

| QIPP Group Meeting | |
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| Thursday 17th March 2011 at 10am | |
| Telford Education Centre, Princess Royal Hospital, Telford | |
| Minutes | |
| 1. | <p>Apologies: David Coan Fiona Partington Babu Kumararatne Hilary Lumsden Gina Hartwell Anna Griffin Lleona Lee</p> |
| | <p>Present: Shiva Shankar Dawn Homer Denise Kirby Julie Crabtree Lynsey Clarke Alison Moore Subramanian Mahadevan Ruth Moore Andy Spencer Sanjeev Deshpande Tilly Pillay</p> |
| 2. | <p>Minutes of the 13th January 2011 Meeting Agreed</p> |
| 3. | <p>Matters Arising; All covered on the agenda</p> |
| 4. | <p>Vermont Oxford Network Information was sent to the lead clinician and senior nurse in each NNU to gauge interest in joining the VON. UHNS, RSH and MSGH expressed interest in joining the VON along with RWH who are currently joining the LBW VON. RWH fed back on process of joining VON-Confidentiality issues with caldicott guardian which are currently being addressed Discussion at the meeting identified a need to find out from another UK centre the practical issues and how useful the VON reports are etc regarding benchmarking with similar units, nationally and internationally. AM agreed to arrange to visit (before the summer) a unit that has been using it for a while, RWH and UHNS to be invited once date of visit known.</p> |
| 5. | <p>Quad Network Research Study Day SD has asked Ann Greenough who identified some June dates but it was felt this was too close to Harrogate meeting. So now looking at Mid Sept (the other networks have agreed with this timeframe). SD has spoken to Neena Modi – Neena has agreed to speak on 2 topics - Research in NNU & Advances in neonatal nutrition. Everyone who submits an abstract will be invited to attend either as poster or spoken presentation. SD said that the rules will be relaxed to include audit and research presentations. SC to find available dates at Dudley clinical education centre or Wolverhampton Medical Institute in mid September</p> |

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| | and then ask Neena Modi which date suits her best. |
| 6. | <p>Good Clinical Practice (GCP) Training & Audit Competition</p> <p>LC spoke to Sam Heyton – not unwilling however she felt ½ day is more suited to those who have already done the training as ½ day more a refresher. The group wondered if there was any on-line material available for pre course reading. Group agreed to open the course to all staff. Maximum 30 places aimed at the people who are in the front line e.g. ANNP's and nurses. LC and AM to agree the date to link in with the network audit competition</p> |
| 7. | <p>Neonatal Research Nurse Post</p> <p>SD spoke to Warren Lenny as B'ham has appointed a research neonatal nurse. Coventry has 0.5 wte neonatal research nurse. Warren is willing to try again for our network area – putting a bid in to MCRN for this. SSBCNN is split across 2 MCRNs – (North sector Shrops/Stuffs, Bham & Black Country). AS said that this will be more likely to be approved if more units were signed up to research studies. There is a nurse at UHNS who is interested in numero2 (check correct name of research with SS) research. Also new study DOVE coming on line – Andy Ewer.</p> |
| 8. | <p>Perinatal Projects Update</p> <p>RM fed back about the IUT research study. A number of women have been recruited and several interviews have taken place the researcher has reported that already there are a number of cross cutting themes emerging. RM to find out more details and feed back to the next QIPP meeting.</p> |
| 9 | <p>Nursing Time Spent Audit Update</p> <ul style="list-style-type: none"> • TP presenting at the BAPM session at RCPCH conference in April. • Paper about to be submitted for publication. • TP questioned should this be the start of further research and one of the remits for a neonatal research nurse. Nurse staffing and workload is very topical in the current climate. AS suggested that TP should now think through what questions need to be answered that haven't been answered by the audit and the hypothesis therefore for a study and then try to find the funding for this. • RM to circulate the abstract to each NNU and the guidelines group. AS suggested that TP put together a few slides with the methodology and key messages from the audit project to be sent out confidentially to the NNU's in the network. |
| 10. | <p>Pain Management and Collaborative Audit Project Update</p> <ul style="list-style-type: none"> • AM has a copy of the audit findings. AM to send to SC to add the SSBCNN logo and pdf it for circulation. 5 out of 6 units participated (DGOH lost the data). 1 unit did not manage pain as well as the others and have since implemented changes. Commentary on the recent paper on sucrose is included. • WM paediatric society meeting for junior doctors in Worcester on 3rd weds in June, SM suggested that someone could present the pain audit there. AM to consider this. • AM to ensure findings from the pain audit are reflected in the updated network guideline. |
| 11. | <p>Network Mortality Review</p> <p>SD fed back his involvement in a working group looking at putting in place a process to review all deaths which the WMPN is interested in. Babu was also present at the working group. SD and BK felt that it would be better to concentrate on unexpected deaths i.e. babies over 27 weeks rather than the extreme prem babies in the first instance.</p> <p>SD suggested Simon Jenkinson should be involved and that the 3 networks need to be represented to help take this forward.</p> <p>AS concern about the amount of work that would be required to complete 10 page form for each death. AS suggested that a short form that identifies which deaths need to be reviewed fully should be developed.</p> <p>AS suggested discussing this with Neena Modi regarding the national process that is being developed with EMBRACE.</p> <p>QIPP group needs to take forward the network process whilst keeping an eye on the regional and national</p> |

work. Role of the group = To review the number of deaths, gestation and birth weight and cause for death in order to identify any deaths that we can learn the lessons from and find out more if a unit appears to be an outlier in terms of the number and/or types of babies dying. AM will speak to AG to see if there is any other denominator data that would be useful especially around still births. SD and SM will look at the suggested network form and update by end of April.
Badger does not include data on deaths of babies not admitted to the NNU's.

12 Network Care Pathways Update

Parent Information leaflet

AM raised the issue of parental consent in terms of consent for transfer. AS identified the difficulty faced by neonatal services wishing to transfer babies out for "step down" care to another unit to free up capacity for a sicker baby as this is different for NICU's and LNUs who provide all three levels of care unlike Adult and Paediatric ICUs, therefore persuasion is needed. RM identified that currently it is difficult as parents have had no previous information about care being provided in a network and that the development and distribution of information about care in the network will help with this.

SS suggested that we need to think about the timing for when to give information about transfers as this may be better before the need to transfer a baby out has been identified to prepare parents for this eventuality.

RM explained that Simon Jenkinson, lead obstetrician, is drafting a simpler information leaflet suitable to be given to all women during pregnancy (? at booking) to introduce the concept of care within the network. It is also suggested that the same leaflet could be given to all community midwives and GPs so that primary care staff are aware of how care is organised in the network.

SM suggested that the 20 week scan may be a good time to give out such a leaflet. There were mixed views expressed at the group as to the need to give a leaflet to all pregnant women.

Care Pathway Document

SS suggested that the length of time for TPN to be stopped on a baby before being transferred back to Stafford should be decreased from 48 to 24 hours.

SS identified that discussions between units around back transfers of babies should start as soon as possible and not when the baby is ready for transfer. RM will strengthen the information around this within the document to reflect this.

SM raised the concerns around the care pathway for DHOH, Dr Mohite has written to the network about this. Concern was expressed around the gestational age cut off for DGOH from the current 26 weeks to 28 weeks which reflects the toolkit principle for LNUs caring for babies and the subsequent impact on funding and training this would have at DGOH. The care pathway document needs strengthening for the NICUs and their labour wards to transfer appropriate babies/women for care to the LNU's in order to address this, e.g. Labour wards at RWH and UHNS should not routinely accept IUTs of women at 28 weeks gestation and above unless all LNUs have already declined the IUT or there are indications that the baby will be very sick, similarly the NNUs should not accept post natal transfers in of babies at 28 weeks gestation and above unless all LNUs have already declined the transfer or the baby is very sick and likely to require intensive care for more than 48 hours. RM raised the commissioners have been clear that they will only contract activity that is appropriate for the designated level. Concern was expressed in the group about the differences in the criteria for care between the LNUs in the network and regionally. RM explained that variations are justified because of the differences between the LNUs SSBCNN including; geography, numbers of deliveries and differences in medical staffing of the LNU's. The Toolkit states that networks can have agreed variations due to local requirements and this therefore supports the variations within the SSBCNN and the other West Midlands networks.

AM indicated that a letter of response to the draft care pathway document from S&TH will be sent to the network early next week.

SS asked if anyone currently has a process for recording the advice given to a unit who is referring a patient for transfer. He has started to draft something for the receiving unit to complete and will circulate this to the group for consideration.

Discussion from the QIPP group and any final comments received before next week will be fed back at the network board meeting on 23rd March.

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| <p>13.</p> | <p>Collation of Clinical Risks & patient safety</p> <ul style="list-style-type: none"> • BAPM letter and process – Time was short at the meeting therefore this needs further discussion at the next meeting, but in principle the group should identify any incidents that have been reviewed at the QIPP meeting that it is felt should be sent to BAPM for wider circulation of the learning. • RM fed back that although all units were using an electronic adverse incident reporting process it was not the same system in each trust. However they all seem to categorise the risk and therefore suggested that the QIPP group asked for anonymous information about the worst two outcome categories • SM suggested including this on the mortality review form – please give brief details of any moderate/serious clinical incidents that have been reported during this period identifying the lessons learnt and actions put in place to minimise this from occurring again. |
| <p>14.</p> | <p>Picker Institute Patient Experience Survey</p> <p>RM fed back that the response rate in the first wave report was 50% - this is more than double the response rate that the network process had previously obtained.</p> <p>RM briefly went through the reporting outputs expected in September 2011 from the national survey – please see attached email from the Picker Institute for further details.</p> |
| <p>15.</p> | <p>Any Other Business</p> <p>SD asked LC to update the group about the 2 planned ventilation study days in 2011, one basic and one advanced. Dates are already planned Basic 11th July, Advanced X Oct. Flyers will be circulated shortly. LC will apply for CPD points.</p> |
| <p>16.</p> | <p>Date of Next Meeting</p> <p>A date needs to be confirmed (?12th May??), SM asked if the 26th could be avoided too as he is unable to attend then.</p> <p>Following the meeting the date for the next meeting was arranged as, Tuesday 24 May 2011 at 2 pm until 4 pm in Room B, Telford and Wrekin PCT, Halesfield 6, Telford, TF7 4LN.</p> |

ACTION LOG – For the QIPP Group Meeting held on Thursday 17th March 2011

| Decision / Action | Owner | Timescale |
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| AM agreed to arrange to visit (before the summer) a unit that has been using it for a while, RWH and UHNS to be invited once date of visit known. | Alison Moore | Before July 2011 |
| SD to give Ann Greenough dates around Mid September. | Sanjeev Deshpande | End of April 2011 |
| SC to find available dates at Dudley clinical education centre or Wolverhampton Medical Institute in mid September and then ask Neena Modi which date suits her best. | Sarah Carnwell | End of April 2011 |
| LC and AM to agree the date of GCP training to link in with the network audit competition | Lynsey Clarke Alison Moore | End of April 2011 |
| RM to find out more details of the IUT Research outcomes and feed back to the next QIPP meeting. | Ruth Moore | Next IUT Research Meeting 07-04-11 |
| RM to circulate the abstract to each NNU and the guidelines group. | Ruth Moore | Before the next meeting |
| TP to put together a few slides with the methodology and key messages from the audit project to be sent out confidentially to the NNU's in the network | Tilly Pillay | Before the next meeting |
| AM to send to SC the findings of the pain management audit to add the SSBCNN logo and pdf it for circulation | Alison Moore | Before the next meeting |
| AM to consider someone presenting the pain audit at the WM paediatric society meeting for junior doctors in Worcester on 3 rd weds in June | Alison Moore | Before the next meeting |
| AM to ensure findings from the pain audit are reflected in the updated network guideline. | Alison Moore | Before the next meeting |
| AS to discuss mortality review with Neena Modi regarding the national process that is being developed with EMBRACE. | Andy Spencer | Before the next meeting |
| AM will speak to AG to see if there is any other denominator data that would be useful especially around still births. | Alison Moore | Before the next meeting |
| SD and SM will look at the suggested network form and update by end of April. | Sanjeev Deshpande Subramanian Mahadevan | End April |
| SS identified that discussions between units around back transfers of babies should start as soon as possible and not when the baby is ready for transfer. RM will strengthen the information around this within the document to reflect this. | Ruth Moore | End April |
| SS has started to draft something for the receiving unit to complete when a baby is being transferred and will circulate this to the group for consideration. | Shiva Shankar | Before the next meeting |
| Discussion from the QIPP group and any final comments on the Care Pathway document received before next week will be fed back at the network board. | Ruth Moore | 23 rd March Board meeting |
| BAPM letter and process – Time was short at the meeting therefore this needs further discussion at the next meeting | Sarah Carnwell | Next meetings agenda |
| SM/SD to include on the mortality review form – please give brief details of any moderate/serious clinical incidents that have been reported during this period identifying the lessons learnt and actions put in place to minimise this from occurring again. | Sanjeev Deshpande Subramanian Mahadevan | Before the next meeting |
| E mail from the Picker Institute to be circulated with the notes of the meeting. | Sarah Carnwell | End April |
| LC to apply for CPD points for Ventilation Study Days | Lynsey Clarke | End May |