

## Yorkshire & Humber Neonatal ODN Clinical Forum (South)

**Wednesday 2 October 2019, 9.30am – 12.30pm, at the Source Skills Academy,  
300 Meadowhall Way, Sheffield, S9 1EA.**

Present	Apologies
<ul style="list-style-type: none"> <li>▪ Kavi Aucharaz, Consultant, Barnsley</li> <li>▪ Jade Baldwin, Deputy Lead Nurse, Barnsley</li> <li>▪ Joanne Bexon, Information Officer, ODN</li> <li>▪ Kate Bollington, Matron, Rotherham</li> <li>▪ Nigel Brooke, Consultant, Doncaster</li> <li>▪ Porus Bustani, Consultant Neonatologist, Sheffield Teaching</li> <li>▪ Tracey Cole, Network Co-ordinator, ODN</li> <li>▪ Louise Crabtree, Lead Nurse, ODN</li> <li>▪ Denise Evans, Lead Nurse, ODN</li> <li>▪ Aiwyne Foo, Consultant, Chesterfield</li> <li>▪ Pam Gething, Senior Sister, Doncaster &amp; Bassetlaw</li> <li>▪ Melanie Hoggard, Deputy Lead Nurse, Barnsley</li> <li>▪ Louise Jordan, Consultant Embrace/SCH</li> <li>▪ Sarah Judd, Ward Sister, Scunthorpe</li> <li>▪ Tammy Lilley, Senior Sister, Sheffield Teaching</li> <li>▪ Elizabeth Pilling, (Chair) Lead/Consultant, ODN/STH</li> <li>▪ Syam R Pramod, Consultant Paediatrician, Doncaster &amp; Bassetlaw</li> <li>▪ Olu Seidu, Consultant Paediatrician, Barnsley</li> <li>▪ Joanne Sudbury, Unit Manager, NSU, SCH</li> <li>▪ Hazel Talbot, Education &amp; Guidance Lead, ODN</li> <li>▪ Angela Whelton, Lead Nurse for Neonates, Barnsley</li> <li>▪ Jo Whiston, Lead Nurse, Embrace</li> <li>▪ Lai Men Wong, Consultant, Doncaster &amp; Bassetlaw</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bethany Andrew, Nurse Educator, ODN</li> <li>▪ Pauline Adiotomre, Consultant, Grimsby</li> <li>▪ Alison Boldy, Lead Senior Sister, Doncaster &amp; Bassetlaw</li> <li>▪ Caroline Davies, Doncaster</li> <li>▪ Lisa Gorry, Project Support Lead, ODN</li> <li>▪ Cath Harrison, Neonatal Lead, Embrace</li> <li>▪ Marie-Ann Kelly, Nurse Educator, ODN</li> <li>▪ Richard Lindley, NSU Team Lead, Sheffield Children's</li> <li>▪ Rasheed Oba, Neonatal Lead, Scunthorpe</li> <li>▪ Caryl Skene, Neonatal Nurse Consultant, STH</li> <li>▪ Cath Smith, Consultant Neonatologist, Jessop Wing, Education and Guideline Lead</li> </ul>

No.	Item	Action
1.	<p><b>Welcome &amp; Introductions (EP)</b></p> <p>EP welcomed all attendees to the meeting and introductions were made around the table.</p>	
2.	<p><b>Minutes from the last meeting held on Thursday 27 June 2019:</b></p> <p>Agreed as a true and accurate record, with the exception of the wording in the paragraph entitled "Time Critical Transfers" on page 3, which should say "If they</p>	

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	were unable to provide this service, they would consider asking a <u>neighbouring transport team</u> rather than a “local team”. ODN Admin to amend.	<b>Admin</b>
3.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>▪ <b>PICU for surgical lines for exchange transfusion</b> HT has sent an email to the PICU lead regarding this matter. It was agreed that Joanne Sudbury will take this matter forward.</li> </ul> <p>It was agreed that this item remain on the agenda.</p>	<b>JS</b>  <b>Admin</b>
	<ul style="list-style-type: none"> <li>▪ <b>Borderline Gestation Cut Off and LNU Transfers (e.g. 27/40) (EP/CB)</b> It has been suggested that anything between 27/40 gestation up to 27+6/40 gestation should not move from LNU to LNU but should consider moving to a tertiary centre. In utero transfers should also go directly to a tertiary centre. HT to discuss with the North Forum.</li> </ul> <p>All were asked to speak with maternity colleagues when looking to accept in utero transfers so that they are aware of any outstanding repatriation for their units, as these should take priority.</p>	<b>HT</b>  <b>All</b>
4.	<p><b>Updates/Standing Items</b></p> <p><b>Clinical Lead Update:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Exception Reporting (EP)</b> HT led group discussions on the following 7 exceptions which had taken place across the South of the Network (March 2019 to July 2019). It was agreed by all that the cases were felt appropriate and could be closed on the Exception Tracker.</li> </ul> <p><b>Learning Point:</b> If a baby has more than one intervention, discussion should take place with Embrace and Tertiary Centre to establish whether transfer should take place sooner.</p> <ul style="list-style-type: none"> <li>▪ <b>Better Newborn Care (EP) (Neonatal Critical Care Transformation Review)</b> This document was due for publication in September however there has been a delay. It is hoped that the document will be available at the end of the year. The draft is currently with the NHSE Communications Department.</li> <li>▪ <b>Service Reviews</b> It was noted that most Service Reviews dates have now been confirmed. A proforma with topics will be included in the Service Review packs.</li> </ul>	<b>All</b>
	<ul style="list-style-type: none"> <li>▪ <b>Lead Nurse Update:</b> <ul style="list-style-type: none"> <li>• <b>Parent Representative update (LC)</b> Michelle Bannon had given apologies for this meeting. It was noted that as well as the Forum meetings, Michelle will also be attending Maternity Voice meetings. There are now three parent representatives, one in York, one near Leeds and one in South.</li> <li>• <b>Parent Passport and Family Integrated Care</b> LCr informed colleagues that following a recent parent passport meeting the</li> </ul> </li> </ul>	

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	<p>group will now start introducing the FiCare model/family Involvement in care to their individual units. The first part of the process will be an introduction to the model using a poster presentation primarily aimed at the staff. A resource file for staff to access will also be made available. It was felt as a group that the whole care package that parents work through should be the same for all the Network units, and as such the group would consider/utilise packages that were already available to avoid re-inventing the wheel. All were asked to go back to their units and encourage their colleagues to complete the parent passport paperwork, which is available on the website, when transferring a baby from one unit to the next.</p> <ul style="list-style-type: none"> <li> <p><b>• Workforce</b> DE gave an update on staffing and national workforce figures that all within the Network should be applying. In some units they haven't utilised as many cots as they have due to nurse staffing. Letters are going to Chief Executives, Medical Directors and Heads of Nursing with the other Service Review papers to give details of how each unit is categorised. It was noted that the percentage of staff with QIS is very good in the South.</p> </li> <li> <p><b>• Update on ATAIN/Thermoregulation and TC</b> All were reminded to check who the ATAIN lead is for their Trust and for staff to complete forms as appropriate. Colleagues were also asked if they were having discussions with their Multidisciplinary Teams. For those who were maintaining good term admission rates they were asked to share learning with colleagues.</p> </li> </ul> <p>It was noted that the thermoregulation information sent out from AJ, ODN Information Team, was considered very helpful by all. A request had been made by the Clinical Forum North to create a run chart for each unit in order that progress can be displayed. It was agreed that AJ would also provide this information for the South.</p>	<p style="text-align: right;">All</p> <p style="text-align: right;">All</p> <p style="text-align: right;">All</p> <p style="text-align: right;">AJ</p>
5.	<p><b>Clinical Topic</b></p> <ul style="list-style-type: none"> <li> <p><b>▪ Clinical Topic</b> Presentation by Dr Nigel Brooke, Doncaster. Discussion of three cases where difficulties were experienced with parent's reactions and behaviours while their baby was under the care of the Local Neonatal Unit at Doncaster Royal Infirmary.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• It was noted that some parents prefer to stay on the NICU as they feel they have easier access to senior medical staff.</li> <li>• Some parents reported worries over the competencies of level 2 staff.</li> <li>• Parents were concerned that if their baby was transferred from a NICU to a LNU and then deteriorated they would have yet another transfer back to a NICU, leading to the question "why can't my baby just stay on NICU until discharge"?</li> <li>• There were issues with bad reports from parents which led to a "grapevine effect".</li> <li>• The Picker survey 2011, commented that 23% of parents said they were not given enough warning that their baby was going to be transferred.</li> <li>• As a Network we need to highlight and manage parental expectation of repatriations to Level 2 services. Parents are encouraged to visit the unit</li> </ul> </li> </ul>	

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	<p>ahead of their babies transfer in order that they can meet the staff with the hope that this will make the parent's experience less daunting.</p>	
	<ul style="list-style-type: none"> <li>▪ <b>Embrace transfers – alternative ways of babies travelling with mothers</b> LCr informed the group of a trial to transport mothers and babies together using a harness for well babies and mothers.</li> </ul>	
6.	<p><b>Education and Guidelines</b></p> <ul style="list-style-type: none"> <li>▪ <b>Guidelines (CS/HT)</b> HT asked for expressions of interest with regard to looking at the LISA guideline. PPHN should now be out for comments, all were asked to distribute as widely as possible and ensure that they comment prior to the next Neonatal Exec meeting. It was emphasised that guidelines go to Exec Group for ratification not discussion. It is hoped that following circulation to Clinical Leads both medics and nursing, the LISA guideline can be presented at the December Exec Group for ratification.</li> <li>▪ <b>Education (CS/HT)</b> HT provided an update and informed the group of the following events: <ul style="list-style-type: none"> <li>○ A communication event is scheduled for the 10 October 2019 in Sheffield.</li> <li>○ A cardiac event will take place on 23 January 2020, in Leeds.</li> <li>○ The Neonatal Conference has been confirmed for the 5 May 2020, the venue is likely to be Wetherby.</li> <li>○ An education event will take place on 21 May 2020, in Pinderfields if possible. If a room is not available at Pinderfields HT will request a venue at Barnsley.</li> </ul> </li> <li>▪ <b>Lunchtime teaching "webinars"</b> HT informed colleagues of teaching webinars that the team would like to provide once a month. Perhaps 20 minute sessions on specific topics such as QIS. It was noted that the North Forum had commented that a recorded version may be more practical, such as a podcast. As the Network's website can be constraining HT will look at other platforms through which this can be delivered, such as Vimeo.</li> <li>▪ <b>Request for non PDF versions of Network drug admin guides for local use</b> It was agreed that this item would be carried forward to the next Forum meeting.</li> </ul>	<p style="text-align: center;"><b>All</b></p> <p style="text-align: center;"><b>Admin</b></p>
	<p><b>Nurse Educators:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Induction and QIS (MK/BA)</b> A mapping meeting is scheduled to take place on 3 October 2019 to further discuss what units require from a foundation programme.</li> </ul>	
7.	<p><b>Information and Data</b></p> <ul style="list-style-type: none"> <li>▪ <b>Quality Dashboards – Local &amp; National/Y&amp;H Neonatal Dashboard/Y&amp;H Temperature Dashboard</b> <ul style="list-style-type: none"> <li>• All were asked to take a look at the new presentation of the dashboards and contact ODN Admin should they have any queries.</li> </ul> </li> </ul>	<p style="text-align: center;"><b>All</b></p>

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8.	<p><b>Any other Business</b></p> <ul style="list-style-type: none"> <li data-bbox="236 241 1321 376"> <p>▪ <b>Car seats</b> LCr asked all to be aware of the RoSPA Road Safety Research guidance but acknowledged that the guidance was impractical to implement in its current format.</p> </li> <li data-bbox="236 416 1321 748"> <p>▪ <b>TransWarmers</b> A MRHA alert had been circulated about TransWarmers. HT reminded the group that when you activate the TransWarmer, it warms up by 10 degrees. Be aware not to activate it inside the incubator if it is warm or whilst on the Resusitaire if warmed already as this could burn the baby. Do not store it in the incubator, rather store it at normal room temperature and activate it outside. Good temperature monitoring of your baby is essential to ensure safety. MRHA compliance forms are to be completed. It was felt that it was still very appropriate to use the product, as long as appropriate temperature monitoring was undertaken and with the above caveats.</p> </li> <li data-bbox="236 788 1321 882"> <p>▪ <b>BAPM toolkit</b> All were asked to be aware of ideas included in this document regarding the reduction of hypothermia.</p> </li> <li data-bbox="236 922 1321 985"> <p>▪ <b>NICE guideline on Neonatal Parenteral Nutrition</b> This document is currently out for consultation.</p> </li> <li data-bbox="236 1025 1321 1120"> <p>▪ All were asked to speak with maternity colleagues when looking to accept in utero transfers so that they are aware of any outstanding repatriation for their units, as these should take priority.</p> </li> <li data-bbox="236 1160 1321 1321"> <p>▪ <b>Clinical Forum South Attendees</b> EP asked that representatives from all hospitals email ODN Admin with the names of those who would attend future meetings (one doctor and one nurse per hospital). They would then be responsible for cascading relevant information through their own organisation.</p> <p>The existing distribution list should be kept for the circulation of guidelines etc.</p> </li> <li data-bbox="236 1424 1321 1590"> <p>▪ <b>Recording Encephalopathy on BadgerNet</b> The group was informed that there had been an issue on one of the units with regard to data recording of HIE, and its associated signs and symptoms on BadgerNet. The unit had been identified by the NMPA (National Maternity Perinatal Audit) as recording particularly high numbers of HIE.</p> <p>NMPA gather data on all 35+ singletons with 3 signs and symptoms 1. Consciousness, 2. Tone, 3. Convulsions, The Network has since assisted the unit with the cleansing of their data. Some of the signs and symptoms were attributable to other conditions and not just HIE. It was also noted there was lots of variation in the grading of HIE for those particular babies transferring to other units for treatment. All were encouraged to be aware of the above when inputting data. Please ensure that all data particularly around HIE grading, that the final diagnosed grade was correct at time of discharge. The network has informed NMPA of potential issues around the information they are collecting. NNAP will no longer be recording the above data as the content is too poor.</p> </li> </ul> <p>Jo Bexon will circulate guidance to assist with appropriate recording.</p>	<p><b>All</b></p> <p><b>All</b></p> <p><b>All</b></p> <p><b>All</b></p> <p><b>All/Admin</b></p> <p><b>All</b></p> <p><b>JB</b></p>

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	It was agreed that NICE guidance on respiratory care would be added to the “Clinical topic” section of the next agenda.	<b>Admin</b>
9.	<p><b>Dates and times of future meetings</b></p> <p><b>Clinical Forum – South</b></p> <ul style="list-style-type: none"> <li>▪ Wednesday 11 December 2019, 9.30am – 12.30pm, Source Skills Academy, Meadowhall, Sheffield.</li> <li>▪ Thursday 19 March 2020, 9.30am – 12.30pm, Oak House, Rotherham, S66 1WU</li> <li>▪ Thursday 4 June 2020, 9.30am – 12.30pm, venue tbc</li> </ul> <p><b>Mortality Review Panel - South</b> (all meetings follow on from Clinical Forums)</p> <p><b>Joint Forum – 13 November, Hatfeild Hall</b></p> <p><b>Executive Group Meetings</b></p> <ul style="list-style-type: none"> <li>▪ Thursday 5 December 2019, 1.30 – 4 pm, Hatfeild Hall</li> <li>▪ Thursday 5 March 2020, 1.30 – 4.00pm, Hatfeild Hall</li> <li>▪ Thursday 11 June 2020, 1.30 – 4.00pm, Hatfeild Hall</li> <li>▪ Thursday 3 September 2020, 1.30 – 4.00pm, Hatfeild Hall</li> <li>▪ Thursday 3 December 2020, 1.30 – 4.00pm, Hatfeild Hall</li> </ul>	<b>All</b>