NHS
East Midlands
Neonatal Operational Delivery Network

Minutes of Clinical Governance Group

Wednesday 15 November 2023
10:00 – 1:00
via Microsoft Teams

Present:
Anneli Wynn-Davies (AWD), Clinical Lead, North Hub (Chair)
Judith Foxon (JF), Deputy Lead Nurse (Workforce & Education) EMNODN
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN
Gregory Shepherd (GS), Paediatric Surgeon, Nottingham University Hospitals (left at 10:50)
Claudia MacCurvin (CM), Network Manager, EM PCC and EM SIC (left at 11:33)
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS (left at 11:00)
Dhaval Dave (DD), Consultant Paediatrician, King's Mill Hospital (left at 12:27)
Rhian Cope (RC), Matron, King's Mill Hospital
Kimberley Hastings (KH), Specialist Nurse for Infant Feeding, King's Mill Hospital (left at 10:34)
Kelly Marie-McMinn (KMM), Transitional Care Lead Nurse, King's Mill Hospital (left at 12:22)
Nigel Ruggins (NR), Consultant Paediatrician, Royal Derby Hospital
Sally Shipley (SSh), Clinical Educator, University Hospitals of Derby & Burton
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals
Madhavi Kakade (MK), Consultant Paediatric Surgeon, University Hospitals of Leicester (left at 11:31)
Rachel Wright (RW), Matron, United Lincolnshire Hospitals
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital
Andy Currie (AC), Head of Service, CenTre
Hilliary Killer (HK), General Manager, CenTre (left at 12:34)
Julie Needham (JS), Matron, CenTre
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
Rachel McCoy (RM), Ward Manager, Leicester General Hospital
Claire Inglis (CI), Lead Nurse for Homecare, South Hub (left at 12:22)
Sajan Sindhu (SS), Educator, Kettering General Hospital
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
Cheryl Griffiths (CG), Matron, Nottingham University Hospitals
Rebecca Scorer (RSc) Quality Care Sister, Nottingham University Hospitals (left at 11:05)
Rebecca Lambdon (RL), Lead Neonatal Educator, Northampton General Hospital
Heather Cutts (HC), Practice Development Nurse, Nottingham University Hospitals (left at 11:28)

In Attendance
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Helen Cater (HC), Physiotherapist, EMNODN
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Susan Chisela (SC), Practice Development Nurse, EMNODN

	Subject	Attachment	Action
1.	**Apologies for Absence** Linda Hunn, Jane Gill, Cara Hobby, Rachel Salloway, Jane Lafferty, Eileen Peasgood		

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** No further update. **4.2 Safeguarding Leads** The BAPM service specification states that each neonatal service should have a nominated safeguarding medical and nursing lead. All were reminded to include this requirement within any Trust governance discussions. If units already have individuals nominated, please inform the Network Team so that they can be added to the Network Safeguarding Group		**ALL**
5.	**Babies & Families** **5.1 FiCare Update** Cara Hobby wasn't present but had sent a written update with AWD read out. Harriet Leyland the Network Care Coordinator has now completed her induction. She has visited all of the units and is currently looking at the information that was provided to form individual action plans for each unit to work on. The FiCare module is now live on Moodle and staff have been accessing it. Please send any feedback on the module to CH and HL. CH asked that all share widely and consider its use in mandatory training. **5.2 NVP Recruitment** Two new individuals have been recruited for Leicestershire. CH will be thinking about how to best connect all of the current NVP's and to provide peer support, which is likely to be in the format of a meeting or event. The Network will be funding photographs and 360 tours for each unit and will be working with the Digital Scanning Group, who have experience of producing these for a number of other neonatal units across the country. CH/HL will be in touch shortly to set up initial MS Teams meetings. In the meantime, all to consider who the best person is to attend these meetings. **CardMedic** One of the LMNSs will be funding CardMedic for the Network. Service and parent representation will be required to work on pulling together the content.		**ALL** **ALL**

6.	**Surgical Updates** GS reported that the updated Network Surgical Guideline which has been circulated is satisfactory from his perspective. LSH confirmed that the guideline has been sent to the UHL Surgeon for review.		
7.	**Cardiac Update** EP sent apologies. AWD/JG confirmed that the Network team will be meeting with the Cardiac Network early in the new year. They plan to work together around cardiac pathways. It was highlighted in GIRFT report that babies withduct dependant lesions should be delivered in tertiary centres. Work is therefore required to develop pathways to ensure that women and babies are transferred to the right place at the right time. NR reported that he recently had a phone call with Katie Linter around women that have antenatal diagnosis of duct dependant lesions and the impact this might have in terms of induction. AWD/JG confirmed that Katie is involved in the work.		
8.	**CenTe Transport** **8.1 Dashboard** A copy of the dashboard was shared. CenTre remains very busy. 352 transfers were completed in the last quarter, which is slightly less than the same period last year. The report outlined the number of babies coming in from outside the region and how many are being taken out of region due to capacity issues, a number of which are surgical babies. From a KPI point of view the teams are mobilising when they need to. In situations where the service do not meet the criteria it is because the teams are already out or the call comes in at cross over time between the day/night shift. It is expected that some of this will improve following the move to Castle Donington. Some Datix's have been submitted around significant ambulance issues and work is underway with SJA on this. The Risk register items have not changed since the last meeting. There are still issues with the call handling service and this will be going out to tender at the beginning of next year. Work continues with SJA around the issues with the new ambulances and service. The trolley weight is very heavy and there have been some staff injuries and the service are working with the manufacturers to identify a way to resolve this. There has been one complaint which has been resolved.		

	There are several HSIB cases coming through which can be time consuming. Staff are being supported as required. There has been 1 incident with some neonatal learning which will be shared with CGG when the investigation has been completed. It is currently going the CMG and W&C Board. Patient feedback remains good. The Castle Donington move date is now 28/29 November and although not anticipated, there may be a little disruption on these dates. AC explained that there continues to be a number of calls for advice and /or retrieval and sometimes callers are confused about what they are asking for which then leads to further confusion and mixed messages. To be clear, a reminder to all if making an advice only call, please ask to go through to the tertiary centre, and for retrievals please ask to go through to CenTre. There are still occasions when the service are moving a baby and the cot is lost whilst on route. This is not acceptable, and it was reiterated that if a unit has accepted a baby and the transport team are on route they will continue and arrive with the baby and cannot be rerouted at that point There is on occasion a struggle to locate surgical cots. There have been a couple of occasions where the team have received mixed messages around unit acceptance criteria. There was one incident where a unit said they were able to look after their own ventilated babies but not out born ventilated babies transferring in. Please remind all teams that there is a Network pathway for each unit which all should be working to. AWD reiterated it would be the expectation that the LNUs accept simple ventilated babies of appropriate gestation when required.		**ALL**
9.	**National Update** **9.1 National Critical Care Transformation Review Capacity** NUH have started their work on the cot expansion at QMC and the expected date for completion is still the end of 2024. It is believed that there has been confirmation that work for a new Women's and Children's hospital at UHL will begin, with an expected completion of end of 2029. Work to address capacity issues is ongoing but will not be completed within NCCR deadline. Work is underway to increase the workforce to open additional cots at UHL on the current unit.		

	Staffing There are still significant nursing workforce gaps within both tertiary centres. Work is underway to develop workforce plans to fill the existing gaps, and then building plans for increasing the workforce so that capacity can be increased where it is available. There is also work underway around AHP and Medical staffing at a national level. A national group has just started to look at developing a tool to report AHP, Psychology and Pharmacy gaps at a national level. In addition, there will be a national group to look at how best to capture medical staffing and to identify the gaps better. This will take time because of the complexities around this. NB asked around the possibility of changing cot configuration at other units. JF explained that current activity is entered into the nursing calculator, and this will indicate how many cots a unit should have and at what levels. If providing care over and above a certain level it will highlight the need for more ITU or HD cots, and this would be the first point at which the Network would consider whether configuration needs to be discussed with commissioning. The tool doesn't capture the activity that could be delivered if units cots and nursing workforce and so there is some work to be done to address this. JG highlighted the importance for tertiary services to think about utilising the LNUs for HDU babies. All to ensure the use of the Network Transfer Information leaflets and making parents aware on admission that the units work together as a Network and will look at transferring babies when necessary. These leaflets should be given to all parents and are available on the Network website. They are also available in 5 of the top identified languages. **FiCare** Covered in item 6. **9.2 Funding** The Network have been successful in securing funding for some additional substantive posts. Recruitment has already taken place into substantive roles for an additional care coordinator and a clinical effective nurse posts. New posts include a psychology assistant, some additional administration and data analyst hours, a medical education lead and a pharmacist. Advertisement and recruitment to these posts will take place shortly. The Network Team still have to monitor recruitment against Ockenden funds which was allocated last year. There is a Trust level tracker against which all should be inputting		

	recruitment against their Ockenden allocation. JF has to complete a form to go to specialised commissioning which then goes to NIB. It was reported that it is difficult for JF to provide the required assurance if the trackers are not completed and returned. It is important that unit teams are aware of how recruitment is progressing and what underspend is available. If the Network cannot provide assurance, additional investment may not be provided by the National Team. A gap analysis for nursing, AHP, and medical staffing with some indicative costs has been submitted to Specialised Commissioning and is being used to inform the latest round of funding discussions.		
10.	**Preterm Birth Group Update** **10.1 Latest Data** The IUT data in August and September saw a big improvement in babies being moved appropriately which is very positive and hopefully will continue. Neonatal representation is required at the Preterm learning event. WC will review who has been invited. The next meeting is on 15 December. If women are moved antenatally and do not deliver then the approach needs to be two-way with a woman being moved back to a LNU or SC if in pathway for those services, and appropriate to do so. AC suggested the senior network team meet with maternity network leads to reinstate the original 'Just Say Yes' message. The Maternity Sitrep is now live. The Network can provide this information if this is helpful. There will also be a dashboard which includes the neonatal & maternity dashboard. If anyone would like the details, please contact WC. Lincolnshire hosted a maternity and neonatal voices partnership Facebook live event, which provided information for parents with regards to why it is important to have babies born in the right place, the levels of care, and what happens if women and babies are get transferred. This worked really well and maybe a concept for the Network to consider in the future.		

11.	**AHP & Psychology Update** The Network AHP&P team held their first AHP conference last week with representation from across the region. This was really well received and was a good event. All of the posts funded from the Ockenden monies for AHP + P have now been recruited to with the exception of KGH. The Network Team are actively supporting to get to them to the recruitment stage. The team continue to support trusts with the development of business cases for AHP+P posts and are actively working with Lincoln and NGH at the moment. At last week's conference new colleagues reported that they felt really welcomed into the teams. The Network team are keen to start capturing data about what the new team can and cannot provide in order to provide evidence to put forward further business cases. HC & SW have been working on updating some guidelines. The positioning guideline is with the Network team for an initial review. They are also working on the Light and Sound guideline and considering putting together a Developmental Care Guideline. SLT and Dietitian leads are going to be developing a care package for feeding and nutrition.		
12.	**Workforce & Education** **12.1 Nurse Staffing** Quarter 2 workforce data has just been collected. The Network Team are now being asked by NHSE to collect and provide data quarterly, also the amount of data being collected has increased. There is also now a requirement to collect data on the AHP+P and medical workforce. The medical workforce data is very basic in terms of whether units are compliant and is a start towards trying to capture some of the other data outside of nursing workforce. In terms of nursing workforce there are significant vacancies at both tertiary centres. The QIS ratio is less than 70% at all of the Network units. Data has gone to NHSE and will be analysed. JF will be doing some local gap analysis and will be aiming to get some information out to the units soon. Band 4 Nursing Associate's – JF reiterated that these are not registered nurses and so should not be included in the registered nurse numbers when completing OPEL forms. There are two reasons for this :		

	• They are not registered staff and if they are included, they will reduce the QIS percentage which in turn makes the QIS picture look worse. • The NMC are very clear that Nursing Associates are not registered nurses. The information from workforce data will be feeding into conversations with Specialised Commissioning around growing the workforce. **12.2 Foundations in Neonatal Care Programme** Cohort 5 finished in September and was the largest cohort to date. Some non-registered nursing staff and TC staff attended and TC staff which is very positive. Part of the assessment process was to undertake a QI project and produce a poster which was presented on the final day. Cohort 6 started a couple of weeks ago. The format has changed slightly in response to previous cohort feedback. Links have been identified from the Education Team for each trust for any queries around Education, and Network Foundations. This information will be shared, and posters disseminated. **12.3 Network Medical Education Lead – Expressions of Interest** The Network have a PA available for a medical lead for n Medical Education. An expression of interest will be sent out later this week. It would be appreciated if this could be circulated accordingly locally, please.		
13.	**Risk Register** A copy of the Risk Register was shared. Any comments please forward to LSH.		
14.	**Homecare** **14.1 Homecare Update** NGH have now started home phototherapy. CI and the team are working with KGH to implement it there. There is a guideline meeting tomorrow where this will be further discussed. The teams are very busy. From a UHL perspective the team are providing between 400/500 visits per month. It is a challenge trying to keep track of families that are out at other hospitals at the moment. Work is underway to encourage other hospitals to consider sending babies home tube feeding.		

	Recruitment has taken place to replace a leaver and one maternity cover. **14.2 Cross Boundary Processes** None reported.		
15.	**Guidelines** ***Ratified & Uploaded to Network Website*** **15.1 Exchange Transfusion** Now ratified and available on the Network website emnodn.nhs.uk/_files/ugd/6ba139_bfa85bccec824c5ab02aa9fd59fe8c49.pdf **15.2 Baby Admitted to a Neonatal Unit with Safeguarding Concerns** Now ratified and available on the Network website EMNODN Guideline ***For Ratification*** **15.3 Dietetic Referral and Triaging Criteria** A copy of the guideline was circulated. Any comments to be sent within two weeks, after which time it will be ratified. **15.4 Bilious Vomiting** JP is adding comments to the last iteration. Once this is updated it will be sent out for review by email. ***For Comment*** **15.5 ROP & Surgical** Sent to clinical and surgical leads. Please review and send comments with a view to this being ratified at the next meeting. ***Under Review*** **15.6 PPHN** This will be circulated shortly. **15.7 Light & Noise** Currently under review by Sarah Willis. **15.8 Positioning** Currently under review by Helen Cater and the Network team. ***Under Development*** **15.9 Early Care/Optimisation** This falls within the optimisation work which is ongoing. **15.10 PDA Pathway** JP has started working on. **15.11 CMV** JP is developing a joint network guideline with Yorkshire & Humber, at the virologists' request. A meeting has been arranged to finalise before going out for comment.		

	15.12 Blood Transfusion This is a requirement from GIRFT and work is underway by JP.		
16.	**Data Quality and Assurance Reporting** **16.1 Local Network Quality Dashboard** The dashboard was circulated and discussed. If anyone does not understand their unit data, please get in touch with WC/RS There is increasing access now that data is on Power BI so the chance to correct it has reduced significantly before the data is out in the public domain. BadgerNet EPR is being introduced in UHL, NUH, RDH and ULHT. Intrapartum antibiotic data is really poor so there has been a deep dive to see if data was correct. This is now starting to. Funding for the new governance nurse roles has now been provided and some Trusts have already appointed staff. These will be good roles to complete data quality checks alongside maternity colleagues. **16.2 SI Reporting** **KGH SI x 2** No one from KGH present. **NUH SI X 2** One was submitted in error and was not a neonatal SI. DB will share a learning statement in the next meeting. NR shared some learning from A previous SI. The lipid overdose was published in the Journal of Perinatal Medicine. The parents are co-authors and have actively supported the publication. **16.3 Learning from Incidents/Excellence** There have been 11 RENS nominations. To find out more about RENS and to make a nomination, please visit the Recognising Excellence pages on the Network website: Recognising Excellence | EMNODN Learning was sheared with regard to management and monitoring of sleep studies in babies with chronic lung disease. **16.4 Regional/National Alerts** MHRA alert regarding Sterifeed colostrum collecting syringes which reported that the caps are coming off with the potential to lodge in babies' throats, with one baby requiring surgery as		

	a result. All were reminded to remove the cap before going near to a baby. If anyone comes across any alerts, please send through to the Network Team. **16.5 Exception Reporting** A copy of the report was circulated. There is a steady flow of data errors. Please could everyone remember to educate the teams inputting the data. Failed Repatriations - There is a Badgernet entry for when a baby is ready to transfer. If babies cannot be repatriated in a timely fashion, please complete an exception report. **16.6 NNAP** The report for 2022 data is out. Individual posters and a parent response poster been sent out. Please send WC a copy if you complete these posters. Access to NNAP needs to be updated on quarterly basis. Pink triangles means the data has not been validated. Blue triangles means that it has been validated. The Network have been flagged as outliers for NEC cases. The NEC care bundle is available on the EMNODN website and should be considered for implementation in all units if not already being used. It will be up for review later this spring. JG said that Network mortality trends have been noticed nationally and so they are being reviewed by the network to try and provide some more assurance. RG to share presentation with JG.		**RG**
17.	**Service Improvement/Implementation Programme** **17.1 PERIPrem** NR would like WC to give her PERIPrem presentation in Derby. WC to contact LS to arrange. **17.2 Transitional Care Implementation Updates** If units require any support with implementation, please contact WC.		**WC**
18.	**ATAIN Updates/Learning** None.		

19.	**LMNS Local Feedback** Maternity and neonatal services are involved in card medic at KMH.		
20.	**Mortality Oversight Group** **TOR** The TOR has been revised with a new system utilising PMRT reviews. All to review and send any feedback.		**ALL**
21.	**Feedback from Network meetings** **21.1 Lead Nurses Group** The group met in person in September. Nothing specific to report that has not already been covered. **21.2 Parent Advisory Group** The group met in August 2023 and a focus group was held in October to gather ideas on moving the PAG forward. **21.3 Education & Practice Development Group** A face-to-face meeting took place in September. This was followed by an afternoon of peer support. Most of what was covered has been covered in this meeting. The Network team are developing a band 5 competency to support staff skills and knowledge in preparation for acquiring the QIS qualification. CD is looking at this pathway which will be shared across the Network. **21.4 Pharmacy Group** The group met a couple of weeks ago. The Network Pharmacist role has gone to job matching. There has been agreement for a prostin monograph, which the pharmacist have worked together on. Hopefully this will be circulated and ratified in this group at the next meeting. The next monograph to be worked on will be morphine administration. **21.5 Homecare Group** CI had left the meeting. **21.6 Homecare Group TOR** TOR have been updated. All happy to ratify. There is ongoing discussion in the group to try to ensure equity across services. **21.7 Safeguarding Group** The last meeting was held on Monday. The output from this group is the ratified guideline. RS is going to take the document to Nottingham/Nottinghamshire partnership to try		

	and get it embedded in order to ensure that liaison with social services teams is easier. KMH have done work around auditing babies that have a prolonged stay due to social care issues. RS would like to propose a network wide audit in March/April to review delayed discharges for social care reasons.		
22.	**Research** **22.1 Update** DS/EIB not present to give an update. AWD updated that there are a number of trials going on across the Network; FEED1 SurfON, DOLFIN and WHEAT.		
23.	**AOB** Congratulations to Charlotte Dolby who has been recruited to the substantive Education & Clinical Effectiveness Nurse post and also to Harriet Leyland who will be joining on a permanent basis as Care Coordinator. DB raised the issue of returning to face-to-face meetings, AWD confirmed the Network team will be reviewing the feasibility of this.		
24.	**Date/Time of Next Meeting** Wednesday 07 February 2024, 10:00am – 1:00pm, via Microsoft Teams		