

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

TUESDAY 4 FEBRUARY 2020, 9AM – 12.30PM,  
NORMANTON GOLF CLUB, HATFIELD HALL, WAKEFIELD, WF3 4JP

Present	Apologies
<ul style="list-style-type: none"> <li>• Bethany Andrew, Network Educator, ODN</li> <li>• Matthew Babirecki, Consultant Paediatrician, Airedale</li> <li>• Helen Brown, Network Director, ODN</li> <li>• Tracey Cole, Network Co-ordinator, ODN</li> <li>• Louise Crabtree, Lead Nurse ODN</li> <li>• Ross Cronin, Post CCT Clinical Fellow, Embrace</li> <li>• Eilean Crosbie, Consultant Paediatrician, Calderdale &amp; Huddersfield (Joint Chair)</li> <li>• Chris Day, Consultant Neonatologist, Bradford Teaching/Clinical Lead Y&amp;H Neonatal ODN</li> <li>• Denise Evans, Lead Nurse, ODN</li> <li>• David Gibson, Consultant Neonatologist, Pinderfields</li> <li>• Lisa Gorry, Project Support Lead, ODN</li> <li>• Amy Howard, Sister, Harrogate</li> <li>• Carol Hudson, ANNP, Bradford Teaching</li> <li>• Ashley Jennings, Information Officer, ODN</li> <li>• Kathryn Johnson, Consultant Neonatologist, Leeds Teaching</li> <li>• Kate Lamming, NICU Manager, Hull</li> <li>• Anna Linden, Consultant Paediatrician, Harrogate</li> <li>• Vicky Lister, Ward Manager, Harrogate</li> <li>• Lesley Matthews, Neonatal Outreach Sister, Mid Yorks</li> <li>• Fiona Metcalfe, Lead Nurse Surgery, Leeds Teaching</li> <li>• Sam Oddie, Consultant Neonatologist, Bradford</li> <li>• Sue Peak, Lead Nurse, Leeds Teaching</li> <li>• Julie Pearce, Senior Sister, Bradford</li> <li>• Jo Preece, Consultant Neonatologist, Hull</li> <li>• Louise Smith, Senior Sister, Mid Yorks</li> <li>• Vicky Smith, Senior Sister, SCBU, York</li> <li>• Hazel Talbot, Consultant/Education &amp; Guideline Lead, Embrace</li> <li>• Fiona Wilcoxson, Consultant Paediatric Cardiologist, Leeds Teaching</li> <li>• Kelly Young, Matron, Bradford</li> </ul>	<ul style="list-style-type: none"> <li>• Sobia Bilal, Consultant Paediatrician, Harrogate</li> <li>• Gwynn Bissell, Lead Educator, Leeds GI</li> <li>• Charlotte Bradford, Senior Information Manager, ODN</li> <li>• Catherine Harrison, Neonatal Clinical Lead, Embrace</li> <li>• Luke McLaughlin, Deputy Clinical Lead, York</li> <li>• Sandeep Sandhu, Consultant Paediatrician &amp; Neonatal Lead, York</li> <li>• Sam Plets, Lead Midwife TCCC, Leeds Teaching</li> <li>• Kirsty Randell, Matron for Children's Services, Airedale</li> <li>• Kay Rushforth, Head of Nursing for Paediatrics &amp; Neonates, Bradford Teaching</li> <li>• Hannah Shore, Consultant Neonatologist, Leeds</li> <li>• Sarah Szpara, Ward Manager, Airedale</li> <li>• Jo Whiston, Lead Nurse, Embrace</li> </ul>



No.	Item	Action
5.	<p><b>Network Topics</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical Lead Update:</b> <ul style="list-style-type: none"> <li>○ <b>Neonatal Critical Care Transformation Project update</b> CD updated the group on the newly published implementation plan. There is a need to identify the strengths and weaknesses across our patch in order to implement what we do now in an even better way.</li> <li>○ <b>Clinical Reference Group</b> <ul style="list-style-type: none"> <li>▪ CD gave an update. Following last month's meeting there had been some changes within NHSE. Neil Marlow is stepping down as Chair of the CRG, however he will continue to chair the Neonatal Implementation Board.</li> <li>▪ The Dinning Tool is up for review.</li> <li>▪ It was noted that the main topic coming out of the NCCR is care coordinators. The job descriptions focus on FIC, once funding is achieved there will be an opportunity to tweak the role to assist challenges faced with regard to FIC.</li> </ul> </li> <li>○ <b>Service Reviews</b> SRs have now been completed. Key issues mentioned across the ODN were the struggle to achieve medical cover in some units and the need for more nurse practitioners. The emphasis is definitely on transformation following the NCCR. It was noted that governance will be achieved through maternity, i.e. LMSs. Maternity will require our help and we in turn will require theirs with regard to funding etc. It was noted that the deadline is very tight with a date of mid-March for submission to the National Team. The ODN will share the plan once ready. It was noted that the peer reviews were very helpful and gave an opportunity for people to discuss issues directly.</li> <li>○ <b>GIRFT</b> It was noted that a meeting will take place between GIRFT, the ODN and Trusts within the Network area on Monday 2 March. Invites have been sent out. All were asked to please go back to their units and check there will be full representation in attendance. The aim of this will be to discuss as a Network the challenges faced in order that all feel supported and these challenges align with the rest of the Network. GIRFT will also follow up this meeting with individual unit visits. Colleagues from LMSs, STP, HEE, PHE and Specialised Commissioning will also be in attendance.</li> <li>○ <b>National Tariffs</b> All were informed that national tariffs would be non-mandatory from April 2020, then mandatory from 2021.</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>
	<ul style="list-style-type: none"> <li>• <b>Lead Nurse Update:</b> <ul style="list-style-type: none"> <li>○ <b>Staffing/workforce</b> DE gave an update on staffing in the Network area. The new dinning tool figure of 5.96 is the multiplier for staffing. Trust action plans need to be shared with the ODN as well as the LMSs. DE will contact the NMC to enquire how we record Associate Nurses registration information.</li> </ul> </li> </ul>	<p style="text-align: center;"><b>DE</b></p>

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	<ul style="list-style-type: none"> <li>○ <b>Capacity and Repatriation</b> <ul style="list-style-type: none"> <li>▪ LCr highlighted that it had been very busy since mid-November, with both LNU's and SCBU's providing capacity for the tertiary centres to ease the pressure. The matrix has been amended slightly and re-circulated. There have been a few more than usual in utero and ex utero transferred out of the Y&amp; H network . Issues with nurse staffing and babies requiring higher level of care seem to be the main reason. Infection control issues have also caused a real challenge at times</li> <li>▪ HB informed as a Network we will be revisiting the surge and escalation process and a small working group will be convened for which support is required and volunteers are welcome. Areas that will be looked at will be in utero transfers and the transition into paediatric care.</li> <li>▪ All were requested to submit information on Badger Net as early as possible and before the 11am deadline. A request was made that the number of cots available be entered not just the cots available.</li> <li>▪ It was noted that we have been through a period of significant service demand. All were asked to ensure that good communication with maternity colleagues continues and to ensure repatriations from the tertiary centres to the Level 1 and 2 units is prioritised and accepted back in a timely manner. Please consider this before accepting IUT's from elsewhere, particularly from out of Network.</li> <li>▪ HB notified the group that in utero transfers and &lt;27 week babies were monitored nationally. All were asked to flex up capacity within NICUs even if only one additional cot could be made available. The Area's designated in NICU/HDU/SCBU within your neonatal unit may need to be reorganised to take a mixture of care and or consider transfer of a lower level care baby to a nearby LNU/SCBUs.</li> <li>▪ A Joint Forum is planned for Wednesday 13 May and this will consist of collaborative workshops with maternity. We will also aim to build the resilience of NICUs and it was noted that the Maternity Voice Partnership will be key to this issue.</li> <li>▪ Emergency electrical works will take place in Leeds over the next few weeks, all will be kept informed.</li> </ul> </li> <li>○ <b>Parent Passport Family Integrated Care Update</b> We have been given funding for a Network Family Care Coordinator to implement FiC across the Network, the banding of the post is yet to be decided. The Parent Passport Group continues and we are currently looking at the observation package.</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>LCr/HB</b></p>
6.	<p><b>Education &amp; Guidelines:</b></p> <ul style="list-style-type: none"> <li>● <b>Education Days</b> <ul style="list-style-type: none"> <li>○ It was noted that the cardiac study day at Leeds had been very successful with good feedback. It was highlighted that seven hospitals had not sent representation, it was queried whether this could related to workforce issues. There is an expectation that staff from the venue at which study days take place will be in attendance, however it was noted that this can be difficult when workforce issues arise. It was noted that staff undertaking the new Foundation Programme (being run by MAK and BA) will require being released from their units for 75hrs between April and September.</li> <li>○ HT informed the group that the Network is looking at the possibility of changing the way we provide education days. Next year the aim is to</li> </ul> </li> </ul>	

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	<p>run the same study day in three venues at the same time. It was also suggested that linking into webinars that discuss relevant topics for newly qualified neonatal nurses may be useful. Skills and drills training is still being delivered, however it was noted that doctors don't always turn up and their attendance is necessary as a doctor is placed within each group when undertaking simulations. These suggestions and issues will be taken to Core Team for discussion.</p> <ul style="list-style-type: none"> <li>○ HT informed the group of two more dates for diaries, 3 June for the Ventilation day at Pinderfields and 8 October for the Preterm/Golden Hour in Sheffield.</li> </ul>	
	<ul style="list-style-type: none"> <li>● <b>Guidelines Update</b> There is nothing further to update on guidelines at present due to day to day work commitments being so busy. With regard to LISA, HT thanked the two consultants who came forward to support this work, however currently this is not being taken forward. It was noted that the pathways for PP Resus are different in the north and south of the ODN.</li> <li>● <b>Annual Conference</b> The Conference will take place on Tuesday 5 May at Wetherby Racecourse. All units were encouraged to put in abstracts.</li> </ul>	<b>All</b>
	<ul style="list-style-type: none"> <li>● <b>Nurse Educators</b> <ul style="list-style-type: none"> <li>○ An update was given on Education &amp; QIS. A nursing study day took place in York in January which was well evaluated. A further date is set for 4 March in Bradford and there has been a good uptake for this event.</li> <li>○ At a Lead Nurse meeting on 26 February all were informed that the Foundation Programme plan would be a pilot from 17 April, there had been a good response so far with just one unit yet to confirm their attendance. If these spaces are not utilised by the unit in question, these will be offered out across the ODN.</li> <li>○ It was noted that the Foundation Programme is a good stepping stone to QIS. Comments received were that the programme is fantastic and staff are excited to commence on the course. Thanks were expressed to BA and MAK for their work in pulling together this programme. BA thank all for helping us with the journey.</li> </ul> </li> </ul>	
7.	<p><b>Information &amp; Data</b></p> <ul style="list-style-type: none"> <li>● <b>Dashboards – Local &amp; National</b> CD presented the dashboards for October to December 2019.</li> <li>● <b>Exception Reporting (Round Table Discussions)</b>  CD facilitated the group discussions for nineteen exceptions which had taken place across the North of the Network since the previous meeting. All cases were closed, with the exception of the following: <ul style="list-style-type: none"> <li>▪ Case 10 – Embrace will take a look at this case as it was felt that this baby was repatriated too early. HT to action.</li> </ul> </li> </ul> <p>A number of learning points were highlighted. It was noted that pneumothorax is a valid reason for a discussion with Embrace.</p> <p>PANDO NHS has been approved and it was noted that unlike Whatsapp,</p>	<b>HT</b>

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	Pando stores data in UK.	
	<ul style="list-style-type: none"> <li>• <b>Y&amp;H Neonatal, Temperature and Feeding Dashboards</b> CD gave a brief overview of the dashboards. AJ asked that all check their data on the temperature dashboard on receipt to ensure accuracy.</li> </ul>	
8.	<p><b>Any Other Business</b></p> <p>Due to the ongoing pressure that Embrace are experiencing with regard to gaps in workforce, all were reminded to seek advice from their local consultant prior to contacting Embrace for advice/transfers.</p>	
9.	<p><b>Dates and times of future meetings</b></p> <p><b>Clinical Forum North</b></p> <ul style="list-style-type: none"> <li>• Tuesday 7 April 2020, 9am – 12.30pm, Hatfeild Hall, Wakefield</li> <li>• Tuesday 16 June 2020, 9am – 12.30pm, Hatfeild Hall, Wakefield</li> <li>• Tuesday 6 October 2020, 9am – 12.30pm, Hatfeild Hall, Wakefield</li> </ul> <p><b>Mortality Review Panel - North</b></p> <ul style="list-style-type: none"> <li>• All meetings follow on from Clinical Forums</li> </ul> <p><b>Joint Forum</b></p> <ul style="list-style-type: none"> <li>• Wednesday 13 May 2020, all day, Hatfeild Hall, Wakefield, WF3 4JP</li> </ul> <p><b>Executive Group Meetings</b></p> <ul style="list-style-type: none"> <li>• Thursday 5 March 2020, 1.30 – 4.00pm, Hatfeild Hall, Wakefield</li> <li>• Thursday 11 June 2020, 1.30 – 4.00pm, Hatfeild Hall, Wakefield</li> <li>• Thursday 3 September 2020, 1.30 – 4.00pm, Hatfeild Hall, Wakefield</li> <li>• Thursday 3 December 2020, 1.30 – 4.00pm, Hatfeild Hall, Wakefield</li> </ul> <p>Post meeting note: Due to the Covid-19 outbreak, there is the possibility that the above meetings may take place via Microsoft Teams rather than face-to-face. Further details will follow from Admin ODN.</p>	Admin