



Yorkshire & Humber Neonatal ODN Clinical Forum (South)

Thursday 27 June 2019, 9.30 am – 12.30 pm
Redmires/Howden Rooms, Don Valley House, Sheffield, S4 7UQ

Present	Apologies
<ul style="list-style-type: none"> ● Bethany Andrew, Nurse Educator, ODN ● Alison Boldy, Lead Senior Sister, Doncaster & Bassetlaw ● Tracey Cole, Network Co-ordinator, ODN ● Louise Crabtree, Lead Nurse, ODN ● Denise Evans, Lead Nurse, ODN ● Ashley Jennings, Information Analyst, ODN ● Sarah Judd, Scunthorpe ● Sandeep Kapoor, Consultant, NLAG ● Marie-Ann Kelly, Educator, ODN ● Nicola Medd, Consultant, Chesterfield ● Becky Musson, Consultant Neonatologist, SCH ● Elizabeth Pilling, (Chair) Lead/Consultant, ODN/STH ● Syam Pramod, Consultant Paediatrician, Doncaster & Bassetlaw ● Emma Spicer, Grimsby ● Hazel Talbot, Education & Guidance Lead, ODN ● Keely Turner, Matron, Chesterfield ● Angela Whelton, Lead Nurse for Neonates, Barnsley 	<ul style="list-style-type: none"> ● Joanne Bexon, Information Officer, ODN ● Helen Brown, Network Director, ODN ● Aiwyne Foo, Consultant, Chesterfield ● Lisa Gorry, Project Lead, ODN ● Cath Harrison, Neonatal Lead, Embrace ● Cath Smith, Consultant Neonatologist, Jessop Wing, Education and Guideline Lead ● Jo Whiston, Lead Nurse, Embrace

No.	Item	Action
1.	<p>Welcome & Introductions (EP)</p> <p>EP welcomed all attendees to the meeting and introductions were made around the table.</p>	
2.	<p>Minutes from the last meeting held on Friday 12 April 2019:</p> <p>Agreed as a true and accurate record.</p>	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> ▪ PICU for surgical lines for exchange transfusion (EP/JO) EP informed the group that the Network is liaising with PICUs regarding this matter. It was noted there are sometimes challenges with the insertion of surgical lines for exchange transfusions. Colleagues asked about the course of action if Embrace is not able to carry out this procedure. It was agreed that HT will table this item for discussion with Embrace Consultants. 	HT

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	<ul style="list-style-type: none"> ▪ Borderline Gestation Cut Off and LNU Transfers (e.g. 27/40) (EP/CB) It was agreed that CB will provide an update at the next meeting. 	CB
	<ul style="list-style-type: none"> ▪ Bliss Meeting/Parent Group (LC) LC suggested that units have a designated person in charge of the Bliss Charter. It was noted that Barnsley had, with effect from today, commenced a Community Support Group and would be seeking ways to encourage greater involvement from parents. It was agreed this would be placed on the agenda as standing item. 	All Admin
4.	<p>Updates/Standing Items</p> <p>Clinical Lead Update:</p> <ul style="list-style-type: none"> ▪ Exception Reporting (EP) HT led group discussions on the following exceptions: <ul style="list-style-type: none"> • Case 5 - Discussion and decision not to transfer appears reasonable. The group stated it seemed reasonable to think that Embrace would have phoned at 48hrs with the aim of getting in touch with a TU Consultant. Case closed. • Case 6 – This baby was on two organ supports, the group were unsure that transfer at that time was ideal but it was noted that this would have been a clinical decision. Case closed. • Case 7 – Working toward every 48hr exception involving an ITU consultant. It was noted that some units have a “do not extubate overnight” rule in place although this was up to individual unit’s discretion. Case closed. • Case 8 – There was insufficient information on this case. HT commented that a Practitioner Team went out to assess on day 3, the parents were with the baby on the unit waiting for genetic results. It was felt it was not the appropriate time to transfer. The baby was eventually moved to a unit with ENT capacity and ventilated, airways eventually assessed to be ok. Case Review underway on unit. LC felt that the baby should have been moved earlier despite waiting for genetic results. HT will speak with SH regarding any learning points for the Network. Case closed. • HT highlighted good practice is being displayed throughout the Network. ▪ Better Newborn Care (EP) <ul style="list-style-type: none"> • The Neonatal Transformation Programme timetable commenced in April 2019, however the document is yet to be published with a new date set for September 2019. • DE commented on the capacity reviews for units and the Network as a whole. It was confirmed that quarterly reviews on compliance with regard to staffing are reported at Trust Board level. Providers are to have action plans by the end of the calendar year. • The family integrated care audit will have to feedback nationally. • The issue of parental accommodation is also highlighted in the document. • The differences in mortality across the nation were noted. • It was confirmed that mini-peer reviews will take place between the units this autumn to help with implementation of BNC. EP will undertake the South reviews and CD the North. 	EEP/CD

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	<ul style="list-style-type: none"> ▪ Lead Nurse Update: <ul style="list-style-type: none"> • Parent Representative update (LC) LC referred to the role description that had been circulated with the agenda. The need for further Network parents in the South was again highlighted and colleagues were asked to circulate the role description widely. • Badger Net and Repatriation (LC) It was noted how busy it had been, particularly within the Tertiary Units and LC expressed thanks on behalf of the Network for helping the Tertiary Centres out recently when in escalation. It was highlighted that if units are unable to accept their own repatriates then please ensure your units own internal escalation process is used. 	<p style="text-align: center;">All</p> <p style="text-align: center;">All</p>
5.	<p>Clinical Topic</p> <ul style="list-style-type: none"> ▪ Update on ATAIN/Thermoregulation <ul style="list-style-type: none"> • DE referred to the National Award attained by Barnsley for their poster design. DE reminded colleagues to ensure that data on thermoregulation babies is entered on Datix. • EP informed colleagues that in her capacity as ATAIN Lead she was struggling with engagement from maternity. DE commented that she will be meeting shortly with Chief Nurses and Heads of Midwifery and will highlight this. • It was noted there is a national drive target of 3%. 	
	<ul style="list-style-type: none"> ▪ Midwives Administering Antibiotics (Angela Whelton, Barnsley) <ul style="list-style-type: none"> • AW gave a brief overview of the service which had initially been set up by her predecessor. Barnsley Hospital has a 4 team bedded unit with a neonatal nurse supporting the midwifery team. It was then agreed that midwives should take on the administration of antibiotics, a Business Case was developed and submitted, and this was subsequently agreed. The teaching package can be circulated if helpful. Babies are given antibiotics and then transferred back to the ward. If the baby requires longer than 5 days stay, they are transferred to the Neonatal Unit. There were reservations from some of the midwives in the first 18 months however the process is now being embraced. Neonatal and Maternity Teams are working well together. The topic of drug calculations was raised and AW confirmed that midwives cover this in their annual mandatory training. 	
	<ul style="list-style-type: none"> ▪ Clinical Topic (Doncaster) <ul style="list-style-type: none"> • Nigel Brooke was not in attendance at this meeting. EP would contact NB regarding presenting on this item at the next meeting. 	<p style="text-align: center;">EP/NB</p>
	<ul style="list-style-type: none"> ▪ Time Critical Transfers – Local Transport Equipment <ul style="list-style-type: none"> • HT commented that Embrace is working closely with both the Neonatal and Paediatric ODNs. HT confirmed that Embrace is responsible for neonatal time critical transfers. If they were unable to provide this service, they would consider asking a neighbouring transport team, however if this was not possible units would be expected to mount their own response, if time critical. • Colleagues were reminded that it is essential they have a back-up plan should their equipment break down, it was emphasised that this should be 	

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	<p>part of their Trust's Major Incident Plan.</p> <ul style="list-style-type: none"> • It was noted that old incubators are becoming difficult to service/repair. However, colleagues were reminded that the trolleys were valuable and asked to keep hold of it. • An audit on equipment was underway and representatives from all units went on to given an update to HT. Rotherham had no representation at this meeting although it was believed they do have transport equipment. 	
6.	<p>Education and Guidelines</p> <ul style="list-style-type: none"> ▪ Guidelines (CS/HT) HT gave an update. There are four groups working on guidelines currently. BAPM published the document for Screening of Retinopathy of Prematurity and colleagues have until Monday to respond. HT emphasised that everyone from within the ODN area is welcomed to be involved in the guidelines process. ▪ Education (CS/HT) The Premature day in Hull had just taken place and good feedback had been received following the day. A further event is scheduled to take place on 10th October regarding communication. Dates for next year as well as planning themes will be discussed at next week's meeting. Colleagues were encouraged to contact HT in the next two days if there are any topics they would like the ODN to deliver over the next year. <p>Nurse Educators:</p> <ul style="list-style-type: none"> ▪ Induction and QIS (MK/BA) BA confirmed that a meeting is scheduled with the ODN Network Director on Monday to discuss strategy. BA and MK will keep colleagues informed of progress. ▪ Feedback from Unity Day A scoping exercise was undertaken on unity day this was a well-attended meeting with representation from all units. Good discussion and feedback was received on ways to move forward. 	All
7.	<p>Information and Data</p> <ul style="list-style-type: none"> ▪ It was noted that meetings have fallen out of synch with the availability of data reports, therefore no update was available for this meeting. Updates will be emailed around to colleagues prior to the next Executive Group. ▪ Quality Dashboards – Local & National (EP) The temperature summary for the ODN was presented. EP commented on a few changes that may be helpful in the interpretation of data: <ul style="list-style-type: none"> • Percentages may be more useful to colleagues than raw numbers. • Temperatures ranging between 37.5 – 38 should be shown as 'amber', anything above 38 should be 'red'. • A run chart would be helpful for comparison purposes. • Grouping by unit level. 	AJ
8.	<p>Any other Business</p> <ul style="list-style-type: none"> ▪ EP and CD commented that it would be helpful to have access to everyone's 	All

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	<p>Badger net on a read only basis, as this would make it easier to understand the bigger picture and help with exception reporting.</p> <ul style="list-style-type: none"> ▪ It was noted that the NICE neonatal respiratory care guideline was published in April. ▪ The draft BAPM framework for preterm birth consultation ends 30 July. It was noted that it would be helpful for units to respond. If you make a comment, please note it will be published in your name. ▪ LISA – EP noted this is not an easy process and is not without risk. A pan network Guideline has been discussed, although this is not yet in process. Skills are also a concern. Colleagues were advised to proceed with caution/consider if this was appropriate for each case/unit. Currently at the Jessop Wing this is a senior trainee (neonatal grid trainees) or consultant delivered process. ▪ Dr Becky Musson reported that there will be a Core Group of neonatologists rotating through NSU to provide neonatal cover between Monday and Friday (mostly half days) with effect from September 2019. ▪ Colleagues were asked if they had experienced any issues with parents staying in accommodation when homeless. It was noted that the Sick Children’s Trust owns the accommodation and the possibility of a family member claiming squatter’s rights was raised. ▪ LC confirmed that a new date has been set for the ODN to move over to NHS net email, Friday 12 July. ▪ With regard to palliative care transfers, LC reminded colleagues that it is preferable but not imperative 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. 	All
9.	<p>Dates and times of future meetings</p> <p>Executive Group Meetings</p> <ul style="list-style-type: none"> ▪ Thursday 5 September 2019, 1.30 – 4.00 pm, Hatfeild Hall ▪ Thursday 5 December 2019, 1.30 – 4.00 pm, Hatfeild Hall <p>Clinical Forum</p> <ul style="list-style-type: none"> ▪ Wednesday 2 October 2019 – 9.30 am – 12.30 pm, at the Source Skills Academy, 300 Meadowhall Way, Sheffield, S9 1EA. <p>Mortality Review Panel - South <i>(all meetings follow on from Clinical Forums)</i></p>	All