Yorkshire & Humber Neonatal ODN
Clinical Forum (North)

Tuesday 9 April 2019, 9.00 am - 1.00 pm
Normanton Golf Club, Hatfeild Hall, Wakefield, WF3 4JP

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

Present	Apologies
• Eilean Crosbie, Consultant Paediatrician, Calderdale & Huddersfield (Chair) • Jo Preece, Consultant Neonatologist, Hull (Secretary) • Hazel Talbot, Consultant, Embrace • Chris Day, Consultant Neonatologist, Bradford *(arrived 10am)* • Hillary Farrow, Senior Midwife, WYH LMS • Peter Standring, Consultant Paediatrician, Scarborough • Carol Hudson, ANNP, Bradford • Cath Harrison, Consultant Neonatologist, Embrace • Charlotte Bradford, Senior Information Officer, ODN • Denise Evans, Lead Nurse, ODN • Fiona Metcalfe, Lead Nurse Surgery, Leeds • Gwynn Bissell, Lead Nurse, Leeds • Heather Stuart, Ward Manager, Harrogate • Kallinath Shyamanur, Consultant Paediatrician, Mid Yorkshire • Kate Lamming, NICU Manager, Hull • Kelly Young, Matron, Bradford • Louise Armitage, Bradford • Louise Crabtree, Lead Nurse ODN, • Shameel Mattara, Consultant Paediatrician, Calderdale & Huddersfield • Sobia Bilal, Clinical Lead, Harrogate • Sandeep Sandhu, Consultant Paediatrician, York • Vicky Iggleden, ANNP, Calderdale & Huddersfield • Wendy Kilner, Neonatal Clinical Manager, Calderdale & Huddersfield • Matthew Babirecki, Consultant Paediatrician, Airedale	• Catherine Pennock, Clinical Educator, Mid Yorkshire • Elaine Ferrie, Clinical Educator, Bradford • Karin Schwarz, Calderdale • Lawrence Miall, Consultant Neonatologist, Leeds • Nicola Lockwood, Matron Child Health, Mid Yorkshire • Sarah Szpara, Ward Manager, Airedale

No.	Item	Action
1.	**Welcome & Introductions** • EC welcomed all attendees to the meeting and briefly highlighted the agenda items that would be discussed as it was noted this was a newly formed Joint	

	Forum, including both medics and nurses.	
2.	**Minutes from the last meeting held on Tuesday 5 February 2019:** • **Medics** Agreed as a true and accurate record. • **Nurses** Agreed as a true and accurate record. • **Combined** It was agreed that the draft minutes will be deferred to the next Neonatal Clinical Forum for approval, scheduled to take place on 25 June 2019.	
3.	**Matters Arising** • It was agreed that the October 2019 meeting will take place on Tuesday 1st October, at Normanton Golf Club, Hatfeild Hall, Wakefield. • Following on from the previous Nurse Forum minutes of the meeting held on Tuesday 5 February 2019, a discussion was initiated about the cot bureau form and the disparity with numbers on the unit and in Badger. LC highlighted she was aware of a few issues which were raised at the previous meeting regarding BadgerNet's default settings and capacity. Some of the issues were due to babies admitted being entered on to Badger but they were on the post-natal ward i.e. IV antibiotics, therefore Badger counted them in the cot numbers. LC asked that staff add to the drop down box in the cot bureau how many babies were actually in cots on the unit i.e. in ICU, HDU & SCBU but not those on postnatal wards. LC was aware of issue that Badger notified the unit when at 80% capacity and also the cot commissioned numbers were not always accurate. Jo Bexon has sent emails to units who were experiencing these problems with suggestions on ways to change their numbers. DE stated that 80% was identified as a safe standard for occupancy. CB confirmed that 80% is the national standard, also adding that the workforce toolkit is based on this figure. Discussion took place as to whether staff should amend figures manually on the system. It was agreed that the decision should be made locally by each Trust. JP asked the group to think about how we as a Network can empower staff locally to get their Trust to honour that standard. EC stated that Calderdale and Huddersfield cot occupancy is currently low. It was noted this was currently the case across the Network area. DE highlighted that all Trust's should be transferring babies to the appropriate unit as soon as possible. As a Network, this principle needs to be embraced in order to make the system work efficiently. KY commented that people only seem to understand the reason for moving a baby when specialist care is required, we therefore need to educate families on the process for transferring babies, and in particular speaking to families well in advance, therefore setting expectations. It was suggested that Helen Brown speak with members of the Maternity Network about the suggestion to inform parents early on regarding the pathway and therefore set expectations.	**All** **HB**

4.	**Process for Matneo QI Projects** • **Bradford Wave 1** This was not presented.	
	• **Calderdale Wave 2** VI gave an update on the Calderdale Midwifery and Neonatal Project (MatNeo). As part of the National Programme their Unit was chosen to take part in a project "Improving outcomes for preterm babies at CHFT". VI went on to give a presentation which will be circulated to the Group with these draft minutes. It was noted that CHFT are now engaged in progression of a 'smoke free' Trust. DE congratulated Vicky and her team at Calderdale for their efforts in staff engagement, education and achieving their final aim. JP suggested the Network take advantage of learning lessons from other Trusts as to what worked and what didn't. This will empower us to enable change.	**TJC**
5.	**Getting it Right First Time (GIRFT) discussion** JP gave a presentation regarding GIRFT. This is a National programme designed to improve care. A report was produced in 2016 and more recently GIRFT has been piloted in orthopaedics. The aim is to: • Improve outcomes and reduce variation. • Link to the Neonatal Review. • Reduce litigation. • Optimisation of medicines. • Improve procurement and technology. GIRFT will work with clinical bodies, NHS England and NHS Improvement. There are 7 hubs. Neonates are developing a data pack which will be issued to units and visits will then take place followed by feedback provided through a report. JP asked Forum members for ideas & suggestions of what data items could be included in the data packs; these should be passed to CD. DE suggested medicines. CD commented that rather than a blank spreadsheet, it would have been more practical to add or take away from a list of suggestions. It was noted that this has taken place in neonatal surgery and we could look at that as an example. HS commented that generic consumables are used in neonatal services. It was noted that the West Yorkshire Association of Acute Trusts have influence over this procurement process. JP explained that following the visit to your Unit, a report will then be produced identifying whether you are a low or high performer, followed by discussion around an implementation plan. It is important that any issues are highlighted at Trust Board level. Good clinical and management representation at Board level is required for the GIRFT visit. GIRFT will only proceed with a visit if senior management are in attendance. CD commented that generally we all have the same generic challenges, such as consistency, competency and training issues. There is a need to ensure that	**All**

	Senior Management is on Board to obtain a review which will result in an outcome report. Deep dives should then take place with Senior Managers and medical staff to review findings.	
6.	**Updates/Standing Items** **Clinical Lead Update** • **Exception Summary** CD updated the Forum on the following: o Babies receiving ventilation in LNUs will only be included in exception reporting when the triggers hit day 4 (this ensures that babies receiving 48hrs total ventilation spread over 3 days are not counted. o <27 week deliveries –Annual Review reported a YH wide rate of 70% (79% YH North & 51% in YH South). o CB commented that from April, Maternity (via their LMSs) will be undertaking <27 week exception reporting. The LNUs will continue to be notified but will no longer be required to report on the exceptions. Reviews will be carried out by Maternity and LMSs are being charged with chasing that a review has taken place. This process should be more thorough, consist and robust. Highlight reports and lessons learnt should then be fed from the LMSs to the Neonatal Executive for feedback and closure. o Discussion took place around the lessons learnt from the previous meeting. It was noted these have already been circulated to Forum members & can be found on the Network website. CD asked members to divide into 4 groups to discuss the following cases: o AP66QC – it was felt by Group 1 that more information was required. This was clearly an unwell baby but not a cause of concern about LKNUY care until perforation when baby was appropriately transferred to tertiary care. CD commented that when he considered this summary it was ok. The Baby's weight was a little on the small side but not enough to raise concern. Identified as off pathway as needed inotropes but had been discussed with NICU. o AN29PC – CD asked did they have discussion with Tertiary Unit, the answer was yes. Parents did not want to move to hospice, the baby therefore remained on the unit. o ABNPQC – Off pathway status was triggered by multi organ problems. The availability of cooling was discussed. o A7QCPC – It was felt the trigger for transfer in this case was due to inotropes. Home birth born in extremely poor condition – and never going to do well. Clearly, it was likely this baby would switch to palliative care so there was a need to keep the baby close to home. CD commented that there are relatively few off pathway babies. It was noted the discussion was felt to be a useful tool to allow reflections on approaches to practice with potential for consistency of approach across local and referral units. Discussion took place on how to ensure that appropriate IUTs went to LNUs rather than NICUs. It was noted that currently Embrace have a call handler who currently makes that decision following a very simple list of rules.	

Possibility of moving to call handlers guiding IUTs the bigger LNUs discussed, identifying Pinderfields, Doncaster and Calderdale as hub LNUs. Transfer to other LNUs would not be set up by call handlers but could be agreed after clinician input. This will require more discussion, and for now, current transfer guidelines are unchanged.

HT commented that last week approximately 60-70% of the transfers secured by Embrace call handlers did not take place. HT highlighted the waste of resources. JP noted that co-ordinators judge activity at the immediate moment rather than think further ahead in preparation. It was felt we should move to the "Call and Send" model. CD commented that there was more to do with a need for local and national conversations.

Exception reporting process
CB confirmed that at the end of each month the Information Team go through BadgerNet to check for off-pathway care. This information is fed back to the ODN Core Team along with unit responses to the cases. These are subsequently brought to the Clinical Forums via the Network Clinical Leads. At the last meeting discussion took place concerning the benefit of Embrace being notified of exceptions so they too can feed into the process and then feed back to the Information Team. CB proposed this change and the Neonatal Clinical Forum North confirmed they were content to proceed with the new process. CB confirmed this proposal will also be presented to the Neonatal Clinical Forum South at their meeting this coming Friday and then to the ERG for agreement from Embrace. Assuming there is agreement between all parties, this arrangement will be formalised by taking it to Executive Group. However, it was suggested that to avoid delay if all are in agreement this be put into practice commencing with the April reporting and will be taken to the Neonatal Executive for information purposes & governance.

- **Changes to Neonatal Payments**
  An email from Eleri Adams, Chair of the National Pricing Workstream was circulated by the Network Director regarding a decision which has been taken by Senior Commissioners & DoH to move to the new HRG 2016 for payment from April 2019. Trust Senior Management have also been contacted directly. The importance of this exercise was emphasised.

  As part of the National Directive there was a request for ALL neonatal activity data to be reported using a template provided. The data collection will pull together all money spent on neonatal services by NHSE and CCGs. There is a need to confirm current spend. There is also a need to ensure HRGs outside the neonatal service are being accurately captured, for example PNW activity & outreach services. It was highlighted that from 1st April there is no benefit in capturing data some of the postnatal ward activity on BadgerNet as it will no longer attract a neonatal tariff. Treatment such as IV antibiotics or NG tube feeding on post-natal wards would be included but there is no benefit to recording observations etc. as you would lose money (£15 for a Badgernet admission but it wouldn't generate any income).

  JP had been told by her Trust that no further action was required, CB confirmed there absolutely was a need to provide this information.

  CD urged colleagues to count accurately, use cleansed data and think about outreach. Trusts have been contacted directly by NHSE and Finance and Contracting Teams will be available to assist. The structure for charging is yet to be confirmed. Data is currently being gathering by DoH via an exercise regarding outreach in order to assess spend. The aim is to standardise

	outreach provision, level of service and payments. Getting babies through the service and home is beneficial for the baby and also releases capacity. • **Better Newborn Care/Transformation Update** The message across our patch is that LNUs should not panic, there may be ways to mitigate problems encountered around Better Newborn Care proposals. • **CRG** No formal update from CRG available	
	• **Education & Guidelines:** • **Annual Conference April 25th 2019** HT invited all to attend the forthcoming Network Annual conference. There are 15 posters and four will present their work. There are still spaces and it is very reasonably priced, with a cheaper rate being offered to nurses than doctors. • **Education Days** o The Maternity Joint Forum will take place on 9th May. o 11th June @ Hull - Prematurity – please encourage attendance especially from East Coast units o The Unity Day will take place on 13th June, Please can the group feedback on themes that nurses would like ODN lead education to focus on. o 10th October @ Sheffield - focusing on communication. • **Guidelines Update** Currently in progress (Working Groups). These are at various stages, it is hoped that a draft will be available for comment within the next month: o Early care focusing on stabilisation. o PPHN. o Renal. o Term resuscitation. Future Network Guidelines process– the Executive Group ratified the process for reviewing & signing off guidelines. Future guidelines to consider are palliative care transfers (following the Education meeting held in January), oxygen targeting and transfusion. As yet we are not starting these new guidelines. The Group were asked to familiarise themselves with the new guideline process document which would be circulated with the draft minutes.	**TJC**
	Lead Nurse Update • **Bliss Update** LC informed the group that Karen Williams has been made redundant and there are no plans at present to replace the post. • **Parent Representative Update** LC informed the group that Cat Wilkinson, one of the parent representatives, has resigned from her position. This is in part due to the parent representatives not being used within the Network therefore leading to feelings of redundancy. It is important that we address this and LC will recirculate their job description and network role to the units.	**LC**

	• **BadgerNet and Repatriation** This was covered earlier in the meeting. • **Temperature/ATAIN** ATAIN – all Units have been asked to complete forms related to CNST. DE will be visiting units and asking what are the top 4 reasons for term admissions. • **Nurse Educator/Induction & QIS** There is a forthcoming Unity Day 13th June 2019. The main focus of the day will be to discuss QIS education within our network. We will also look at various options at how this might be delivered in the future. There have been two Nurse Educator appointments, Marie-Ann Kelly who will commence in post on the 22 April, working 3 days a week and Bethany Andrew who will work 2 days per week. • **Lead Nurse Role** DE informed the Forum that with immediate effect anything for the Lead Nurse should be directed to Louise Crabtree. DE would be working on three projects which are Workforce, Attain and Thermal Regulation. • **Thermal Regulation** The Group were asked if a root cause analysis tool is being used with regard to cold babies, the consensus was no. DE confirmed that she will be visiting Units in relation to ATAIN asking for the top four reasons for cold babies. Twice a year there would be 'fit for purpose' checks regarding staffing, and if necessary, a mitigating report as to why they do not have the appropriate workforce. This report will then be sent to NHS Commissioners. The Group agreed this was a sensible approach. • **Action Plans CNST** We are still awaiting receipt of Scarborough's plan. DE asked PS to chase. York's plan has been completed, although not yet received by DE. • **Weight Cut Offs** Discussion took place around admission weight criteria for term babies on NNU. It was noted that no term baby should be transferred out of a LNU based on its predicted weight.	**All** **PS**
7.	**Update on the new process for exome sequencing** CD gave a presentation on the new process for exome sequencing. This is a new nationally funded service for babies in SCBU, NICU and PICU, with suspected single gene disorders. The service went live on 1st April 2019 and there will be a three week turnaround for results. The process will be as follows: • Make contact with a Geneticist, they are available 5 days per week. • Check that baseline tests have been completed. • If testing is appropriate, completion of an Exeter Exome Sequencing Request Form is required (this form will be circulated to Forum members). There will be a national form produced in near future. • When completing the Exeter Exome Sequencing Request Form, it is vital that HPO details are filled in correctly and in accordance with the "HPO terms".	

	The correct terms can be found on the website noted on the Request Form. • Consent is required from both parents. • There is a difference between Assay and the test. Assay tests all 20,000 genes. The test involves using clinical questions to pick out genes from the data pool already collected by Assay. The testing is carried out in trios where possible, with blood taken from the mother, father and baby. This can raise potential issues with sensitive information such as paternity. It was confirmed that information such as paternity will not be passed on to parents. Neither will parents be informed of genes that are currently or could in the future affect their health e.g. BRCA (breast cancer). The situation would also be the same with regard to adult on-set gene problems in babies. • Result – VOUS; Genetics MDT meeting; phone in potential solution. Conversation to refine the answer. • Real opportunity with huge potential for small group of babies. • This service is for inpatients in NICUs and PICUs only.	
8.	**Information and Data** • **Dashboards – Local and National** There have been no significant changes from the previous quarter. Please note the documents are in draft and will be submitted to the Neonatal Exec for sign off. You are welcome to review the dashboard data and provide further feedback prior to the Exec. Should you have any queries or additions, please contact the Information Team as soon as possible. Following Executive Group, the final versions will then be placed on the ODN website. • **Temperature Dashboard** Individual unit data is sent to Units on a monthly basis. A summary dashboard of network performance was brought to the group. Should there be any queries, please contact the Information Team. Again, following Executive Group, the final version will be placed on the ODN website.	**All**
9.	**Any Other Business** There was no other business.	
10.	**Dates and times of future meetings** **Executive Group Meetings** • Thursday 6 June 2019, 1.30 – 4 pm, Hatfeild Hall • Thursday 5 September 2019, 1.30 – 4 pm, Hatfeild Hall • Thursday 5 December 2019, 1.30 – 4 pm, Hatfeild Hall **Clinical Forum** • Tuesday 25 June 2019, 9am – 1pm, Hatfeild Hall • Tuesday 1 October 2019, 9am – 1pm, Hatfeild Hall **Mortality Review Panel - North** *(all meetings follow on from Clinical Forums)* **Y&H Neonatal ODN Annual Conference** • Thursday 25 April 2019, 9.00 am – 4.30 pm, Wetherby Racecourse, Wetherby	**All**