



YORKSHIRE & HUMBER NEONATAL NORTH CLINICAL FORUM - COMBINED

**TUESDAY 5 FEBRUARY 2018, 11AM – 1.00PM
HATFEILD HALL, WAKEFIELD, WF3 4JP**

Attendance		Apologies
<ul style="list-style-type: none"> • Alison Davey, ANNP, Mid Yorkshire • Anne Harrop, Lead Nurse, Leeds • Anne-Marie Crowley, Senior Sister, Bradford • Aparna Manou, Neonatologist, Hull • Ashley Jennings, Information Analyst, ODN • Carol Hudson, ANNP, Bradford • Catherine Pennock, Lead Clinical Educator, Mid Yorks • Chris Day, Clinical Lead, ODN • David Gibson, Consultant, Mid Yorkshire • Eilean Crosbie, Consultant, Calderdale • Fiona Metcalfe, Lead Nurse, Neonatal Surgery, Leeds • Hazel Talbot, Education & Guideline Lead, ODN • Heather Stuart, Lead Nurse, Harrogate • Jo Preece, Consultant, Hull • Kelly Gill, Team Leader SNB, Leeds • Kelly Young, Matron, Bradford • Lesley Matthews, Neonatal Outreach, Mid Yorkshire • Lisa Gorry, Project Lead, ODN • Liz McKechnie, Neonatologist, Leeds • Louise Crabtree, Lead Nurse, ODN • Matthew Babirecki, Consultant, Airedale • Sam Wallis, Consultant, Bradford • Shameel Mattara, Consultant, Calderdale • Siobhan Conlin, Matron, Leeds • Sue Wise, Acting Ward Manager, Mid Yorkshire • Victoria Iggleden, ANNP, Calderdale 		<ul style="list-style-type: none"> • Denise Evans, Lead Nurse, ODN • Karen Williams, Senior Healthcare Engagement Officer, Bliss North • Sam Plets, Lead Midwife T.C, Leeds • Sarah Szpara, Lead Nurse, Airedale • Sandu Sundeep, Consultant Paediatrician, York
No.	Item	Action
1.	Minutes of the previous meeting held 7 July 2018 <ul style="list-style-type: none"> • Agreed as a true and accurate record 	For Info
2.	SCBU Pathway <ul style="list-style-type: none"> • LC shared an algorithm for service specifications on SCBU. This is to help clarify how long a baby should be staying. A copy of this will be uploaded on to the website and is enclosed for information. Do LNU's require a similar 	For Info

	<p>type of algorithm? May be useful for other Consultants who are not necessarily Neonate specific. It was agreed that this would be useful. LC to progress.</p>	<p>LC</p>
<p>3.</p>	<p>Education and Guidelines</p> <ul style="list-style-type: none"> • Education Update: <ul style="list-style-type: none"> ○ When any nurses have been on training, please ensure they share the knowledge amongst the team to get full value out of the learning. ○ There will be a surgical day at SCH on 12 March 2019. This is following the success of the last one. The focus will be for nurses preparing babies to go in to a surgical unit. There are 3 or 4 places still available. ○ Following that there will be another education day in Hull on 11 June 2019. Save the date to go on to the website – HT/LG/MK. ○ The group were asked to give feedback on what they would like to see and asked to think about whether the current education days are delivering usable information and having an impact in the unit. • Guidelines Update <p>Various groups have been set up and the activity currently is sporadic. We recognise it is difficult to keep the momentum going from volunteer groups with busy workloads. The BAPM standards provide a long list of guidelines which should be available and would work well pan network. PPHN, Term Baby Resuscitation and Pre-term Baby will be the agreed ones for us to focus on initially. The groups are open for everyone to get involved. If anyone would like to get involved then please contact HT/CS or ODN Education. A tighter timeline will be produced for these to be drafted and commented on ready for ratification at the Exec. Please also let us know of your Guideline Lead for inclusion in comment groups.</p> • Conference 2019 <p>A reminder that the Conference is on 25 April 2019. There were 118 delegates last year, please encourage as many people as possible to attend. Any Quality Improvement Abstracts should be submitted to enable us to share best practice across the network. Deadline for submissions is 8 March 2019.</p> • Replogle Tube <p>FM has produced a guideline on the Replogle Tube which was circulated for comment. Please submit feedback prior to the Exec.</p> 	<p>For Info</p> <p>HT/LG/MK</p> <p>All</p> <p>For Info</p> <p>All</p> <p>All</p>
<p>4.</p>	<p>Information and Data</p> <ul style="list-style-type: none"> • Exception Reporting <p>Currently, the situation is that too many babies die in Y&H. Better Newborn Care is to be launched in March 2019 which will hopefully help us improve this. If a baby goes off pathway we need to review the exception reporting and either justify why or learn from the situations that arose. It is important that we are held to account when actions are off pathway. The data team check activity daily and call units for more information where required. Sometimes Badger simply needs a 'tidy up', at times there may be a true exception.</p> <p>The team separated in to groups to have round the table discussions and review the north exceptions. A flyer noting learning outcomes following the investigation and discussion of exception reports in YH – North will be circulated shortly via NHS Networks.</p> 	<p>For Info</p>

	<p>Through looking at these exceptions a number of items were discussed/ agreed:</p> <ul style="list-style-type: none"> ○ Embrace to be involved in clinical conversations when it is related to transport. If not a transfer issue the LNU should speak directly with the tertiary NICU. Embrace can assist as a connector. HT to have a conversation with Embrace consultants to understand that they should not be giving advice in place of a NICU due to the impact on exceptions. ○ There has to be a joint responsibility for decisions and actions. NICU must record information and advice given for handover and reporting purposes. It is to be investigated whether information added to Badger may be shared between units. AJ to review. ○ List of exception case numbers to be circulated prior to future meetings – LG to circulate. ○ Cooling is not an LNU intervention. Calderdale is a cooling centre due to capacity issues historically. Pathway to be looked at potentially as this is a very unusual situation. ○ Agreed to remove exceptions where the report shows a baby being on ventilation for 3 days but is actually under 48 hours. ○ Under 27 week's exceptions - It is hoped that we will be in a position for an official handover of the process to Maternity colleagues in April 2019. In future for the round table activity it would be useful to add gestation and birth weight, but with all names and places removed. 	<p>HT</p> <p>NICUs</p> <p>AJ</p> <p>LG</p> <p>LG</p> <p>LG</p>
5.	<p>Network Parent Updates</p> <ul style="list-style-type: none"> • The group were asked if they could please be mindful of involving Parent Representatives. • Karen Williams will no longer be attending for Bliss as they are looking at reorganising. 	<p>All</p>
6.	<p>Any Other Business</p> <p>The format of the Clinical Forum South was discussed with the room to find out if it would be more useful to combine the Nurse and the Medic meetings in the North. It was agreed to give this a trial moving forward with JP chairing the meeting and CD chairing the exception reporting.</p> <p>Any standard items you would like to have included, please forward to JP/LC in advance of next meeting.</p>	<p>For Info</p> <p>All</p>
10.	<p>Next Meeting</p> <ul style="list-style-type: none"> • 9 April 2019, 9.00 am – 1.00 pm • 25 June 2019, 9.00 am – 1.00 pm • 8 October 2019, 9.00 am – 1.00 pm 	<p>All</p>