

Minutes of Clinical Governance Group

Wednesday 12 July 2023
10:00 – 1:00
via Microsoft Teams

Present:

Jane Gill (JG), Clinical Lead, South Hub, EMNODN (Chair)
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Judith Foxon (JF), Deputy Lead Nurse (Workforce & Education) EMNODN
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN
Dhaval Dave (DD), Consultant Paediatrician, King’s Mill Hospital (joined at 10:30)
Rhian Cope (RC), Matron, King’s Mill Hospital
Rachael Giles (RG), Deputy Head of Nursing for Women & Childrens, King’s Mill Hospital (joined at 10:17)
Lynsey Lord (LLO), Practice Development Matron, King’s Mill Hospital (joined at 10:13)
Kimberley Hastings (KH), Specialist Nurse for Infant Feeding, King’s Mill Hospital (joined at 10:06, left at 12:23)
Kelly Marie-McMinn (KMM), Transitional Care Lead Nurse, King’s Mill Hospital (joined at 10:07)
Rebecca Scorer (RSc) Quality Care Sister, Nottingham University Hospitals (joined at 10:38, left at 12:44))
Zara Doubleday (ZD) Ward Manager, Nottingham City Hospital
Claire Inglis (CI), Lead Nurse for Homecare, South Hub (joined at 10:06)
Dominic Muogbo (DM), Consultant Paediatrician, Queen’s Hospital, Burton (joined at 11:19, left at 12:01)
Lynn Slade (LS), Lead Nurse for Neonates, University Hospitals of Derby & Burton
Sally Shipley (SSH), Clinical Educator, University Hospitals of Derby & Burton
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals (joined at 10:14)
Cathy Franklin (CF), Matron, United Lincolnshire Hospitals (left at 11:56)
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital
Andy Currie (AC), Head of Service, CenTre
Hilliary Killer (HK), General Manager, CenTre (joined at 10:05)
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital (joined at 11:07)
Michelle Hardwick (MH), Matron, Northampton General Hospital (joined at 11:42)
Kelly Marriott (KM), Ward Manager, Northampton General Hospital
Kamini Yadav (KY), Consultant Neonatologist, University Hospitals of Leicester
Rachel McCoy (RM), Ward Manager, Leicester General Hospital
Katie Seaton (KS), Practice Educator, University Hospitals of Leicester
Eileen Peasgood (EP), Network Lead Nurse, East Midlands Congenital Heart Network
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS
Sajan Sindhu (SS), Educator, Kettering General Hospital (joined at 11:34)
Shalini Ojha (SO), Neonatal Consultant UHDB (joined at 12:16, left at 12:47)
Janine Abramson (JA), Trial Manager, EMNODN-NEC Study (joined at 12:29, left at 12:47)

In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Sarah Willis (SW), Occupational Therapist, EMNDON
Rachel Salloway (RS), Data Analyst, EMNODN

| | Subject | Attachment | Action |
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| 1. | Apologies for Absence Anneli Wynn-Davies, Nigel Ruggins, Louise Bakin, Lucy Panesar, Nitin Patwardhan, Katie Linter, Davina Bhardwaj, Jo Behrsin, Jo Preece, | | |

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| 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 4.1 Car Seat Update Car seat regulations are for babies weighing 3.5kg so baby car seats are not safety tested for babies weighing less. This was highlighted to DoT in 2019 and a national group was formed to try to get the legislation changed. There was a meeting this week to discuss this further. The findings from audit of baby measurements collected across the country, was presented at an international car seat meeting and the issue was acknowledged. However, there is continued reticence to change the legislation. The group now intend will go back to DoT, Bliss, and the RCPCH to consider the next steps. LH will discuss the possibility of gathering more data to increase the evidence base further with the Network Directors This item will remain on the agenda to allow further updates to be given as and when they are available. | | |
| 5. | Revised Group TOR The group TOR has been reviewed and updated, to include the LMNSs and ICBs in the group membership. All present happy to ratify. | | LSH |
| 6. | Babies & Families 6.1 FiCare Update Level 1 FiCare eLearning has been completed on Moodle and is almost ready to roll out across the Network. However, there is a technical glitch with Moodle which will hopefully be resolved shortly. Work has commenced on a Network FiCare guideline. The content for this will be supported by colleagues from the AHP team, and parents/families. The Network is seeking financial support for CardMedic from the LMNSs. This is a web and app-based translation resource. If the bids are successful, the Network will have access to the system for 12 months. This will give the opportunity to collaborate, shape, and influence the neonatal information on their system. CH will continue to update the group on progress. The content for the 4 educational videos is now complete after a week of filming in Northampton. CH reported that a great deal of fantastic footage has been acquired which will now need to be edited. The videos are likely to be ready around November. | | |

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| | <p>Haddie Bills is now on Maternity Leave. The Network Team have interviewed for cover and have offered the post to the successful candidate. It is anticipated that they will be able to commence in post in around 8 weeks.</p> <p>6.2 NVP Recruitment 4 out of 5 regions now have an NVP in place with 2 of these being paid positions which is a really positive step.</p> | | |
| 7. | <p>Surgical Updates Discussion around the draft EMNODN SOP for 'drive through contrast investigations for well babies with bilious vomiting' GS mentioned that the provision of radiography support for 24/7 access to contrasts was still awaited.at NUH JG had been updated that this maybe in place by September.</p> | | |
| 8. | <p>Cardiac Updates EB introduced herself as the Lead Nurse for the EMCHN. The Network covers a similar area to the EMNODN Stacey Taylor is the Network Manager, who returns from maternity leave in August 2023. Gavin Thorpe is the Administration Manager, and Dr Aidan Bulger the Clinical Lead.</p> <p>The work plan for this year prioritises assessments for level 3 centres. There's also a focus on developing a parent partner group.</p> <p>Data will also be a focus, however there is currently no data analyst and so the Network are aiming to recruit someone on a fixed term basis.</p> <p>The joint education day was held in March, and this was well received.</p> <p>EP has been involved in the EMNODN Foundations in Neonatal Care programme over last couple of years which is very valuable to enable the students for gaining congenital cardiac knowledge.</p> <p>Any information regarding cardiac education please contact EP.</p> <p>EP highlighted that there is psychology support in UHL and the Network for CHD families. If there are any cardiac patients on the neonatal units who would benefit from support, this can be requested.</p> <p>There are lots of resources available on the website <u>East Midlands Congenital Heart Network (emchnetwork.nhs.uk)</u></p> <p>If anyone experiences any referral issues, or problems please contact EP.</p> | | <p>ALL</p> <p>ALL</p> |

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| | LH will contact EP to arrange a Network catch up. | | LH |
| 9. | <p>National Update</p> <p>9.1 National Critical Care Transformation Review Capacity</p> <p>Work is underway to increase critical care capacity in NUH and UHL. NUH are working at pace and the enabling works are underway and on track, with an estimated completion date of the end of December 2024. This will give an additional 9 critical care cots. Work is ongoing between the specialist commissioning, regional, and national teams for a solution at UHL.</p> <p>Staffing</p> <p>Specialised Commissioning have asked for a workforce gap analysis for all disciplines. Their priority this year is neonatal services. LH is hopeful that information regarding any additional funding will be provided shortly.</p> <p>LH explained there may also be some additional funding for medical staffing from the National Team, and further information on this will be shared if and when it is available.</p> <p>FiCare</p> <p>There is a great deal of work underway to address the recommendations of the NCCTR.</p> <p>LH highlighted that it will not be possible to deliver on all of the NCCTR recommendations by the end of 2024, and that this has been acknowledged by the Regional Team.</p> <p>9.2 Funding</p> <p>AS from April 2024, the ICBs will hold the neonatal funding pots. LH stressed the importance of awareness and urged all present to ensure that they fully engage with their local LMNSs in order to highlight where the gaps are. The key message is to be involved with the LMNS and to ensure that any gap analyses are presented.</p> <p>9.3 Technical Guidance for 3 Year Plan</p> <p>The 3-year plan was discussed at the last meeting. The technical guidance was circulated 3/4 weeks ago and provides an oversight of all the neonatal requirements.</p> | | ALL |
| 10. | <p>Preterm Birth Group Update</p> <p>10.1 Latest Data</p> <p>WC shared slides on the IUT data from 2022/2023.</p> <p>Preterm Birth Leads have been approved in NUH and KMH as part of the Nottinghamshire LMNS.</p> | | |

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| <p>11.</p> | <p>AHP & Psychology Update SW reported that there has been a significant number of AHPs funded across the Network, with some yet to be recruited. The Network AHP team are working to support those who are new into post. Work is also underway to ensure that any underspend is utilised effectively.</p> <p>The Network AHP team will be holding an AHP conference on 08 November. The agenda and booking details will be circulated shortly.</p> <p>The AHP & Psychology Forum provides peer support and education. To date there has been good engagement and positive feedback. The date of the next Forum is 16 August 2023 at 2:00pm and information has already been shared.</p> <p>If psychologists have been appointed, please ensure that there is a suitable private space for them to enable confidential conversations to be undertaken with staff and parents.</p> <p>The Network team are also working with the national teams around key deliverables and auditable measure for AHPs which includes collection of data to demonstrate their impact.</p> | | <p>ALL</p> |
| <p>12.</p> | <p>Homecare 12.1 Homecare Update CI provided an update for the South Hub, the team is fully recruited to. Home phototherapy has been implemented in UHL and work is underway to start to offer the service in NGH and KGH in August. The guidelines are currently going through the local governance processes.</p> <p>There has been an increase in referrals and the number of visits undertaken. Pre-phototherapy there were around 250 visits carried out per month, which has now increased to 450 visits undertaken per month. There has also been an increase in the number of visits carried out in NGH and KGH following the increase in staffing and the introduction of the 7-day service.</p> <p>CI happy to support/educate other units who would like to learn from their experiences of home phototherapy.</p> <p>DD would be interested in reading the SOP for home phototherapy. CI will forward to LSH to sharing.</p> <p>There was no one present from the North Hub to provide an update.</p> <p>12.2 Cross Boundary Processes None reported.</p> | | <p>CI</p> |

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| <p>13.</p> | <p>CenTre Transport 13.1 Dashboard A copy of the dashboard was circulated.</p> <p>The service has been extremely busy with 353 transfers undertaken in first quarter. The service is achieving most of the KPIs. However, targets are not being reached for the teams finishing on time. Some of this is linked to ambulance provision and work is underway with SJA to address the issues.</p> <p>Governance: There were 41 reported incidents with no new themes identified.</p> <p>HK raised the issue that some cots have been lost when the baby is in transit. AC requested that once a unit has accepted a baby that the cot is protected until the baby arrives as it is unacceptable to have the transfer underway and then for there to no longer be a cot available. JG requested that the Network Management Team be informed if this happens.</p> <p>The CenTre team have noticed that the units appear (to be calling for help to stabilise babies, which means that the team spend significant amounts of time stabilising babies. It was noted that there are not large numbers but it does appear to be an increasing trend. Discussion followed about whether there is a need for education, or workshops etc. JG promoted the Network Consultant Skills day which will be running in September and December 2023 in Derby. Teams were also reminded to contact the tertiary units for advice before calling for a transport as per the Network pathways.</p> <p>AC is meeting with Specialised Commissioning and SJA on Tuesday as there is now some challenge over the proposed move to Castle Donington. This is currently going through an impact assessment process.</p> | | <p>ALL</p> |
| <p>14.</p> | <p>Risk Register The Risk Register was circulated. The patient facing risks have been removed and only the Network risks remain.</p> <p>All to read and send any changes to LH within the next week, before the register is shared with the Board.</p> | | <p>ALL</p> |
| <p>15.</p> | <p>Guidelines <u>Ratified & Uploaded to Network Website</u> 15.1 Regional Escalation of Operational Pressures & Surge Plan Network Guidelines EMNODN</p> <p>For Ratification 15.2 Exchange Transfusion A copy was circulated. All in agreement to ratify.</p> | | |

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| <p>15.3 Baby Admitted to a Neonatal Unit with Safeguarding Concerns This is a new guideline, which was formulated by Network Safeguarding Group. A copy was circulated and all in agreement to ratify.</p> <p><i>For Comment</i></p> <p>15.4 Bilious Vomiting JP has produced a drive through SOP. GS has sent through some comments which need to be incorporated.</p> <p>GS asked if all the points could be put into a booklet. JG wondered if AC/HK had a clinical fellow who could work on this. AC agreed to explore.</p> <p>Comments on the SOP are due by 21 July so this should be ready to ratify at the next CGG meeting.</p> <p><i>Under Review</i></p> <p>15.5 PPHN Will be circulated shortly.</p> <p>15.6 Light & Noise Under review by Sarah Willis.</p> <p>15.7 Positioning Under review by Helen Cater.</p> <p>15.8 ROP Being updated around the screening criteria from the RCPCH and the Network pathways.</p> <p><i>Under Development</i></p> <p>15.9 Early Care/Optimisation Work is underway alongside the PERIPrem work.</p> <p>15.10 PDA Pathway Work will be commencing on a pathway shortly.</p> <p>15.11 CMV The first draft will be circulated shortly.</p> <p>15.12 Blood Transfusion This Network level guideline is in the GIRFT recommendations on the action plan. JP is working on the guideline, and this will be circulated shortly.</p> <p><i>For Discussion</i></p> <p>15.13 Pathway for Unborn Child & Neonate with Life Limiting or Life Threatening Condition Sands have produced national guidance and it was proposed that this is used, and the Network guideline be archived. It was agreed that if any of the group still feel that a Network guideline</p> | | <p>AC</p> |
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| | <p>LH felt that Network consensus is required for consistency, especially for the families. Some further thought to be given to this.</p> <p>15.17 NICE Neonatal Infection Update Quality Standard JG highlighted that the current NICE guidance is out for comment. JG encouraged all to provide comments.</p> | | <p>ALL</p> <p>ALL</p> |
| 16. | <p>Data Quality and Assurance Reporting 16.1 Local Network Quality Dashboard The dashboard was circulated and discussed.</p> <p>JG reminded the group that thresholds for some of the metrics changed this year, and some new metrics have been introduced. Overall performance is not so good in these particular areas, so further work is required to embed them into practice.</p> <p>In terms of the individual unit dashboards JG encouraged all to go to LMNSs and to present dashboard data. Discussion about the areas where improvement is required, and what input is required should be undertaken at a system level.</p> <p>16.2 SI Reporting KGH SI x 2 No one present to share the learning. This will be deferred to the next meeting.</p> <p>UHDB SI BS gave a presentation and shared the learning.</p> <p>16.3 Learning from Incidents/Excellence WC reported that the latest RENS awards have been distributed and that the achievements of the various winners will be included in the monthly the quality counts update, as well as on the Network website.</p> <p>WC and RS requested that the group send any additional items for the quality counts update.</p> <p>Discussion followed around the administration of Gentamycin and vancomycin and if anyone had identified a way to reduce dosing errors. The KMH pharmacy have redesigned the prescription chart which has reduced errors and LL is happy to share the document. Highlighting boxes on the drug chart also seems to reduce incidents.</p> <p>16.4 Regional/National Alerts UKHSA update on a cluster of Neonatal Enterovirus Myocarditis cases in South West England and South Wales.</p> <p>It was reiterated that single use items should never be reused as per the regional circular.</p> | | <p>ALL</p> |

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| | <p>There is a national shortage of reprog tubes. The national Surgical Interest Group reported that some units elsewhere in the country were reusing them. This has been raised as an issue and is not to be practiced under any circumstances.</p> <p>There have been ongoing email conversations regarding the shortages of Chlorhexidine.</p> <p>DD reported that there is no pharmacist in KMH. JG confirmed this information has been raised within the pharmacy group minutes. JG asked the KMH team to contact the Network team if support is required to raise this issue within the Trust.</p> <p>16.5 Exception Reporting A copy of the report was circulated.</p> <p>The number of self-reported exceptions is increasing which is encouraging and enables contemporaneous monitoring of Network pathways and capacity issues.</p> <p>OPEL forms are being submitted identifying issues with repatriation. However, this is not being reflected on exception reporting forms. All to ensure that issues with repatriation are exception reported.</p> <p>Obstetric exception reporting is now improving. Reports are proving to be helpful when undertaking deep dives into missed IUTs. Chianti from the Perinatal Team will be pulling together an LMNS report and will be adding in the exception reports.</p> | | ALL |
| 17. | <p>Service Improvement/Implementation Programme</p> <p>17.1 PERIPrem The PERIPrem perinatal passport has been launched and will be uploaded to the website shortly. An accompanying parent leaflet is currently being finalised.</p> <p>It would be helpful if all teams could work with governance teams to implement the Network passport rather than using local versions to ensure consistence for the families.</p> <p>17.2 Transitional Care Implementation Updates WC meeting with KGH on Monday to discuss taking their plans for the TC service forward.</p> <p>LH reminded all that TC features highly in the CNST year 5 document, and encouraged everyone to familiarise themselves with the requirements.</p> <p>NB advised that when developing a business model, there may be challenges around any changes to MSW responsibilities. MH would advise including a WTE MSW in the staffing model to avoid them being pulled away to help maternity services. NB</p> | | ALL |

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| | <p>would advise taking ownership of TC rather than having joint leadership with maternity services.</p> <p>LS reported that funding has been approved at UHDB through a maternity safety case. The service had planned a mixed staffing model with maternity for the RDH site, and so LS felt it was really useful to hear the comments from NB and MH.</p> <p>KMM introduced herself as the new TC Lead Nurse at KMH, and she will be contacting others to learn from their experiences.</p> <p>JF reiterated the importance of getting the staffing model right when planning the service as success really hangs on this. JF is happy to be involved in any discussions.</p> <p>WC reported that the TC lead nurse at NGH had just passed the NIPE check assessment and is probably the only TC lead in the country that undertakes NIPE checks.</p> | | |
| 18. | <p>ATAIN Updates/Learning None reported.</p> | | |
| 19. | <p>LMNS Local Feedback Lincolnshire ICB is under financial constraints at the moment, so all recruitment has been paused. The lead nurse for the LMNS Maternity & Transformation has left and cannot currently be replaced. The Infant feeding lead post was agreed for neonates, however the post was pulled. CG is trying hard to get this post to panel within the ICB.</p> | | |
| 20. | <p>Workforce & Education 20.1 Nurse Staffing A copy of the data was circulated. These charts provide a far more accurate picture of nurse staffing on a daily picture against the activity. JF highlighted that within the NICUs there are still significant gaps in QIS numbers, with 5 or more QIS staff short of the BAPM standards in both tertiary centres. At a RN level there are shortfalls of 1 or 2 nurses persistently on each shift in the NICUs. The other point to pick up is that KGH seem to have had an increase in their overall gaps at both QIS and RN level since June 2023.</p> <p>JF will be meeting with each unit to go through the workforce information in more detail to ensure there are workforce plans in place so that plans can be described for reducing gaps where they exist, and to provide some narrative around them. JF will be collecting workforce data quarterly as this is now being requested by NHSE.</p> <p>JF will also be collecting AHP staffing data and conversations are underway about how to collect medical staffing data.</p> | | |

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| | <p>20.2 Foundations in Neonatal Care Programme The current cohort consists of 23 students. The group is made up of nurses who are new to neonates, MSWs and TC staff. The course is evaluating really well and the group will be presenting their posters and summarising their QI project at the end of the course. JF thanked the staff from across the Network who are helping to deliver some of the sessions.</p> <p>20.3 HEE Funding The Network received funding from HEE last year, of approx. £29k to support training. This was primarily around supporting AHPs. These various training courses have now almost been completed. Part of the requirement of the funding was that all those who attend the training may be asked for feedback to HEE and the Network.</p> <p>20.4 Nursing Associate Role Description The Lead nurses have had sight of the draft role description and their comments have now been incorporated. All were in agreement with the document and this will now be uploaded onto the Network website</p> | | |
| 21. | <p>Mortality Oversight Group The oversight group has now been combined to include both the north and south hubs, which is working well. However, there is significant backlog of cases and work is underway to streamline the process.</p> <p>A copy of the Mortality Learning Bulletin will be circulated shortly.</p> | | |
| 22. | <p>Feedback from Network meetings</p> <p>22.1 Lead Nurses Group A copy of the minutes from the March meeting was circulated.</p> <p>22.2 Lead Nurse Group TOR The TOR have been slightly amended as part of the required 2-year review. The only addition is that one of the remits of group is to receive national and regional information. All were in agreement that the document could be ratified.</p> <p>22.3 Parent Advisory Group There has been no meeting since January. The next meeting will be in August 2023. In the meantime CH will be seeking feedback from parents with regard to rotation of meetings and content of the agenda.</p> <p>22.4 Education & Practice Development Group A copy of the minutes from the June meeting was circulated.</p> <p>22.5 Pharmacy Group A copy of the minutes from the June meeting was circulated.</p> | | LSH |

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| | <p>22.6 Homecare Group A copy of the minutes from the April meeting was circulated.</p> <p>22.7 Safeguarding Group A copy of the minutes from the May meeting was circulated.</p> <p>Safeguarding Leads The BAPM service specification states that each neonatal service should have a nominated safeguarding medical and nursing lead. All present were urged to include this requirement within any trust governance discussions. If units already have individuals nominated, please inform the Network Team.</p> | | ALL |
| 23. | <p>Research</p> <p>23.1 Update The FEED1 trail is recruiting well.</p> <p>It was noted that a Shalini Ojha has been awarded a professorship in neonatology and congratulations were extended from the group.</p> <p>23.2 NEC Care Bundle Evaluation Study SO provide an update on the research project:</p> <ul style="list-style-type: none"> • Recruitment has commenced at KGH, UHL and KMH • Conversations are underway with ULHT • NGH are awaiting Caldicott guardian approval • RDH are almost ready to start recruitment • To date there has been no response from NUH, so SO asked if anyone from the NUH team could progress this <p>SO thanked all teams for their engagement with the project so far. Sites have been identified and there has been agreement to participate from the neonatal teams from each unit.</p> <p>Once the study starts recruitment from the following will be required:</p> <ul style="list-style-type: none"> • Parents of preterm infants • Babies born less than 32 weeks who are near to discharge so that discussion can take place around the whole breastfeeding experience. <p>3-5 babies per unit will be required and KMH have already done very well with their recruitment.</p> <p>Full research ethics committee recommended approval for study has been awarded, so individual data can be extracted from the units as well as from the Network without any issues.</p> <p>Each site will have 6 months for recruitment from the date they open the study.</p> | | NUH |

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| <p>24.</p> | <p>AOB</p> <p>Medical strikes begin Thursday. LH will be expected to report any issues to the regional team. Weekend OPEL status is required, all present urged to encourage staff to complete their forms over the weekend and to let LH know if there are any issues with medical cover.</p> <p>Following the Lucy Letby trial a national task force has been convened to look at the recommendations which will come out. As soon as LH receives any further information it will be shared.</p> <p>It was discussed that it would be advantageous for all units to have cooling equipment as this would ensure that the baby reaches the required temperature before the transport team arrives, which will improve overall outcomes and prevent under/over cooling if the cooling is undertaken passively. The Network does not have any budget to provide the funding for this, but the team are able to provide education around how the equipment is used. Funding may be sought through the Trust or via the local LMNSs, and all should explore potential options. CG explained that there is a business case currently going through in Lincolnshire and that the equipment is quite costly. However, it was noted that the cost of litigation is significantly more, and so although not many babies will require this treatment, it is still advantageous to have the equipment available.</p> | | |
| <p>25.</p> | <p>Date/Time of Next Meeting</p> <p>Wednesday 15 November 2023, 10:00am – 1:00pm, via Microsoft Teams</p> | | |