



# YORKSHIRE & HUMBER NEONATAL SOUTH CLINICAL FORUM

**THURSDAY 5 JULY 2018, 9.30AM – 1.00PM**  
**DON VALLEY HOUSE, SAVILE STREET, SHEFFIELD, S4 7UQ**

Present	Apologies
<ul style="list-style-type: none"> <li>• Alison Boldy, Lead Senior Sister, Doncaster &amp; Bassetlaw</li> <li>• Angela Whelton, Lead Nurse for Neonates, Barnsley</li> <li>• Claire Blythe, Leadership Fellow, SCH</li> <li>• Claire Howard, Matron, Jessop Wing</li> <li>• Elizabeth Pilling, Clinical Lead/Consultant, ODN/STH (<i>Chair</i>)</li> <li>• Emma Ellis, Neonatal Sister, Jessop Wing</li> <li>• Jo Sudbury, Ward Manager NSU, Sheffield Children's Hospital</li> <li>• Karen Williams, Regional Co-ordinator, Bliss</li> <li>• Kathy Parke, Ward Manager, Rotherham</li> <li>• Kavi Aucharaz, Consultant Paediatrician, Barnsley</li> <li>• Lisa Gorry, Network Co-Ordinator, ODN (<i>Minute Taker</i>)</li> <li>• Louise Crabtree, Lead Nurse, ODN</li> <li>• Nic Medd, Consultant Paediatrician, Chesterfield</li> <li>• Pauline Adiotomre, Consultant, Grimsby</li> <li>• Shashi Vishwanath, Consultant Paediatrician/Neonatal Lead, Rotherham</li> </ul>	<ul style="list-style-type: none"> <li>• Aiwyne Foo, Consultant, Chesterfield</li> <li>• Catherine Smith, Education and Guideline Lead, ODN</li> <li>• Charlotte Bradford, Information Manager, ODN</li> <li>• Denise Evans, Lead Nurse, ODN</li> <li>• Helen Brown, Network Director, ODN</li> <li>• Keely Turner, Matron, Chesterfield,</li> <li>• Nigel Brooke, Consultant, Doncaster &amp; Bassetlaw</li> </ul>

No.	Item	Action
1.	<u>Welcome &amp; Introductions</u> <ul style="list-style-type: none"> <li>• ELP welcomed all attendees to the meeting and introductions were made around the table.</li> </ul>	
2.	<u>Minutes from the last meeting held Monday 30 April 2018</u> <ul style="list-style-type: none"> <li>• Agreed as a true and accurate record.</li> </ul>	
3.	<u>Matters Arising</u> <ul style="list-style-type: none"> <li>• There were none.</li> </ul>	
4.	<u>Matters Arising</u> <ul style="list-style-type: none"> <li>• CRG – Units are now in receipt of their individual QST Reports. An overarching report has not been issued as yet.</li> <li>• Parent Representatives (Update from Karen Williamson, Bliss &amp; Louise Crabtree)               <ul style="list-style-type: none"> <li>- :- Cat Wilkinson, Dawn Fleming and Rachel Roberts.</li> <li>- There are concerns that the Parent Representatives are under-</li> </ul> </li> </ul>	

	<p>utilised. Should the Y&amp;HNN take the same approach as the North West whereby each unit is allocated a Parent Rep? What else could Units involve them with?</p> <ul style="list-style-type: none"> <li>- The Bliss Parent Volunteer and Network Parent Representatives are 2 separate roles.</li> <li>- KW suggested an awareness/engagement event or for a Parent Representative to give a presentation on the role at a Clinical Forum.</li> <li>- Could Bliss Volunteers work with the Parent Reps in order to feedback to the EGMs? KW to forward Bliss Volunteer names to LCr.</li> <li>- ELP felt that the Parent Rep feedback during the Peer Review visits was helpful.</li> <li>- JS to contact Parent Reps direct regarding visiting the SCH unit.</li> </ul> <ul style="list-style-type: none"> <li>• Guidelines <ul style="list-style-type: none"> <li>- 2 Year Follow Up – This has been removed from the Network Website and replaced with a link to the NICE Website/Guideline</li> <li>- Pan Network – CS and HT require volunteer input and to join working groups to contribute to these guidelines. 1 person will be required to lead on each guideline. CS/HT will email the group accordingly.</li> <li>- PPHN Guidelines is due for review.</li> <li>- Infection Control Guideline – LCr has a couple more amendments to make further to comments received. It is aimed for the final document to be ratified at the next EGM.</li> <li>- NHS Networks – LG advised that the Network Guidelines are now filed by Clinical Topic which should help when locating Guidelines.</li> </ul> </li> <li>• Ignaz – LG advised that unfortunately issues remained unresolved with the app therefore the Information Team are not in a position to roll this out just yet.</li> <li>• Education <ul style="list-style-type: none"> <li>- Surgical Education Day, Pinderfields - 8 October 2018, places still available please book via <a href="mailto:ODN_Education@sch.nhs">ODN_Education@sch.nhs</a></li> <li>- Pre Term, RHH, Sheffield - 21 June 2018 – Feedback was positive and the day went very well. LCr raised her concerns regarding the lack of awareness of the simulation groups regarding temperature.</li> <li>- Future dates for 2019 will be agreed and circulated shortly.</li> <li>- Consultant Skills Days will continue to be run throughout 2019. If units are interested in holding one of these events please contact CS/HT.</li> <li>- Critical Transfer Courses are run by Embrace, 3 units at a time, covering Paediatrics in the morning and Neonates in the afternoon.</li> </ul> </li> <li>• Network PN – A recipe has been agreed. A pharmacist from Y&amp;H Procurement has advised that this should be available December 2018. ELP to share Jessop Wing information and policies. CBI will assist with roll out.</li> <li>• Surge and Escalation Policy – The draft document may be accessed via NHS networks. The document has been circulated again for final comments and will be ratified at the EGM in September.</li> <li>• Parent App – The contract/licence has now expired and statistics have shown that usage/downloads are very low. This was discussed at the EGM and was agreed to be discussed further at the Clinical Forums. It</li> </ul>	<p style="text-align: center;">KW</p> <p style="text-align: center;">ELP/CBI</p>
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	<p>is proposed that an NHS Networks site is set up, aimed at Parents only. All attendees were in agreement with the proposal. It was suggested that Parent Representatives are asked for their input on the website. LG to contact Parent Representatives.</p> <ul style="list-style-type: none"> <li>• Transitional Care – DE will visit all units. It is important that the Proforma is completed after antibiotics are reviewed. ELP agreed to circulate the proforma used at Jessop Wing (with minimum dataset). PA to circulate NLAG Transitional Care Guideline and documentation.</li> <li>• Atain <ul style="list-style-type: none"> <li>- E-learning module available.</li> <li>- All units confirmed that they have commenced reviewing term admissions.</li> <li>- It was noted that units are approaching the task in a slightly different way and in a way which can be managed within their individual units.</li> <li>- Q. Is there a local guideline on low PH? <i>No</i></li> <li>- Q. Can we reduce administering antibiotics? <i>There are concerns re NICE early Sepsis Guideline. KP tool brought antibiotic use down in the US. Analysis of the KP Tool will take place in the UK and this may be something which we the Network could look at, although ELP had concerns re high level of staff resource required in order to fulfil this. Chesterfield would be happy to participate.</i></li> </ul> </li> <li>• Rapid Blood Culture – Was trialled by Jessop Wing and is due to be re-launched. Automation can be difficult. ELP to keep the group informed of developments</li> </ul>	<p>LG</p> <p>ELP/PA</p> <p>ELP</p>
<p>5.</p>	<p><u>Information &amp; Data</u></p> <ul style="list-style-type: none"> <li>• Local and National Dashboard – (April 17 – March 2018) <ul style="list-style-type: none"> <li>- Temperature – Improvement. RAG parameter has been amended. It was agreed that extra training on Temperatures for Junior Doctors would be beneficial. All delivery rooms should be 26 degrees. ELP to forward Temperature Plan Form to the group. Temperature probes may be inserted into monitors to alert staff to temperature. Embrace use heat pads which can be transported.</li> <li>- Antenatal Steroids – Slight reduction. Maternity Network will take on some responsibility for this although Neonates should continue to drive improvements.</li> <li>- Breast Milk at Discharge – CBI will assist units in her new role by analysing BadgerNet data with Charlotte Bradford (CBr) to identify areas for improvement. The sharing of good practice from unit to unit is planned. It was noted that the metric will only include babies cared for in that particular unit.</li> <li>- ROP Screening – Problems continue for Scunthorpe/Grimsby. PA advised that there are plans for an Ophthalmologist to be trained as back up.</li> <li>- PN by day 2</li> <li>- Admission Temp – no changes.</li> <li>- 2 Year Follow Up - Barnsley have made a good improvement. It was discussed how there may be a number of reasons for the low numbers across the network e.g parents not attending, health visitor completing, it was agreed that better communication is required.</li> <li>- 4 year follow up? – Babies less than 28 weeks should be followed up. It is anticipated that these will be low in numbers.</li> </ul> </li> </ul>	<p>ELP</p>

	<ul style="list-style-type: none"> <li>- 1st Consultation within 24 hours – Numbers have slipped and this may be down to data issues? ELP reminded the group that phone calls are acceptable.</li> <li>- Magnesium Sulphate – The Maternity Network are taking this on and the RAG has been amended.</li> </ul>	
6.	<p><u>Discussion Topics/Clinical Issues</u></p> <ul style="list-style-type: none"> <li>• Parent Passport – LCr advised that a further meeting has been scheduled for 25 July at Embrace Transport Service Offices. The NG Feeding Packages are being used. There are plans to move on to a Basic Care Package next. LCr will establish which units have FINE training. Units are reminded that packages should accompany a baby when being moved from hospital to hospital. The Parent Representatives continue their involvement in developing the Packages. The concerns raised by JS at the previous meeting had been addressed and resolved. HB has asked that each package is brought to the EGM for individual ratification as per the process for Network Guidelines.</li> <li>• Exception Reporting <ul style="list-style-type: none"> <li>- Individual cases discussed.</li> <li>- Off Pathway Transfers – Discussed CENTRE referrals direct to units for postnatal transfer (2 cases of infants going to LNU from Trent network, that would be in NICU in Y&amp;H network therefore subsequently requiring onward transfer). Some units now referring CENTRE to Embrace who will be more aware of network wide situation and also appropriateness of specific baby going to specific cot. Also some discussions occurring at ODN/Embrace level with CENTRE and Trent network regarding pathways).</li> <li>- Please let LCr or ELP know if unable to repatriate babies back to out of network hospitals.</li> </ul> </li> <li>• Pan London Perinatal Mental Health <ul style="list-style-type: none"> <li>- Guidance for Newborn Assessment – It was agreed that units are to decide locally whether to use or not.</li> </ul> </li> </ul>	<p>LCr</p> <p>All</p>
7.	<p><u>Clinical presentation</u></p> <ul style="list-style-type: none"> <li>• Barnsley – given by KA.</li> </ul>	
8.	<p><u>Any other business</u></p> <ul style="list-style-type: none"> <li>• Bliss Update – KW informed of the group of forthcoming changes in staff. All units are now on to Baby Charter audit 2 apart from 1. Pre assessments at Barnsley and Sheffield have taken place and feedback will be shared with the units shortly. KW will hold an open session following today's meeting to answer any questions. KW thanked all those who had completed the Impact Evaluation Survey, results will be shared with the group shortly. FINE training for Level 1 will take place in Manchester on 26 and 27 November 2018. SoFab are offering funding for this and can be contacted via Facebook.</li> <li>• Future Meetings – ELP asked the group for their feedback on the currently format of the agenda and if they were happy with this? There were no issues and it was agreed to stay with the current agenda. Possible suggestion was for the Mortality Review Panel to commence earlier at 1.30pm instead of 2.00pm – ELP to discuss with Kirsteen. <i>Post meeting note: This has been agreed, LG to amend venue and future agendas</i></li> <li>• Presentations from units – AB and NB to present from Doncaster &amp; Bassetlaw at the next meeting (keen for MDT discussions, not just</li> </ul>	<p>ELP</p> <p>LG</p>

	<p>medical cases).</p> <ul style="list-style-type: none"> <li>• 2019 Conference – The group were asked to start thinking about possible topics for poster presentations. A provisional date of 25 April 2019 has been agreed.</li> <li>• Transport Incubators – HT has requested that all units send her a photograph with height measurement. Issues may be encountered as defibs have been fitted on the walls of certain ambulances and this is interfering with incubators for time critical transfers. HT will liase with YAS.</li> </ul>	All
8.	<p><b>Diary Dates for 2018</b></p> <p>Clinical Forum (South)</p> <ul style="list-style-type: none"> <li>• Wednesday 17 October 2018 - 9:30am -1:00pm</li> </ul> <p>Mortality Review Panel</p> <ul style="list-style-type: none"> <li>• Wednesday 17 October 2018 - 1.30 - 3.30pm (note change in time)</li> </ul>	All