



YORKSHIRE & HUMBER NEONATAL SOUTH CLINICAL FORUM

**MONDAY 30 APRIL 2018, 9.30AM
DON VALLEY HOUSE, SAVILE STREET, SHEFFIELD, S4 7UQ**

Present	Apologies
<ul style="list-style-type: none"> • Aiwyne Foo, Consultant, Chesterfield • Alison Boldy, Lead Senior Sister, Doncaster & Bassetlaw • Angela Whelton, Lead Nurse for Neonates, Barnsley • Caroline Davis, SCBU Manager, Doncaster & Bassetlaw • Cath Harrison, Education and Guideline Lead, Embrace • Claire Howard, Matron, Jessop Wing • Denise Evans, Lead Nurse, Y&H Neonatal ODN • Elizabeth Pilling, Clinical Lead/Consultant, ODN/STH (<i>Chair</i>) • Emma Ellis, Neonatal Sister, Jessop Wing • Emma Spicer, Ward Sister, Grimsby • Hazel Talbot, Education & Guideline Lead, Y&H Neonatal ODN • Jo Sudbury, Ward Manager NSU, Sheffield Children's Hospital • Karen Williams, Regional Co-ordinator, Bliss • Kathy Parke, Ward Manager, Rotherham • Kavi Aucharaz, Consultant, Barnsley • Keely Turner, Matron, Chesterfield, • Lai Men Wong, Consultant, Doncaster and Bassetlaw • Louise Crabtree, Lead Nurse, ODN • Neme Leton, ST8 Paediatrics, SCH • Nic Medd, Consultant Paediatrician, Chesterfield • Nigel Brooke, Consultant, Doncaster and Bassetlaw • Pauline Adiotomre, Consultant, Grimsby • Sarah Judd, Ward Sister, Scunthorpe 	<ul style="list-style-type: none"> • Caryl Skene, Neonatal Nurse Consultant, STH • Cath Smith, Guideline & Education Lead, Y&H Neonatal ODN • Charlotte Bradford, Information Manager, Y&H Neonatal ODN • Helen Brown, Network Director, Y&H Neonatal ODN • Suzanne Palmer, Lead Nurse, Embrace • Jennifer Copley, Deputy Ward Sister, Grimsby

No.	Item	Action
1.	<u>Welcome & Introductions</u> <ul style="list-style-type: none"> ELP welcomed all attendees to the meeting and introductions were made around the table. 	
2.	<u>Minutes from the last meeting held 15 January 2018</u> <ul style="list-style-type: none"> Agreed as a true and accurate record. 	
3.	<u>Matters Arising</u> <ul style="list-style-type: none"> Units have circulated Health Safety Collaborative emails amongst colleagues. Parent App changes have been made but there is a delay in implementing these. 	
4.	<u>Updates/Standing Items</u> <ul style="list-style-type: none"> CRG Update – DE advised that the Neonatal Transformation Report is still embargoed and was aware of the delay in receiving QST final reports. AF agreed to contact a BAPM representative regarding this. <i>During the meeting AF updated the group and advised that draft QST reports have been emailed to reviewers and should be received shortly.</i> BAPM were also aware of the delay in publishing the transformation report but did not have a role in this process. Education & Guidelines Update <ul style="list-style-type: none"> Hypotension and Coagulopathy – Both have been circulated to the Network for comment. Hypoxic Ischaemic Encephalopathy including Total Body Cooling (Pan Network Guideline) – The guideline is due for review. HT asked for volunteers to form a small working group (<i>deadline 14 May 2018 for volunteers</i>). An email will be circulated shortly to all nurse and clinical leads with further details. It is hoped that the guideline will be ready for ratification at the Neonatal EGM in October. Other info – A list of the BAPM Guidelines has been consulted to identify guidelines to be reviewed as a priority. HT to circulate the programme for information. NHS Networks – LG confirmed that there is a tab at the top of the Guidelines page which can be selected to ensure Guidelines appear in alphabetical order. Ignaz - NM enquired how those Trusts who already use Ignaz would access the Network Guidelines? LG confirmed that the Y&H Neonatal Guidelines menu would automatically appear on the Trusts menu. There are still a couple of outstanding issues regarding accessing PDFs/Images via the app at present but it is hoped these will be resolved shortly in order for roll out to commence. Future Education Dates – see here HT added that an increase of attendance from more Registrars and Doctors would be helpful. Annual Conference 2018 – HT thanked all those that attended. An evaluation of the day will now take place. Consultant Stabilisation Days – These have been offered out to take place in individual units to help keep skills such as intubation up to date. Please contact ODN_Education@sch.nhs.uk for further information. KP 	<p style="text-align: center;">All</p> <p style="text-align: center;">HT Enc</p>

	<p>was interested to arrange a further training day due to recent staff changes. All units were asked to share any latent risks identified with the ODN.</p> <ul style="list-style-type: none"> • Embrace – LCr informed attendees of the Time Critical Education Days which are being run by Embrace. Further information may be obtained at ODN_Education@sch.nhs.uk • Network PN – Unfortunately delays have been encountered in relation to the procurement process. Chris Day continues to lead on the topic and is trying to push forward. • Surge & Escalation – LCr advised that the document is now in final draft status (v4). The escalation algorithm contained within the document was obtained from Rotherham and will be rebranded. DE is to circulate again for final comments shortly in order for this to be ratified at October's Neonatal EGM. • Repatriation – A discussion took place regarding breaching 48 hours – it was noted that this includes babies out of network also. A flowchart had been circulated to the Network previously. ELP asked that units are mindful of accepting babies (transferring in from another network particularly) if on the cusp of the pathway (e.g by gestational age or ventilation). It was mentioned that CENTRE do contact units directly and not Embrace. HT agreed to investigate further and to discuss with CHarrison and Embrace. Units to review guidance given to staff regarding accepting transfers. • Parent App Update – LG advised that the amendments had been made to the app but have not gone live just yet. There are question marks around how much the app is being used. STH have added the QR code for the app to the back of their Family Matters booklet. 	<p>HT/CS All</p> <p>DE</p> <p>All</p> <p>HT</p> <p>All</p>
5.	<p><u>Information & Data</u></p> <ul style="list-style-type: none"> • The Neonatal Dashboard was presented by ELP. <ul style="list-style-type: none"> - PN by day 2 – This is a bit hit or miss. Network PN should help with this. Most units have a fridge with PN on the unit. - Admission Temperature – This is improving, with most units now Green for babies <36 degrees. Barnsley now have a workstream. Rotherham have slipped from Green to Red. - 2 Year Follow Up – Huge improvement from Barnsley going from 0% to 82% achieved by having a single consultant responsible for 2 year follow up. Numerous other units remain Red. - 1st Consultation within 24 hours – The Network remains Amber. It was suggested that Parents could be telephoned if not on the unit. If the first episode of care took place at an out of network unit this should not appear be included in Y&H numbers, similarly it is only 1st episode of care that is counted here (so all transfers excluded) - Antenatal Steroids – The Network is now at 90%. NNAP have suggested reviewing the babies that did not receive steroids. - Temperatures taken within 1 hour – Rating parameters have been amended. There is still work required here for the Units. 	

	<ul style="list-style-type: none"> - Breast Milk – No improvement here. Claire Blythe will work with the Network to help improve this and will look at the BadgerNet data. - ROP Screening – There is a national shortage of Ophthalmologists. Scunthorpe are only visited once a week-they are to review the data for this quarter. Retcams have been suggested at Grimsby - they asked if there was a network plan for this? not currently. There is a 2 week window for NNAP. - Magnesium Sulphate – Rating parameters have been amended. There has been a general improvement. - Temperature Dashboard – To be circulated to the Network shortly. 	<p>Scunthorpe to review ROP</p> <p>CB</p>
6.	<p><u>Discussion Topics/Clinical Issues</u></p> <ul style="list-style-type: none"> • Family Involvement in Care – The meeting in Leeds went well. A Network-wide Parent Charter was discussed at the meeting in Leeds. Parent Representatives are also looking at this. The “old” South version of the document has been circulated to the Network. Nasogastric Tube Packages are being used. Now looking at a Basic Care Package. JS advised that SCH have their own ng feeding competency package and are questioning the use of the Network Framework and the governance - currently SCH are requesting that their package be undertaken irrespective of previous learning. LCr/DE confirmed that the package/minimum standards that all unit’s packages must include would be ratified and agreed at the Y&H Neonatal EGM for use across the Network to help with SCH governance issues. LCr/DE to liaise directly with JS to clarify. A further FiC meeting has been scheduled for 6 June 2018. • Bliss Update – <ul style="list-style-type: none"> - Baby Charter – All units continue to work on the audit. The Jessop Wing are due for 2nd assessment and Barnsley are nearing a pre assessment. - Impact Survey – KW thanked all those who had completed the survey, with 69 responses being received. The results are now to be analysed with the results to be shared shortly. KW encouraged units to contact her direct if they would like her to visit. - Bliss Volunteers – Training took place 19/20 April in Leeds. Recruitment has been rolled out nationally and opens 6 weeks prior to training. - FINE Training – 26/27 November, Manchester. Please sign up if interested. - Sofab – KW to circulate to information on funding available from this charity. <p>Exception Reporting – ELP stated that as a network we should be achieving 85% of <27 weeks babies delivered in a Tertiary Centre. Individual cases were discussed.</p> <p><u>Learning Points</u></p> <ul style="list-style-type: none"> ○ To remember about the “indications for tertiary centre consultation” guideline. There were 2 infants who were ventilated with PIP of 30 which is pretty high and needs 	<p>LCr/DE/ JS</p> <p>KW</p> <p>All</p>

	<p>careful consideration. https://www.networks.nhs.uk/nhs-networks/yorkshire-humber-neonatal-odn/guidelines-1/guidelines-pdf-format/south/tertiary-centre-consultation-neonatal-transfer/file_popview</p> <ul style="list-style-type: none"> ○ To remember the need for discussion at 48 hours - this allows the network/transport team to plan for potential transfers - from the last group 3 units did not follow this guidance ○ Remember to include Embrace in discussion with the surgical team (as there may be other aspects of care outside that also need considering which are outside the surgical team's expertise) ○ For SCBUs to remember their threshold for referral/discussion (UVC is an indication) ○ There seemed to be a number of infants with pneumothoraces - it would be useful to add this to the agenda for discussion at the next forum. This is something Embrace have also identified. <ul style="list-style-type: none"> ● Network Infection Control Guideline – A 2nd Draft will be circulated shortly and it is aimed for this to be ratified at the next Neonatal EGM. ● Pan London Perinatal Mental Health Guidance for Newborn Assessment – The Guideline is for the assessment of infants born to mums with mental health problems. Could this be adapted and implemented across the Y&H Neonatal Network? 	<p style="text-align: center;">LCr/ELP</p> <p style="text-align: center;">CS/HT</p>
7.	<p><u>Clinical Presentation</u></p> <ul style="list-style-type: none"> ● LMW gave a presentation on a rare case which took place at Bassetlaw. ● Discussion also took place regarding a Difficult Airways Guideline and the intubation of smaller babies. It was agreed amongst the group that assistance should be sought from another colleague following 2 failed attempts. Units were encouraged to share their local difficult airways guidelines. ● EP suggested the use of the Critical Skills Competency Form which may be used along with an appraisal for permanent medical staff (consultant/staff grade/clinical fellow. 	<p style="text-align: center;">ALL to ensure they have a guideline/know how to use it</p>
8.	<p><u>Any other business</u></p> <ul style="list-style-type: none"> ● Long Lines – CH asked the group which L1 or L2 units stock these? Embrace are thinking about removing from their stock therefore would like to ensure units have access to these. All units confirmed that they stock these items. ● Ceflotaxime – ES asked for clarification on the use of this drug (mentioned at Neonatal conference)- Bradford are using it for infants on the postnatal ward requiring courses of antibiotics after the initial dose of benzyl penicillin/gentamicin to allow the midwifery team to delivery antibiotics more confidently. This is outside NICE guidance. ● Kaiser App – Rosin McKeown-Carter had presented at the Neonatal Annual Conference and had stated that this had helped reduce the use of antibiotics. ELP asked that all units ensure they are aware of the risks associated with this as all 	<p style="text-align: center;">All</p> <p style="text-align: center;">All</p>

	<p>babies would need reviewing more frequently if not using antibiotics.</p> <ul style="list-style-type: none"> • Rapid Diagnostic Tool for blood cultures – This is still being automated and STH may review the use of it in the future. • QST Visits/Reviews – CH asked for advice regarding the decoration of the STH/JW Counselling Room as there was a lack of clarity with what that meant. The QST had suggested this was not fit for purpose. DE to arrange to visit • Gram Negatives – A number of babies have been identified at STH/JW with a variety of gram negative colonisations and this is felt to be secondary to basic infection control concerns. Beds remain open, deep cleaning is taking place along with education. • Probiotics – STH/JW have commenced the use of Probiotics. There are 2 different types of friendly bacteria and should be stopped at 34 weeks corrected. ELP to circulate the JW guideline with the minutes. • ATAIN – The key points for ATAIN are to keep babies warm, help with feeds and to keep mothers and babies together. DE had previously circulated an email along with relevant enclosures to all Neonatal Clinical/Nursing Leads. From 1st April all units have been asked to commence the completion of the audit forms. The forms should be completed by Midwifery and Neonates and an ATAIN Lead should be put in place at each Trust. DE is happy to help and advise units with queries. ELP asked for clarity on where the completed audit forms should be returned and whether these would be checked at all? DE to confirm. 	<p style="text-align: center;">DE</p> <p style="text-align: center;">ELP/LG</p> <p style="text-align: center;">DE</p>
9.	<p>Diary Dates for 2018</p> <p>Clinical Forum (South)</p> <ul style="list-style-type: none"> • Thursday 5 July 2018 - 9:30am -1:00pm • Wednesday 17 October 2018 - 9:30am -1:00pm <p>Mortality Review Panel</p> <ul style="list-style-type: none"> • Thursday 5 July 2018 - 2.00 - 4.30pm • Wednesday 17 October 2018 - 2.00 - 4.30pm <p>Education</p> <ul style="list-style-type: none"> • Improving Perinatal Outcomes - 16 May 2018 – <i>Obstetricians running this. Registration not required. In the afternoon the Learning Systems meeting. DE will give a precis of Michelle Upton’s presentation on ATAIN.</i> • Preterm Stabilisation - 21 June 2018 • Surgical Stabilisation - 8 October 2018 	