

Minutes of Clinical Governance Group

Wednesday 15 January 2025

**10:00am – 1:00pm
via Microsoft Teams**

Present:

Jane Gill (JG), Clinical Lead, EMNODN (Chair)
Anneli Wynn-Davies (AWD), Clinical Lead (EMNODN)
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN
Rachel Salloway (RS), Project Manager, EMNODN
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Helen Cater (HC), Physiotherapist, EMNODN
Kelly Francis (KF), Trainee Representative, King's Mill Hospital
Dhaval Dave (DD), Consultant Paediatrician, King's Mill Hospitals (joined at 11:13)
Lynsey Lord (LL), Practice Development Matron, King's Mill Hospital
Christina Pembleton (CP), Governance Lead Nurse for Neonates & Paediatrics, King's Mill Hospital
Bala Subramaniam, (BS), Consultant Paediatrician, Royal Derby Hospital
Angela Burden (AB), Lead ANNP, Royal Derby Hospital
Lisa Kelly (LK), Governance Nurse, University Hospitals of Derby & Burton
Claire Johnson (CI), Lead Midwife for Quality & Safety, Derby & Derbyshire ICB (joined at 10:58)
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals (left at 12:36)
Shafqat Bashir (SB), Consultant Paediatrician, United Lincolnshire Hospitals (joined at 11:09, left at 12:32)
Rachel Wright (RW), Matron, United Lincolnshire Hospitals (left at 11:34)
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS
Andy Currie (AC), Head of Service, CenTre (left at 11:33)
Hilliary Killer (HK), General Manager, CenTre (joined at 10:26)
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital
Michelle Hardwick (MH), Matron, Northampton General Hospital
Kelly Marriott (KM), Ward Manager, Northampton General Hospital
Nicole Malazzab (NM), Clinical Governance Lead Nurse, Northampton General Hospital
Rebecca Lambdon (RL), Governance Lead Nurse, Northampton General Hospital (joined at 10:32, left at 12:35)
Vicki Harris (VH), Transitional Care Lead, Northampton General Hospital
Jo Behrsin (JB), Consultant Neonatologist, University Hospitals of Leicester
Rina Chauhan (RC), Matron, University Hospitals of Leicester (left at 12:10)
Katie Seaton (KS), Educator, University Hospitals of Leicester (left at 11:15)
Claire Inglis (CI), Lead Nurse for Homecare, University Hospitals of Leicester (joined at 10:37, left at 12:16)
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
Dulip Jayasinghe (DJ), Consultant Neonatologist, Nottingham University Hospitals (left at 10:58)
Lleona Lee (LL), Consultant Neonatologist, Nottingham University Hospitals (joined at 11:43)
Rebecca Scorer (RS), Quality Care Sister, Nottingham University Hospitals (joined at 10:37, left at 11:05)
Charlotte Baylem (CB), Matron for Quality, Risk & Safety, Nottingham University Hospitals (left at 10:55)
Marie Teale (MT), Deputy Head of Maternity Commissioning, Nottingham & Nottinghamshire ICB (left at 12:12)
Maureen Westphal (MW), Governance Lead Nurse, Kettering General Hospital
Eileen Peasgood (EP), Lead Nurse, EM Congenital Heart Network (left at 11:13)

In Attendance

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

	<p>The team will be booking in cot side visits this year, and further communication regarding dates will be circulated shortly.</p> <p>The Network units still have access to CardMedic which is due to expire at the end of March, but there is the potential for this to be extended. Monthly drop-in sessions are held on the third Friday of every month for CardMedic champions to meet with Network team to feedback on how useful it is.</p> <p>5.2 Transfer Decision Prompt CH updated that there are a number of threads of work underway relating to the transfer process and improving the transfer process for families. Staff advertising the availability of the 360 tours will feed into this process. The Network team are reviewing the network information which is given to families on admission.</p> <p>Funding has been confirmed for animation videos which are specifically around the transfer process for families.</p> <p>Initial feedback received on the first draft of the Transfer decision prompt highlighted two areas which require some further discussion. This includes the purpose of the document, and the relevance of the questions contained within it. The purpose of the document, and the problem it was trying to solve, was not clear in the original iteration. The prompt is designed to support teams in making appropriate decisions around capacity transfers. It is not intended to reduce capacity transfers, but to provide a robust framework for selecting the most suitable babies for transfer.</p> <p>CH asked for volunteers to trial the document and RW offered to trial it ULHT. Any further offers please contact CH.</p>		
6.	<p>EMAS Pathways AWD introduced CM who is the Lead Midwife for EMAS. The Network originally asked to meet with EMAS to discuss some resuscitation issues which were raised at the Mortality Oversight Group, and to discuss where babies are taken by EMAS when they are delivered at home.</p> <p>CM gave a presentation, a copy of which is available here.</p> <p>AWD wished to discuss the transfer issue within this forum and to ensure that any new guidance is agreed in a collaborative manner. AC felt that a regional SOP needs to be as simple as possible for all concerned. AC's felt that the babies should be brought into the nearest ED and would be concerned about crews taking babies past hospitals based on category of care.</p> <p>JB suggested calling in to designated coordinator at each centre, who may be a nurse in charge or a service consultant to enable preparedness for receiving babies.</p>		

	<p>BS explained there has been discussion in UHDB around this and concluded that it would be best for babies to be taken to maternity with mums.</p> <p>CM confirmed pre alerts go into ED, giving an ETA.</p> <p>NB would prefer in NGH for these babies to continue to go to labour ward.</p> <p>JG suggested pulling together a key stakeholder group to discuss this issue further with all services, including ED staff as they are currently not used to dealing with these patients. AWD/JG to meet again with CM and will agree a stakeholder list</p>		AWD/JG
7.	<p>Surgical Updates</p> <p>AWD/JG met with the surgical network to discuss developing a pathway for babies requiring inguinal hernia repair, and one of the grid trainees is undertaking work on this. AWD updated that there is a plan to create a prospective audit to ascertain how many babies this involves, and have this information before any changes are made to pathways</p>		
8.	<p>Cardiac Update</p> <p>An update is planned for the policy for preterm PDA closure. A Cardiologist is rewriting the policy and EP has approached surgeons for comments.</p> <p>JB enquired about progress with the regional pathways for place of birth for those babies with congenital anomalies. EP confirmed this has not been completed yet. AWD/JG/JP to review the Y&H pathways.</p> <p>EP continues to provide support on the Network Foundations in Neonatal Care course.</p>		AWD/JG/JP
9.	<p>CenTe Transport</p> <p>9.1 Dashboard</p> <p>A copy of the dashboard was shared, and HK discussed the metrics.</p> <p>The new call handling service went live on 01 November, any issues please contact HK.</p> <p>There will be a separate consultant rota from 01 January, and it is anticipated that this will improve the service further.</p> <p>There was one reported Serious Incident last year associated with a UAC. There was no specific learning or concerns, and decision making and risk assessments were all appropriate. There was a need to remind clinicians about the risks associated with arterial lines, and the need to be consciously monitoring them.</p>		

	<p>CenTre continue to engage with the MNSI with regard to a case last year around the reorientation of care rota may help with this too.</p> <p>All encouraged to continue to contact the lead centres for advice calls.</p> <p>9.2 Moving Babies In/Out</p> <p>There have recently been a couple of incidents where babies have required an uplift of care when receiving units have only agreed to take the baby if a baby is moved out to the referring unit first which has created very significant delays. AC felt this should be discussed within this forum and that the priority should be to move the sickest baby first.</p> <p>AWD suggested including all relevant decision-making people in a call to discuss this together at the time, to understand the combination of the baby's levels of care, infection control issues etc, in order to prevent the transport service being stuck in the middle.</p> <p>LH stated that she was in agreement with AC, and that transport should never be placed in the middle of these situations. It is imperative that the appropriate senior people in each unit should be included in the decision making, and that if there is no capacity then the baby should be transferred elsewhere in a timely fashion so that they can access the levels of care that they require.</p> <p>JG suggested adding a line into the decision prompt around coordinating a direct conversation between the two units.</p>		
10.	<p>National Update</p> <p>10.1 National Critical Care Transformation Review</p> <ul style="list-style-type: none"> • Capacity <p>The new unit at QMC opened in December 2025 and will offer additional critical care capacity moving forward. Similarly, there is additional cot capacity at Leicester, which has not been consistently utilised due to staffing. The challenge for the Network is now to utilise all available cot capacity which is dependent upon having capacity.</p> <ul style="list-style-type: none"> • Staffing <p>National NHSE funding that has been provided to support some additional QIS places, and additional educator time, related to supporting these additional places. The majority of this funding will be utilised by NUH to try to increase their QIS numbers over the next year. There is also some money that has been released to focus on QIS pastoral support.</p> <p>A day to promote the QIS programme is being planned in Derby. There is also a larger project to provide training to enhance supervision skills and look to provide some structured</p>		

	<p>supervision for those nurses coming out of the QIS course. Further information will be available about this shortly.</p> <p>There is a third pot of money from National Team to support implementation of the new QIS framework (Neonatal Specialty Training Framework), which was published in December. The funding will probably be used to map where the current QIS courses benchmark against the new standard and how the gap can be bridged between the two.</p> <ul style="list-style-type: none"> • FiCare <p>Equity of provision of care for families is being reviewed to help reduce health inequalities particularly those from black and ethnic minority groups.</p> <p>JG attended an ODN National Update where there was a lot of conversation about the PQSM document and integration of ICBs. The Midlands are one of regions delegated to ICBs for funding streams. If anyone has any feedback on this, please share it with the ODN Team.</p> <p>LH reported that the Network have been asked to feedback how delegation has been implemented, and its effectiveness, at a BAPM meeting next week. If anyone has any feedback about how it is working within the trusts, please contact LH.</p> <p>10.2 Funding Covered above.</p>		
11	<p>AHP & Psychology Update NM provided an update:</p> <p>The Network AHPs are working to put together some scripts for a number of animation videos, which will be intended for use across the Network to support AHP provision. This will be universal level advice so could be used in units where there are no AHPs.</p> <p>The AHPP conference was held in November 2024, which was well attended, with good MDT representation from every unit</p> <p>There are still a few units being supported with business cases to increase their AHP provision. There is an evidence-based Network template which includes all the staffing requirements which just requires transferring into local templates.</p> <p>Bliss are currently benchmarking regional AHP provision.</p> <p>NM and KH have completed the first draft of the nutrition and feeding and probiotic guideline. This is out to the Network Team for feedback and will then be shared with the CGG group for comment.</p>		

	<p>AD updated that the national psychology leads group are working with their professional body to develop some standards for outreach and follow up. NM added this is the same for each professional group, so will hopefully there will be some national staffing recommendations produced.</p> <p>AD thanked all for their support for the new AHPs who have started on the units, there was some very positive feedback at the conference.</p>		
12	<p>Workforce & Education</p> <p>12.1 Nurse Staffing</p> <p>A copy of the data was circulated.</p> <p>The headlines messages are as follows;</p> <p>. The majority of the units are much closer to achieving the number of registered nurses required to meet BAPM standards on most days. There are some slight variations across the units.</p> <p>There is still some shortfall in the QIS provision required to meet the activity across most units. This is particularly the case in the two NICUs. QHB are also consistently below the provision which is required.</p> <p>There were two East Midlands units that reached the 70% for QIS during Q2. PHB were almost fully established for QIS nurses. The other unit was slightly above 70%, however they have a significant vacancy factor within the registered nursing establishment so the percentage of QIS looks good but only because they require more nurses to meet BAPM standards.</p> <p>12.2 Q2/Q3 24/25 Workforce Data (including AHP&P)</p> <p>JF thanked all for completing the Q2 workbooks. The Q3 workbooks will be circulated today and will need to be returned to JF and RS by end of February 2025.</p> <p>There are still gaps in AHPP provision across most network hospitals. There has been no indication of any national funding to reduce this gap, so work needs to continue to produce business cases.</p> <p>Funding was allocated in 23/24 which has been with exception of one trust.</p> <p>12.3 Foundations in Neonatal Care (FiNC)</p> <p>A three-month FiNC course was trialled, and it was ascertained that the students struggled to complete the required work. A decision regarding the length of the courses in the future will be made following completion of the current three-month cohort.</p>		

	<p>The first leadership in neonates programme ran at the end of last year and will rerun in April next year. Please contact the education team for further details.</p> <p>12.4 ODN Education & Workforce Strategy Some input is still required on medical workforce and education section and this will then be ready to present to the CGG.</p> <p>There is a Band 5 Bridging the Gap competency document which has been approved at CGG. However, it has become apparent that there are still some units not aware of this. The document aims to support nurses transitioning from Foundations to QIS, to gain some high dependency competencies, and provides evidence of the competency, while awaiting to access the QIS course.</p> <p>12.5 Network Vacancies The ODN have successfully appointed a Network Pharmacist. The start date is yet to be confirmed.</p> <p>Haddie Bills, Care Coordinator, has left the Network to support her family full time. There will be a band 7 Care Coordinator advert out shortly.</p> <p>The ODN will be recruiting an Assistant Project Manager to assist with data collection and reporting. WC/RS will be shortlisting later this week.</p> <p>12.6 Senior Neonatal Skills Refreshers The sessions will run for consultant colleagues with new content over the rest of this year. The June date will be aimed at trust employed doctors working on the tier 2 rotas in LNUs and SCUs. The information was circulated last week, and it would be appreciated if this could be widely shared.</p> <p>12.7 Annual Conference As there here has been a significant amount of conversation and focus on quality and diversity, and the impact on mortality and outcomes, this will be the theme for this year's conference. The conference will be held on Thursday 02 October 2025. A save the date flier will be circulated shortly.</p>		
13.	<p>Preterm Birth Group Update 13.1 Latest Data This item was not covered during the meeting</p>		
14.	<p>Homecare 14.1 North Dashboards A copy of the dashboard and charts was circulated.</p> <p>Derby launched the home tube feeding service from October and have had 8 babies use the service so far.</p>		

	<p>NUH launched the home phototherapy service in December, and this is still being established.</p> <p>Resuscitation study days have been implemented.</p> <p>The KMH homecare service will be moved into NUH, from 27 January, providing one Nottinghamshire service.</p> <p>There has been a decrease in the number of oxygen babies in the last quarter, and an overall increase in home tube feeding.</p> <p>The number of referrals remains consistent.</p> <p>Families remain very satisfied with the service, with surveys demonstrating 100% positive experience. There is a plan to try to improve the survey response rates. CH encouraged the homecare team to contact AP who would be really keen to support any improvements and make suggestions for how to reach all the parents.</p> <p>JG commented that the 7-day readmission rates seem quite low across both hubs.</p> <p>AWD highlighted that the October readmission rates for NUH states that there were 27. LP confirmed this is not correct and she will send through the revised dashboard.</p> <p>14.2 South Dashboards</p> <p>A copy of the dashboard was circulated.</p> <p>A draft BAPM framework for outreach has been released which may assist with appropriated data capture and requirements in the future.</p> <p>UHL are receiving on average 50 referrals each month, and are completing almost 500 visits per month, and 200 phone calls to parents.</p> <p>On average the service is sending 11 babies home for tube feeding, and 1-3 home oxygen babies each month.</p> <p>The number of home phototherapy babies is increasing. Last year there were 17 babies each month. Now on average there are 25 babies per month.</p> <p>The service is fully recruited to all sites.</p> <p>KGH and NGH have similar numbers of referrals each month, 13 and 14 respectively, with around 230 visits per month. KGH has up to 5 home tube feeders per month, and 3 home phototherapy babies per month. NGH has up to 7 home tube feeders per month, and 3 home phototherapy babies.</p>		<p>LP</p>
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<p>Parents on ward rounds, deferred cord clamping, and intrapartum antibiotics are all improving which has had the effect of bringing the overall optimisation metric compliance up a little.</p> <p>Parental consultation in first 24 hours and steroids administration compliance have dropped slightly.</p> <p>In general AWD felt that the data compliance looked fairly positive</p> <p>17.2 Preterm Birth Latest Data During Q3 there were 26 deliveries, resulting in 28 babies. 19 of these deliveries took place in a unit with colocated NICUs, giving an overall compliance of 75% for babies being born in the correct setting. All deliveries that happened outside of NICU were at LNU's; 5 Derby, 1 LCH, 1 KGH.</p> <p>BBA's raised concern during 2022. However, in 2023 this reduced to 6 babies, and in 2024 the number reduced further to 4 babies. This is promising data and there is some work underway with regard to heightening awareness of early labour.</p> <p>NB asked if there is anything to learn from the fact that the SCUs do not appear to have any babies born in the incorrect setting. WC agreed to review this.</p> <p>In Lincoln the 20-week scan with the midwives is being used as an opportunity to provide information on preterm birth.</p> <p>17.3 Learning from Incidents and Excellence</p> <ul style="list-style-type: none"> • SIs NUH SI 2023/22560 PK shared the case and associated learning. • NUH SI 2023/17345 CB to share a copy of the presentation and will table for questions at the next CGG meeting. • PSIRF (Patient Safety Incident Investigations) Any recommendations to be brought to this group for sharing. AWD suggested that in future the Network will email the group a couple of weeks prior to CGG to ask. • MNSI (Formerly HSIB) Investigations Not covered. • Coroners Recommendations Not covered. • Parliamentary & Health Ombudsman Not covered. 		
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	<p>Martha's Rule Not covered.</p> <p>17.4 Regional/National Alerts National Alert Colostrum Syringe Feeding and Reducing Choking Hazards The syringes were withdrawn on the recommendation of the MHRA. LSH shared this information by email yesterday. .</p> <p>Reporting Burns Relating to Chlorhexidine Information shared by email.</p> <p>17.5 Exception Reporting Not covered.</p>		
18.	<p>Service Improvement/Implementation Programme 18.1 PERIPrem There is now a group with a regional overview of the implementation of PERIPrem. Each trust maternity unit should be in receipt of 10k which has been given by NHSE to be spent by the end of March. There are numerous projects underway to utilise this funding across the region.</p> <p>Passport and Parent Information The passport and accompanying parent information leaflet has recently been revised and circulated to the unit teams.</p> <p>JB enquired about the wording on the birth in right place box, and asked if it would be possible to have a line underneath this to reference that more mature gestation babies might need an IUT if their care needs dictate a higher level of care. Other than this, JB thought the passport is very good, and really liked the parent information leaflet.</p> <p>18.2 Transitional Care Implementation Updates Not covered.</p>		
19.	<p>LMNS Local Feedback Not covered.</p>		
20.	<p>Mortality Oversight Group Not covered.</p>		
21.	<p>Feedback from Network meetings 21.1 Lead Nurses Group Not covered, minutes available.</p> <p>21.2 Parent Advisory Group Not covered, minutes available.</p> <p>21.3 Education & Practice Development Group Not covered, minutes available.</p>		

	<p>21.4 Pharmacy Group Not covered, minutes available.</p> <p>21.5 Homecare Group Not covered, minutes available.</p> <p>21.6 Safeguarding Group Not covered, minutes available.</p> <p>21.7 Governance Lead Nurse Group TOR A copy of the group TOR was circulated. Please send any comments within two weeks. If no comments are received it will be considered ratified.</p>		ALL
22.	<p>Research</p> <p>22.1 Update Not covered, no one available to provide an update.</p> <p>22.2 Recruitment of Babies from other Centres and Impact of Repatriation AWD reminded all to ensure that when babies are recruited into trials and repatriated back to home units, if the home unit are not involved in the study, that the relevant information is provide, including any medication that is being given.</p>		
23.	<p>AOB</p> <p>23.1 Changes in ROP Screening AWD enquired what teams are planning with regard to what potential recommendations for ROP, and if teams are considering taking screening up to 32 weeks. From reviewing the data for UHDB, this would equate to an extra 28 babies per year. AWD felt that this should be considered across the Network so that there is no disparity. AWD/JG to ask for consensus/ opinion at the National Network Meeting. It was noted that the BAPM guidance states 'to consider' screening and does not dictate that it should take place. RL to discuss with the Oxford ophthalmologist to ascertain thoughts. RG thinks this has been discussed in ULHT, and implemented, but will confirm,</p>		RL RG
24.	<p>Date/Time of Next Meeting Wednesday 23 April 2025, 10:00am – 1:00pm, via Microsoft Teams</p>		