



## YORKSHIRE & HUMBER NEONATAL ODN CLINICAL FORUM (NORTH)

**TUESDAY 25 JUNE 2019, 9.30 AM - 1.00 PM**  
NORMANTON GOLF CLUB, HATFEILD HALL, WAKEFIELD, WF3 4JP

*This meeting has been supported by Vygon through the purchase of exhibition space*

Present	Apologies
<ul style="list-style-type: none"> <li>• Bethany Andrew, Network Educator, ODN</li> <li>• Jo Bexon, Information Support Officer, Neonatal ODN</li> <li>• Sobia Bilal, Clinical Lead, Harrogate</li> <li>• Louise Crabtree, Lead Nurse ODN</li> <li>• Eilean Crosbie, Consultant Paediatrician, Calderdale &amp; Huddersfield</li> <li>• Chris Day, Consultant Neonatologist, Bradford (Chair)</li> <li>• Denise Evans, Lead Nurse, ODN</li> <li>• David Gibson, Consultant Neonatologist, Pinderfields</li> <li>• Vicky Iggleden, ANNP, Calderdale &amp; Huddersfield</li> <li>• Marie-Ann Kelly, Network Educator, ODN</li> <li>• Kate Lamming, NICU Manager, Hull</li> <li>• Fiona Metcalfe, Lead Nurse Surgery, Leeds</li> <li>• Lawrence Miall, Consultant Neonatologist, Leeds</li> <li>• Sam Oddie, Consultant Neonatologist, Bradford</li> <li>• Julie Pearce, Senior Sister, Bradford</li> <li>• Jo Preece, Consultant Neonatologist, Hull (Secretary)</li> <li>• Sunita Seal, Consultant Neonatologist, Bradford</li> <li>• Vicky Smith, Senior Sister, York</li> <li>• Peter Standring, Consultant Paediatrician, Scarborough</li> <li>• Heather Stuart, Ward Manager, Harrogate</li> <li>• Catherine Sutcliffe, Sister, Harrogate</li> <li>• Sarah Szpara, Ward Manager, Airedale</li> <li>• Hazel Talbot, Consultant, Embrace</li> <li>• Sam Wallis, Consultant Paediatrician, Bradford</li> <li>• Jo Whiston, Staff Nurse, Embrace</li> <li>• Hazel Williams, Calderdale</li> <li>• Chris Wood, Paediatric Lead, Hull</li> <li>• Joanna Wright, Consultant Neonatologist, Leeds Teaching</li> <li>• Kelly Young, Matron, Bradford</li> </ul>	<ul style="list-style-type: none"> <li>• Matthew Babirecki, Consultant Paediatrician, Airedale</li> <li>• Charlotte Bradford, Senior Information Officer, ODN</li> <li>• Sharon English, Leed Clinician, Leeds</li> <li>• Holly Eve, Senior Sister Clinical Educator, Bradford</li> <li>• Wendy Kilner, Neonatal Clinical Manager, Calderdale &amp; Huddersfield</li> <li>• Catherine Pennock, Clinical Educator, Mid Yorkshire</li> <li>• Sam Plets, Leed Midwife, Leeds</li> <li>• Kirsty Randell, Matron for Children's Services, Airedale</li> <li>• Hannah Shore, Consultant Neonatologist, Leeds</li> <li>• Susan Wise, Acting Ward Manager, Mid Yorks</li> </ul>

No.	Item	Action
1.	<p><b>Welcome &amp; Introductions</b></p> <ul style="list-style-type: none"> <li>• CD welcomed all attendees to the meeting.</li> <li>• Following feedback about the balance of clinical and business items on the agenda, discussion took place about the structure of the meeting. CD suggested the first half of the meeting could discuss clinical items with the second part of the meeting discussing network business. It was agreed that a survey should be sent out asking whether colleagues would prefer to have the first part of the meeting cover clinical topics and the second half covering network business. Colleagues would also be asked if they would prefer to have a co–Chair arrangement in place, one medic and one nurse. If there is a large consensus before the next meeting we will email out to members to confirm.</li> <li>• It was noted that the clinical presentations have value and if colleagues are aware they are due to present months in advance they should ensure they attend in person or send along a representative.</li> </ul>	<p><b>CD/ Admin</b></p> <p><b>All</b></p>
2.	<p><b>Minutes of previous meetings:</b></p> <ul style="list-style-type: none"> <li>• <b>Combined Medics and Nurses meeting held 5 February 2019</b> The minutes of the combined meeting were agreed as an accurate record.</li> <li>• <b>Clinical Forum North meeting held 9 April 2019</b> The minutes of the previous meeting were agreed as an accurate record, with the exception of the following amendment: <ul style="list-style-type: none"> <li>○ CD added that Exome Sequencing is available for babies in SCBU as well as NICU and PICU. HT will take this to Executive Group to request that this be placed in the Guidelines section on the Network website.</li> </ul> </li> <li>• CD agreed to invite Eamon Sheridan to attend the October meeting and discuss a case.</li> <li>• Sam Wallis added that the Renal Guideline is due shortly, final checks are being made.</li> </ul>	<p><b>Admin</b></p> <p><b>HT</b></p> <p><b>CD</b></p>
3.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• <b>Bliss meeting/Parent Group</b> <ul style="list-style-type: none"> <li>○ LC gave an update. Units in attendance confirmed that they have had no communication from Bliss. LC suggested a 20 minute catch up at end of Clinical Forum meetings to discuss progress.</li> <li>○ It was agreed that we remain committed to upholding the expectations and standards set by the Bliss Baby Charter scheme.</li> <li>○ LC confirmed that she will contact Bliss asking for assurance of support to continue the Baby Bliss Charter and for Bliss to send feedback to Units and the Network regarding what stages/progress they have made prior to the Forums. LC will liaise with Bliss and ensure named contacts for each Unit are up to date.</li> <li>○ LC informed the Forum that we are left with just 2 Network Parent</li> </ul> </li> </ul>	<p><b>LC/Units</b></p> <p><b>All</b></p> <p><b>LC</b></p>

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	<p>Representatives. Suggestions on how we can secure more parent representatives were invited. The Parent Representative job role description is available on the Network website and colleagues were encouraged to share this widely. KY suggested a Network Action Plan going forward.</p>	
4.	<p><b>Updates/Standing Items</b></p> <p><b>Clinical Lead Update</b></p> <ul style="list-style-type: none"> <li>• <b>Better Newborn Care/Transformation Update</b> <ul style="list-style-type: none"> <li>○ CD gave an update and informed colleagues that the document has been renamed to “Implementing the Recommendations of Newborn Critical Care Transformation Review”. There has been assurance that this document will be launched in September 2019.</li> <li>○ It was noted that the Clinical Lead from the Maternity Network will be stepping down shortly.</li> <li>○ It was confirmed that quarterly reviews on compliance with regard to staffing are reported at Trust Board level.</li> </ul> </li> <li>• <b>Clinical Reference Group</b> CD informed colleagues that Dr Elizabeth Pilling will represent the Network at future meetings of the CRG.</li> </ul> <p><b>Lead Nurse Update</b></p> <ul style="list-style-type: none"> <li>• <b>Parent Representative Update</b> This item was covered earlier in the meeting.</li> <li>• <b>Badger Net and Repatriation</b> <ul style="list-style-type: none"> <li>○ LC gave a big thank you to those who stepped in and supported Leeds last week during a period of escalation. It was great to see good collaboration and a smooth process. Units were reminded that when in escalation, they should ensure an internal escalation process is followed and relevant management staff are aware, examples of a process is available on the Surge and Escalation SOP on the website. Representatives from Leeds expressed their gratitude to colleagues for their assistance. It was explained that due to flows, current pressure on the Unit in Leeds is substantial and this has been brought to their Medical Director’s attention. It was noted that Cardiologists are aware of the bottleneck in Leeds. DE suggested that we request a national review to look at complex cases.</li> <li>○ It was agreed that local services will remain vigilant as to who they can manage in their areas.</li> <li>○ It was agreed that the Network will make official communication with Leeds regarding flows.</li> <li>○ The Neonatal Network will also make contact with the Cardiac Network.</li> <li>○ It was agreed that CD will make a request to Executive Group for permission to contact the Leeds Caldicott guardian requesting sight of Badger Net information from a flow and governance case perspective.</li> <li>○ A colleague from Harrogate informed the Forum that they have had no babies for two weeks and could assist the Network if required.</li> </ul> </li> </ul>	<p style="text-align: right;">All</p> <p style="text-align: right;">CD</p> <p style="text-align: right;">CD</p> <p style="text-align: right;">CD</p>

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	<ul style="list-style-type: none"> <li>• <b>Temperature/ATAIN</b> <ul style="list-style-type: none"> <li>○ DE gave an update on her work with ATAIN leads in LMSs. Some units have needed more support than others, DE is currently visiting Units. DE reminded colleagues about the need for regular MDT meetings to discuss term admissions.</li> <li>○ It was agreed that people feel Maternity are now driving &lt;27 week exception reporting.</li> <li>○ DE asked if Units are looking at root cause analysis as to why term babies are coming to neonates and it was confirmed this is the case.</li> <li>○ The Workforce WY&amp;H LMS workforce Group have asked for ideas for grant application for projects, it was noted they feel an excellent project would be regional preceptorship to enable midwives to work in any service in the region. It is hoped that a project post will be created with the grant.</li> <li>○ It was noted that a document is to be developed by HR, which will ensure once DBS checks have been carried out in one Trust, they will be accepted in all.</li> <li>○ Everyone was reminded that Trusts should be using the BAPM hypoglycaemia guideline.</li> <li>○ DE reminded colleagues if you have a low term admission rate, document and evidence how you are going to sustain and improve care this rate.</li> </ul> </li> </ul>	<p style="text-align: center;"><b>All</b></p> <p style="text-align: center;"><b>All</b></p> <p style="text-align: center;"><b>All</b></p> <p style="text-align: center;"><b>All</b></p>
5.	<p><b>Clinical Topics and Issues</b></p> <ul style="list-style-type: none"> <li>• <b>Time Critical Transfers – Transport Equipment (Louise Crabtree/Hazel Talbot)</b> <ul style="list-style-type: none"> <li>○ HT commented that Embrace are supported by the Network to provide care for all Units and are responsible for time critical transfers. If Embrace is unable to provide this service they will ask a local team. Colleagues were reminded that they must have a risk assessment if an incubator is not working and that it is essential they have a back-up plan if Embrace is not available. Colleagues were reminded this should be part of their Trust’s Major Incident Plan. HT reminded the group that all components of their ventilators are valuable, if a ventilator does not work please do not get rid of it, the incubator can still be used.</li> <li>○ It was agreed that the ODN Admin would send out an email following this meeting requesting a photograph of all Units equipment.</li> </ul> </li> <li>• <b>Perinatal Management of Extreme Preterm Births BAPM documents for discussion</b> <ul style="list-style-type: none"> <li>○ CD gave a presentation and discussed the key points of the document and also reminded colleagues that any comments submitted would be published against their name in the final document. It was noted that this document is now in the public domain.</li> <li>○ SO asked if a specific request could be made to the Maternity Network for clarification on whether a C-section should be carried out at 22/23 weeks. SO requested that Nurse Practitioners respond to this consultation, adding that they are really interested in their views on this matter. There are implications with capacity etc. should we and can we do this? If nationally, the guidance is that we should we would need to go to commissioners, and there would be a need to plan for additional cots. The consultant period will conclude on 30 July, it is hoped the document will be published in September/October.</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Admin</b></p> <p style="text-align: center;"><b>Nurse Practitioners</b></p>

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	<ul style="list-style-type: none"> <li>○ It was agreed that the document will be circulated following this meeting.</li> <li>● <b>LISA discussion</b> CD led a discussion on LISA. HT commented that a representative did attend the ODN Education Day. SO raised concerns about the use of LISA on babies in LNU at 27/28 weeks and above. The benefits for very early/highest risk babies were noted. All were advised to proceed with caution.</li> </ul>	<b>Admin</b>
6.	<p><b>Education &amp; Guidelines:</b></p> <ul style="list-style-type: none"> <li>● <b>Education Days</b> (Hazel Talbot) <ul style="list-style-type: none"> <li>○ An ODN day is scheduled for 10<sup>th</sup> October at the Royal Hallamshire Hospital, Sheffield, the focus of which will be communication.</li> <li>○ Colleagues were invited to contact HT with any further education needs.</li> </ul> </li> <li>● <b>Guidelines Update</b> (Hazel Talbot) <ul style="list-style-type: none"> <li>○ A Guidelines meeting is due to take place shortly, therefore an update will be given at the next Forum.</li> </ul> </li> </ul> <p><b>Nurse Educators</b> (Marie-Ann Kelly and Bethany Andrew):</p> <ul style="list-style-type: none"> <li>● <b>Update on Education and QIS</b> <ul style="list-style-type: none"> <li>○ A brief update was given by M-AK and BA regarding the recent Unity Day that had taken place. The event went well and there was good feedback following the day. It was noted that all seemed keen to work towards a collaborative approach. An update will be provided in the next few weeks.</li> </ul> </li> </ul>	<b>HT</b>          <b>M-AK/BA</b>
7.	<p><b>Information and Data</b></p> <ul style="list-style-type: none"> <li>● <b>Dashboards – Local and National</b> (Chris Day/Joanne Bexon) <ul style="list-style-type: none"> <li>○ The next dashboards will be presented at the October meeting.</li> </ul> </li> </ul>	<b>CD/Info Team</b>
	<ul style="list-style-type: none"> <li>● <b>Exception Reporting</b> (round table discussions) (Chris Day) 6 Exceptions were discussed amongst the group, the feedback was as follows: <ul style="list-style-type: none"> <li>○ Case 1 - 36 week gestation baby, there was concern the unit had not responded to a request for information since January. There was no evidence of a phone call between the ward and NICU. HT confirmed there was no referral to Embrace. If there had been discussion on daily basis it would have been ok. Case closed.</li> <li>○ Case 2 - Daily discussions took place and it was agreed that the baby should stay in the unit. The group agreed with this decision. Case closed.</li> <li>○ Case 3 – The group queried whether a conversation with the Tertiary Centre should have taken place earlier. Case closed.</li> <li>○ Case 4 - Baby had a chest drain, not sure of level of ventilation. Case was being discussed with a Consultant Neonatologist. It was felt that the baby should have been transferred. Case closed.</li> <li>○ Case 5 - Daily discussions took place with Embrace. Confident to keep ventilated baby if the NICU were content and this was agreed. The Local</li> </ul> </li> </ul>	

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	<p>Unit had controlled significant risk by contacting TU. Case closed.</p> <ul style="list-style-type: none"> <li>○ Case 6 - 31 week baby, ventilated for 5 days. This was seen as acceptable to the group as the baby was ventilated for 2 days then taken off, following which the baby was placed back on ventilation for 3 days. This was discussed with Embrace and baby transferred to Tertiary Unit. Case closed.</li> </ul> <p>It was reiterated that unless clinical concerned there is no need to make early morning calls dead on the 48 hr timeline.</p>	
9.	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Leeds colleagues will discuss the BAPM respiratory guideline at the next meeting.</li> <li>• With regard to palliative care transfers, LC reminded colleagues that it is preferable that staff from the referring unit also accompany the family and baby to the hospice/home with Embrace to ensure continuity of care, in particular with compassionate extubations. Staff from the referring unit may have to find alternative transport back to their units i.e. taxi if Embrace are unable to wait because of transfer commitments. HT confirmed there are approximately 10 compassionate extubations per year.</li> </ul>	<b>Leeds</b>
10.	<p><b>Dates and times of future meetings</b></p> <p><b>Clinical Forum</b></p> <ul style="list-style-type: none"> <li>• Tuesday 1 October 2019, 9am – 1pm, Hatfeild Hall.</li> </ul> <p><b>Mortality Review Panel - North</b> (All meetings follow on from Clinical Forums)</p> <p><b>Executive Group Meetings</b></p> <ul style="list-style-type: none"> <li>• Thursday 5 September 2019, 1.30 – 4 pm, Hatfeild Hall.</li> <li>• Thursday 5 December 2019, 1.30 – 4 pm, Hatfeild Hall.</li> </ul> <p><b>Joint Clinical Forum</b></p> <ul style="list-style-type: none"> <li>• Wednesday 13 November 2019, 10 am – 4.30 pm, Hatfeild Hall.</li> </ul>	<b>All</b>