.</p> <p>NB explained the measures implemented in NGH to address parents being seen within 24 hours; this is included on the NGH ward round sheet. It includes Registrars telephoning parents if they are not on the unit</p> <p>CN asked if there was something which BadgerNet could do to stop progress on the badger completion until the 'parents seen' field is completed.</p> <p>LH shared an idea of laminated sheet on cots which are only removed on completion of BadgerNet.</p> <p>Temperature on admission, there are still issues of achieving temperatures within appropriate range. UHL have devised a flowchart for keeping babies temperatures within range, and KY is happy to share proforma.</p> <p>16.2 SI Reporting Reminder that anyone reporting SI's to Specialised Commissioning should copy in LH, AWD/JB as this is part of the Network data sharing agreement.</p>		<p>KY</p> <p>ALL</p>

	<p>16.3 Learning from Incidents/Excellence Reminder that this afternoons clinical forum is focussing on sharing best practice from the unit peer reviews, LH encouraged all to join the forum.</p> <p>16.4 Exception Reporting The Network have put together a high level summary report for exceptions from Q1 and Q2, with only a small fraction of these having been self-reported at the time of the exception. All were asked to ensure that exceptions are reported as they occur so that the Network can get an overview on what is happening across the Network in real time,</p> <p>Ideally would like to get to the point where the list is just a cross referencing exercise</p> <p>There continues to be difficulties with babies at LGH as one service on BadgerNet, and RS is unable to split the list</p> <p>16.5 Continued Peer Review and CCR Follow Up Plan to meet each unit to monitor progress against action plans. The first round of follow up meetings is now almost complete. Further 6 monthly visits will be undertaken to continue to monitor progress which will include the LMNSs</p> <p>LSH will be contacting units shortly to set up 6 monthly visits.</p>		LSH
17.	<p>Audit & Improvement Programme</p> <p>17.1 Nurse Staffing A copy of the nurse staffing data was circulated.</p> <p>Definite dip was seen everywhere around the time of first COVID-19 surge.</p> <p>LH picked out the following highlights; National staffing tool being revised due to flaws within the existing tool. Will be out shortly for all to use in future. The revised tool is easier to use and gives sight of the background calculations.</p> <p>JF is repeating gap analysis and Training Need Analysis for the Network</p> <p>HEE have commissioned a company to review QIS Nationally. This company will be liaising with Network Lead Nurses, Educators, and talking to students past and present for feedback. Recommendations will be released with the aim of commissioning a national course.</p> <p>17.2 Transitional Care Implementation Revised CNST requirements have been released, LH will circulate the link. There will be a requirement to demonstrate that transitional care has been implemented as described in</p>		LH

	<p>last year's action plans. There will also be a more robust process around checking this.</p> <p>17.3 Perinatal Mental Health Working Group There have been no further meetings of this group this year. The group was originally set up to look at the effects of significant perinatal maternal health, and in particular how drugs affect babies and breast feeding.</p> <p>A number of Pharmacists are interested in developing their own subgroup. All to speak to their pharmacist to see if they are interested in joining the group virtually. Email contacts to be provided to LSH</p>		ALL
18.	<p>ATAIN Updates/Learning Group disbanded as ATAIN reviews are now embedded into practice in all units.</p> <p>LS has not yet discussed the sharing of maternity findings from the reviews with the Maternity Clinical Network.</p>		LS
19.	<p>LMNS 19.1 Representation All aware that LMNSs are responsible for realisation of the NCCTR implementation. It is therefore important that neonatal units are represented at their local LMNSs as decisions may be made there which impact upon them.</p> <p>CCR is the responsibility of the LMNS to make sure the action plans are implemented.</p> <p>Anyone wishing to get details/meeting dates on when their local LMNS take place to contact LH.</p> <p>19.2 Feedback None.</p>		ALL ALL
20.	<p>Project & Education 20.1 QIS Training JF will be repeating the gap analysis in order to produce a Network Training Needs Analysis to go to HEE to help inform the number of required QIS places.</p> <p>Units are using 4 Universities for delivery of QIS at the moment, in North Hub this is mainly University of Nottingham (UoN) and Sheffield University. Sheffield and UoN have both resumed programmes. There have been changes to UoN programme, which has seen it reduced from 30 to 20 credits and taught time reduced from 12 to 8 weeks. The course will be virtually delivered with the exception of one day face to face session. It will be interesting to hear the impact/feedback from this training.</p>		

	<p>In South Hub; NGH and KGH are accessing places at Bedford University, mainly because the programme at DMU hasn't restarted yet due to change of course leader. It is hoped that the course at DMU will restart January/February.</p> <p>20.2 Family Integrated Care Project has now restarted with ZD back from clinical duties; it remains a 1-year project which is now half way through. Most of the FiCare Link nurses across the Network have also come back into post. ZD is revisiting actions plans made earlier in the year and staff education through time out, study days and medication teaching has restarted.</p> <p>ZD shared some good practice from ULHT.</p> <p>Care coordinators going forward from recommendations in CRR. FiCare working group to create shared vision of what FiCare looks like across the Network. SJ asked if a parent voice will be included, which ZD confirmed.</p>		
<p>21.</p>	<p>Mortality Review</p> <p>21.1 NNAP Mortality Review A data review is still to be completed for the North Hub which will be circulated when it is available. AWD will share at next CGG</p> <p>21.2 Revised Mortality Steering Group TOR A copy of the revised group TOR was circulated. It has been amended to incorporate less than 22 weeks and changes to Network team job titles.</p> <p>The North Hub group are happy with the revised TOR, it will be presented to the South Hub group next week for comment. It will then be ratified by email.</p> <p>21.3 North Hub Group The group has continued to meet virtually.</p> <p>The Mortality Learning Bulletin from the 28 September 2020 meeting has yet to be circulated</p> <p>The next meeting date is on Monday 14 December 2020, via Microsoft Teams</p> <p>21.4 South Hub Group The group has continued to meet virtually.</p> <p>The Mortality Learning Bulletin from the July meeting was circulated by email.</p> <p>The next meeting is on 13 October 2020, 2:30pm- 4:30pm via Microsoft Teams</p>		<p>AWD</p>

22.	<p>Feedback from Network meetings</p> <p>22.1 Lead Nurses Group A copy of the minutes from the Lead Nurse Group meeting held on 15 September 2020 was circulated for information.</p> <p>22.2 Revised Lead Nurses Group TOR A copy of the revised TOR was circulated. Changes include update of the Network team job titles.</p> <p>There were no further comments, and all happy to consider ratified. LSH will upload to the Network website.</p> <p>22.3 Parent Advisory Group A copy of the minutes from the Parent Advisory Group meeting held on 24 September 2020 was circulated for information.</p> <p>LJ highlighted the main points of discussion;</p> <ul style="list-style-type: none">• PPI Strategy• Parents removing facemasks• Virtual meetings working well with attendance from remote areas• Implementation of Neonatal Voices Partnerships <p>22.4 Revised Parent Advisory Group TOR A copy of the revised TOR was circulated. Changes include update of the Network team job titles.</p> <p>There were no further comments, and all happy to consider ratified. LSH will upload to the Network website.</p> <p>22.5 Education & Practice Development Group The Education & Practice development Group was held on Monday 05 October 2020. The minutes are currently being finalised.</p> <p>JF provided a brief on the main discussions;</p> <p>Delivery of future education; the group are looking at developing a learning library so that units can contribute sessions and access at any time of the Network website.</p> <p>Webinars discussed as way forward as face to face conferences not possible. The transport team are trialling an in-house webinar and then will open to wider group.</p> <p>Any ideas to ensure continuation of Network education to JF</p> <p>ND explained that Sophie Stephenson and JB are looking to do a virtual cooling session in the next few weeks. Details will be circulated once available.</p>		<p>LSH</p> <p>LSH</p> <p>ALL</p>
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	<p>22.6 Revised Education & Practice Development Group TOR A copy of the revised TOR was circulated. Changes include update of the Network team job titles and the addition of University representatives on list of group membership.</p> <p>There were no further comments, and all happy to consider ratified. LSH will upload to the Network website.</p>		LSH
23.	<p>Education Days 23.1 Future Education Discussed under item 22.5.</p>		
24.	<p>Research 24.1 Update Tripp study has recommenced in the North.</p> <p>24.2 PreCept Precept project has now finished and Sumit Mittal's secondment ended. Magnesium sulphate rates are still being monitored and part of AHSN, in Q1 there was 85% uptake. The Network also continue to monitor this metric as part of the Network dashboard.</p> <p>This standing item will now be removed from the agenda.</p> <p>24.3 Pulse Oximetry Screening AR mentioned problems over the weekend carry out pulse ox screening.</p> <p>LL said would require significant resources, NUH don't have these resources so would require significant investment.</p> <p>NR discussed a project in Derby whereby the team are considering selected screening.</p> <p>There was a good discussion but generally it was not felt that those services who were not undertaking screening would not be implementing it.</p> <p>Network team will further discuss and go back to Andy Ewer.</p>		
25.	<p>AOB ND confirmed that the transport team are still not able to take parents in their ambulances due to Covid restrictions, this also remains the case nationally. There is an NTG meeting in November where this will be reviewed again.</p> <p>AR – asked about implementation of an ANNP group, as ULHT are struggling with identification of training in ANNP job plan. There was previously a Network group with TOR which was chaired by Melanie Carpenter. LH to enquire is there is still a group. JB to pass on national contact details to AR.</p>		LH JB

	LH emailed couple of weeks ago for follow up around the national tariff, as feedback is required. All to liaise with finance teams to ensure that any feedback is sent back to the National team.		ALL
26.	Date/Time of Next Meeting Wednesday 13 January 2021, 10:00am – 1:00pm, via Microsoft Teams		