

Yorkshire & Humber Neonatal ODN Clinical Forum (South)

Wednesday 7 October 2020, 10am – 12noon
Conference call via MS Teams

Present	Apologies
<ul style="list-style-type: none"> ▪ Isabelle Bradbury, Acting Matron, Doncaster ▪ Charlotte Bradford, Senior Information Manager, ODN ▪ Tracey Cole, Network Co-ordinator, ODN ▪ Louise Crabtree, Lead Nurse, ODN ▪ Aiwyne Foo, Consultant, Chesterfield ▪ Nicola Hunt, Neonatal Nurse Educator, ODN ▪ Sarah Judd, Ward Manager, NLAG ▪ Becky Musson, Consultant, STH ▪ Rasheed Oba, Neonatal Lead, Scunthorpe ▪ Kathy Parke, Ward Manager SCBU, Rotherham ▪ Elizabeth Pilling, (Chair) Lead/Consultant, ODN/STH ▪ Syam Pramod, Consultant Paediatrician, Doncaster & Bassetlaw ▪ Kirsty Quibell, Neonatal Nurse Educator, ODN ▪ Cath Smith, Consultant Neonatologist STH/ Education & Guideline Lead ODN ▪ Jo Sudbury, Ward Manager NSU, SCH ▪ Hazel Talbot, Education & Guideline Lead ODN/ Consultant Embrace ▪ Angela Whelton, Lead Nurse, Barnsley ▪ Lai Men Wong, Doncaster & Bassetlaw 	<ul style="list-style-type: none"> ▪ Bethany Andrew, Nurse Educator, ODN ▪ Bianca Bane, Sister, NSU/Acting Ward Manager SCH ▪ Alison Boldy, Matron, Doncaster ▪ Nigel Brooke, Consultant, Doncaster ▪ Caroline Davies, Lead Senior Sister, SCBU, Doncaster ▪ Jailosi Gondwe, Consultant, NLAG ▪ Cath Harrison, Neonatal Clinical Lead - Embrace ▪ Claire Howard, Matron, Jessop Wing ▪ Olu Seidu, Consultant, Barnsley ▪ Soma Sengupta, Consultant, Rotherham ▪ Emma Spicer, Ward Sister, Grimsby ▪ Keely Turner, Matron, Chesterfield ▪ Jo Whiston, Lead Nurse, Embrace

No.	Item	Action
1.	<p>Welcome & Introductions</p> <p>ELP welcomed all attendees to the conference call and introductions were made.</p>	
2.	<p>Minutes from the previous meeting</p> <p>The minutes of the previous meeting held on Thursday 4 June 2020, were approved.</p>	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> ▪ Polyhydramnios/routine passing of NG tubes (CS/HT) HT informed the group that a trainee from Embrace had been asked to look at the evidence for or against this routine intervention. It is felt that this is not/should not be routine practice for polyhydramnios alone and a statement rather than a guideline will be produced. CS asked if this statement could be included within an existing guideline as an appendix. HT will discuss with Fiona Metcalfe. An update will be provided at the next meeting. All in attendance were content with this way forward. 	<p>HT Admin</p>

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	<p><i>Post meeting note: the BAPM difficult airway framework has now been published - https://www.bapm.org/resources/199-managing-the-difficult-airway-in-the-neonate</i></p>	
5.	<p>Standing Items</p> <p>Clinical Lead Update:</p> <ul style="list-style-type: none"> <p>▪ Neonatal Critical Care Transformation Review A workshop has been arranged by the ODN regarding implementing the NCCR recommendations across the Y&H ODN. All were encouraged to attend the “Action 1: Aligning Capacity” workshop which will take place on Wednesday 4 November, between 10am – 1pm via MS Teams. Registration is via Eventbrite: https://www.eventbrite.co.uk/e/yh-neonatal-odn-implementing-nccr-action-1-aligning-capacity-tickets-124276892531</p> <p>▪ GIRFT Update ELP informed all that the action plan will be circulated. Visits by the GIRFT Team to individual units will also take place shortly.</p> <p>▪ National Tariffs Meetings had taken place in August, facilitated by HB and CB in order to help units with their data submissions. The importance of obtaining the correct tariffs was highlighted, therefore if there are any outstanding queries or if you would like your data verified prior to submission, please contact CB.</p> <p>▪ Covid Update CRG were keen for the ODN to circulate the Covid update which was sent out with the papers. A key point was noted that there should be no parental separation. BAPM are revising their Covid guideline. It was noted that there does not seem to be a big problem in neonates as babies at birth do not seem to be affected by Covid, however workforce and other factors within neonates could be impacted by pressures from other areas. Once available, Admin will circulate the revised BAPM guideline.</p> <p>▪ Inter-unit Communication (national surveys) The ODN receive surveys to circulate and ELP said it would be helpful to know if colleagues have a preference for receipt of these, e.g. as they are received or sent on a monthly basis? It was agreed that the ODN will continue to circulate such surveys as they are received.</p> 	<p style="text-align: center;">All</p> <p style="text-align: center;">ELP/ Admin</p>
	<p>▪ Lead Nurse Update:</p> <ul style="list-style-type: none"> <p>• Staffing/workforce A costed staffing plan will need to be produced for next year in order to obtain funding. Units should make contact with their local HOM for further information.</p> <p>• Capacity and Repatriation LC informed all that capacity is currently ok. Leeds are in the middle of building work and therefore have reduced cots, however they are still receiving their own referrals as well as helping with others.</p> <p>All were urged to continue reporting cot status on BadgerNet at least twice a day (morning and evening), three times a day if possible as we go into the</p>	<p style="text-align: center;">All units</p> <p style="text-align: center;">All</p>

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	<p>second wave of Covid. To support pathways and repatriations issues with surgical neonates a surgical nurse group has been established, the aim of the group has been to improve communication channels, share education and information.</p> <p>When transferring a patient, it is the referring unit's responsibility to handover, nurse to nurse.</p> <ul style="list-style-type: none"> • Parent Passport and Family Integrated Care A meeting had taken place recently, however the attendance was quite low. LC drew attention to a transfer document that will help staff at the receiving units to see what aspects of cares parent have been involved in. The document is on the ODN website under the Parent Passport heading. • Bliss update Bliss is looking at different ways of working through the use of a digital platform. A Parliamentary debate took place on 5 October regarding parental leave, we are awaiting the outcome. Bliss is encouraging all to allow both parents on to units and emphasised that parents are carers not visitors. 	All
6.	<p>Education and Guidelines</p> <ul style="list-style-type: none"> ▪ Education <ul style="list-style-type: none"> • Neonatal Virtual Annual Conference held 1 October 2020 There was good attendance at the conference and the feedback was also very positive. Those involved with arranging the conference were thanked. • Preterm/Golden Hour event - 8 October 2020 It was confirmed this event will go ahead via MS Teams. It was noted that not many ANPs and Medics had registered for the event and all were asked to encourage attendance within their units, particularly in these two groups. ▪ Guidelines/Leaflets <ul style="list-style-type: none"> • HT asked if there were any further comments for the Persistent Pulmonary Hypertension of the Newborn (PPHN) guideline, there were none. As agreed at the previous Executive Group, pending no further comments this guideline would be ratified. • All were asked if there were any further comments on the 22/40 Leaflet. It was noted at the previous Executive Group that this leaflet was more for information than policy. However, it was noted that the final version should be circulated to LMSs. • A query was raised by the Pre Meds Group as to whether any units have experienced issues with the use of opiates. All confirmed this was not an issue in the South. • The Renal Guideline was placed on the agenda in error and it was noted this is a North only guideline. 	All HT/CS
7.	<p>Nurse Educators</p> <ul style="list-style-type: none"> ▪ Update on the Foundation Programme and QIS The current Foundation Programme is about to conclude with the final day on 30 October at which students will be evaluated. The next Foundation Programme will commence on 19 October. It was highlighted that the Foundation Programme is the pathway to QIS. 	

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	<p>Those undertaking the QIS course in Leeds will be able to access 20 credit points and from next September Sheffield will offer the same opportunity. Staff will be able to access the Leeds course from January 2021. It is essential that the Foundation Programme is completed in order to access the QIS. The course will run in Leeds twice a year, and once a year in Sheffield. It was noted that the majority of other Networks are following a similar programme due to lack of QIS. HEE are also getting involved, it is hopeful that more funding will become available.</p> <p>The Nurse Educators are considering setting up a Group at which nursing guidelines and practice can be shared across the ODN. The following suggestions will be considered:</p> <ul style="list-style-type: none"> • Neonatal Catheterisation training package • Pressure area care assessment • Gastro-oesophageal reflux • Neonatal infant feeding leads <p>Any further suggestions can be forwarded to Kirsty Quibell and Nicola Hunt.</p>	
8.	<p>Information and Data</p> <ul style="list-style-type: none"> ▪ Exception Reporting The following exception reports were discussed among the group - AIEE7C; AUT57C; ATJY9C; AM6C9C; ARF61C; ARF61C; A4Q32C; A5C73C; AVJZ1C. <p>It was agreed these cases could be closed on the exception tracker, with the exception of case AVJZ1C which remains open.</p> <p>Learning Points</p> <ul style="list-style-type: none"> • It is important that discussion with Tertiary Centres is documented in the baby's notes. • Ventilated babies should have at a minimum a daily consultant review. • Medic to medic handover should take place prior to transfer or repatriation. • Babies just below 800g should be delivered in tertiary centre, however if this was not possible they need discussion with a tertiary centre, and in some cases with a stable baby, if both LNU and NICU are in agreement, may stay in LNU. 	LG
	<ul style="list-style-type: none"> ▪ Quality Dashboards – Local & National/ Y&H Neonatal Dashboard/ Y&H Temperature Dashboard/ Y&H Feeding Dashboard/Early Intervention Overview ELP briefly discussed the dashboards. It was noted that from January 2021, NNAP will monitor units on delayed cord clamping. All were reminded of the importance of accurate recording on BadgerNet. ELP requested that units check progress on their 2 year follow ups and it was also noted that the rate of cold babies had increased during Q1. 	
9.	<p>Any other Business</p> <ul style="list-style-type: none"> ▪ HT had been approached regarding two and three way splits on Umbilical Vein Catheter lines, it was noted that it is good practice ensure a two or three way connector is used in order to avoid interruptions and enable other drugs to be added. This is particularly the case for babies being prepared for transfer. It 	All

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	<p>was requested this be added to the exceptions learning points which can be located on the ODN website via the following link: Link to Exception Reporting - Shared Learning Flyer (7 Oct 20)</p> <ul style="list-style-type: none"> ▪ CS asked if all were content to continue proceeding with the collection of 22/40 data from across the Network. There were no objections and once collated this information will be circulated. ▪ LC presented on the car seat challenge. It was noted that there are no car seats for low birth weight babies below 3.4kg, therefore seats are padded out. The issue has been raised with the Royal Society for the Prevention of Accidents, regarding the actual and perceived risk. As there is currently no information on low birth weight babies all Networks have been asked to provide data (anonymous) over a 3 month period. All units were asked if they would be happy to take part and this was agreed. LC will circulate the relevant forms and the presentation will also be circulated. <p>LC briefly referred to the LMS “Don’t shake your baby” event, it was noted that midwives are using a training package on the following website: https://iconcope.org/</p> <ul style="list-style-type: none"> ▪ ELP referred to the BAPM antenatal optimisation toolkit, it was agreed this be shared in these minutes: https://www.bapm.org/pages/194-antenatal-optimisation-toolkit ▪ LC commented that a number of LNUs had reported they were not able to accept babies on to the unit if they are on continuous feeds. This can have a knock on effect and cause capacity issues for NICUs. It was noted that nurses will re-pass the NG tubes if possible as often there is no radiologist on site but sometimes it is necessary to call upon Embrace. HT voiced concerns that babies on continuous feeds can be a red flag as sometimes the baby once transferred may need to be moved back to a NICU. It was agreed that the Jessop Wing guideline on Jejunal feeding (neonates) would be circulated with the draft minutes of this meeting for information. 	<p style="text-align: center;">LG</p> <p style="text-align: center;">CS</p> <p style="text-align: center;">LC/Admin</p> <p style="text-align: center;">ELP/ Admin</p> <p style="text-align: center;">ELP/ Admin</p>
10.	<p>Dates and times of future meetings</p> <p>Clinical Forum – South</p> <ul style="list-style-type: none"> ▪ Thursday 14 January 2021, 10am – 12noon, via MS Teams. <p>Mortality Review Panel - South</p> <ul style="list-style-type: none"> ▪ Thursday 14 January 2021, 1pm – 4pm, via MS Teams. <p>NCCR Implementation – Virtual Workshop 1 – Aligning Capacity</p> <ul style="list-style-type: none"> ▪ Wednesday 4 November 2020, 10am – 1pm, via MS Teams <p>Joint Forum</p> <ul style="list-style-type: none"> ▪ Date to be confirmed <p>Executive Group Meetings</p> <ul style="list-style-type: none"> ▪ Thursday 3 December 2020, 1.30 – 4.00pm, via MS Teams 	