

YORKSHIRE AND HUMBER NEONATAL ODN EXECUTIVE GROUP MEETING

**THURSDAY 6 DECEMBER 2018, 1:30PM TO 4.00PM
HATFEILD HALL, WAKEFIELD , WF3 4 JP**

Present	Apologies
<p>Aiwyne Foo, Consultant, Chesterfield Alison Martindale, LMS PMO, South Yorkshire & Bassetlaw Angela Whelton, Lead Nurse for Neonates, Barnsley Ashley Jennings, ODN Information Analyst, Y&H ODN Cath Smith, Education & Guideline Lead, Y&H ODN Charlotte Bradford, Information Manager, Y&H ODN Chris Edwards, CCG (<i>Chair</i>) Chris Emblem, Service Manager: Jessop Wing, STH Claire Hillitt, Clinical Network Manager, Y&H Claire Howard, Matron, STH Dan Dineen, ODN Manager, HC&V Denise Evans, Lead Nurse, Y&H ODN Elizabeth Pilling, Clinical Lead, ODN Fiona Metcalfe, Lead Nurse: Neonatal Surgery, Leeds Hazel Talbot, Education & Guideline Lead, ODN Heather Whillance, Neonatal Service Co-Ordinator, STH Helen Brown, Network Director, ODN Hilary Farrow, Senior Midwife West Yorkshire & Harrogate Local Maternity System Jo Preece, Clinical Lead & Consultant Neonatologist, HEYT Jo Sudbury, NSU Ward Manager, SCH Jo Whiston, Interim Lead Nurse, Embrace Karen Williams, Senior Healthcare Engagement Officer, Bliss Karin Schwarz, Neonatal Lead Consultant, Calderdale & Huddersfield Louise Crabtree, Lead Nurse, ODN Louise Smith, Senior Sister, Mid Yorkshire Matthew Babirecki, Consultant, Airedale Nigel Brooke Rabina Ayaz, Project Manager: PMO, NHS North Derbyshire CCG Sunita Seal, Neonatal Consultant, Bradford Vikki Smith, Unit Manager, York</p>	<p>Alison Boldy, Lead Nurse, Doncaster & Bassetlaw Hospitals Catherine Harrison, Neonatal Clinical Lead, Embrace/Leeds Chris Beattie, Head of Paediatric and Neonatal Services, Doncaster & Bassetlaw Chris Day, Clinical Lead, Y&H ODN Chris Wood, Consultant, Hull Gemma Orr, Operational Manager, SCH Kate Lamming, NICU manager, Hull NICU Kathy Parke, Ward Manager: SCBU, Rotherham Keely Turner, Lead Nurse, Chesterfield Kirsty Randell, Matron for Children's Services, Airedale Maureen Issott, Deputy Network Manager Sarah Halstead, Senior Service Specialist & Right Care Associate, NHSE Sayed Jamal Ahmed, Clinical Lead for Neonates, Doncaster & Bassetlaw Sharon English, Lead Clinician, Leeds Sundeep Sandhu, Consultant, York Susan Langworth, Head of Children's Services, Mid Yorks</p>

ITEM		ACTIONS
1.	<p>Welcome, apologies and introductions</p> <ul style="list-style-type: none"> Chris Edwards welcomed the group to the meeting and introductions were made around the table. Apologies were received and noted as above. There were no conflicts of interest. It was noted that the meeting was quorate. It was acknowledged that no network parent representative was in attendance. AOB – It was raised that there is conflicting guidance online on the weight trigger for transfer, specifically for babies that weigh between 1000 – 1500g. BAPM guidance suggests that we should be starting Parenteral Nutrition (PN) on <1250g babies in the first 24 hours which is not appropriate. Other guidance instructs that <1500 grams is the cut-off point and the service spec says 1000 grams. CB noted that, across all special care units for an entire year, there were 3 babies that weighed less than 1500 grams who did not get transferred out. All 3 were 1460-1480 grams in weight and had 20 days of special care. Therefore the 3 babies in the anomaly weight window would not have been affected by this PN question. The group agreed that they should adhere to the service spec for weight trigger. Change the guidance to say the absolute trigger is a 1000g for transfer. 	CS/HT
2.	<p>Minutes of the last meeting held 6 Sept 2018</p> <ul style="list-style-type: none"> Accuracy & Actions – The minutes of the previous meeting were agreed as a true and accurate record. 	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> Review TOR - The group decided that they need to confirm who the surgical rep is, and that ‘... in attendance of LMS leads’ should be added. The TOR is to be reviewed again in 2 years. ROP Pathway – CD is working with HT at Embrace and an ophthalmologist to redraw the pathway. ELP will circulate this amongst the group. Palivizumab – Not discussed (enclosed for info only). 	<p>HB</p> <p>ELP</p>
4.	<p>Parent Engagement</p> <ul style="list-style-type: none"> Bliss Update – There have been no changes to the baby charter. Most units are now doing secondary audits. A new podcast has been launched on mental health, for both parents and staff. The mental health event in Manchester was a success. Care packages are being allocated and we will let the group know which units will receive them when decided. The topic of ‘support’ keeps coming up in the baby charter. All parents should be able to get support during admission, stay, and discharge. If anyone has any questions please contact KW. An update has been enclosed with these minutes detailing Bliss’ upcoming events. Parent Representative Update – Our 3 Parent Representatives (Reps) had a meeting and are in process of developing a parent-staff charter. One of the Reps is looking at the IUT leaflet, and one is still involved with the parent-passport group. The network is looking to enrol more Reps. It was raised that information on the role could be sent to the maternity voice partnerships. DE raised that Reps can often go on to become school governors or take on other roles so keeping them engaged is a constant focus. The role description has been circulated with these minutes. 	<p>Enc A</p> <p>Enc B</p>
5.	<p>National Reviews</p> <ul style="list-style-type: none"> Neonatal Transformation – DRAFT National Review Recommendations (Better Newborn Care) – ELP presented to the group on the Better Newborn Care report (this presentation had previously been presented at the joint clinical forum). The draft report is out now and the final version will be out in January 2019. Outcomes of extremely preterm infants are improving, but this has led to an increase in costs and cot pressures. Rates of <27 weeks born in NICU centres is getting better but is still an area to focus on; both nationally and in 	

	<p>Y&H we are a long way off target (85%). Mortality rates vary across the country, and there are discrepancies. Other key area is LNU recommendations for activity (HD+IC activity aiming at >1000 days/year) and advises that units should have expert medical staff (tier 2), with no responsibilities outside NNU, present 24/7. They suggest that this is a 5 year transformation programme. It was raised that having tier 2 staff present 24/7 may be a sticking point for some units. Group identified though that this is something that has to happen. Nurse staffing is also in the report with no intention of changing the current recommendations. The report endorses the Dinning tool for capacity calculations. There is a drive to put Neonates on the national agenda, and to have a Trust Board Neonatal Safety Champions to give equity with maternity. ELP clarified that once published, the network will have to write an implementation plan which will be submitted to the national transformation team.</p> <ul style="list-style-type: none"> • Final National QST Report – Not discussed (enclosed for info only). 	
6.	<p>Yorkshire & Humber Maternity Network</p> <ul style="list-style-type: none"> • Perinatal Mental Health Initiatives – This paper, on low to moderate perinatal mental health, went to the Workstream Delivery Group in September. It will be resubmitted to the national board on 12/12/18. The group felt that its content is suitable, so we now need to work together to achieve it. There is an LMS chapter on their services for low to moderate mental health needs. There will be an update when it is resubmitted. 	
7.	<p>Local Maternity Systems (LMS) – Current plans and priorities</p> <ul style="list-style-type: none"> • Derbyshire – have a strategic and operation board. Underneath that they have 3 key areas; 1) safe and effective care 2) health and wellbeing 3) choice and personalisation. Various other task and finish groups operate underneath that. They regularly report to NHS England and their next submission, on 21/12/18, will include maternity and neonates. They have received funding for training. They have had their last deep dive on their continuity of carer project, which is now in implementation process. A bid has been secured for 2 midwifery lead posts around the operating side of continuity of care. They have a digital maturity assessment that went live in April. Their health and wellbeing area have a breast feeding strategy and a smoking strategy that are both ending completion; both of which have another campaign starting in January. Their choice and personalisation area has set up midwifery hubs in the community. They are also looking at the workforce of neonatal units such as; what is the requirement of a midwife? Obstetrician? Next year they will start a personalisation care plan, a very early stages choice offer and single point of access. They also have a parents group on the go. • Humber Coast & Vale – have secured transformational funding in the sum of £289,000 and are currently trying recruit using these funds. They have set up a safety group. They aim to achieve 20% continuity of care by March 2019, and continue to require assurance on how to achieve this target. They are also working on 'choice' across the patch. They are establishing LMS guidelines to get them to regional guidelines. They have a LMS dashboard working on Precept. They are also looking at workforce, specifically the high number of staff coming up to retirement. They are working as well with NVP: money has been allocated to them to set up a more formal process. They are allocating roles for dedicated PA's – a lead midwife role and senior midwife roles. • South Yorks & Bassetlaw – have devolved their funding to the 5 different places in their patch. They are working on strengthening their local engagement and strengthening the LMS PMO team, which includes recruiting midwives in each of the services. They are conducting a review around the workstreams and the delivery of the LMS plan, specifically on whether it needs to be updated. Priorities; focus on preventing smoking, setting up a safety forum housed by the quality governance task & finish group, and to focus on vulnerable geographical areas. They have made some progress with wave 1 and wave 2 perinatal teams 	

	<p>and have made some impact on the lower perinatal groups. They have very good involvement from commissioners in working groups. Decisions are made on the ground and in our NVP teams.</p> <ul style="list-style-type: none"> West Yorks & Harrogate – The presentation slides are enclosed with these minutes. WY&H have an LMS board above an implementation group, which sit above their task and finish groups. They have safer maternity care group looking at how to establish prevention, postnatal care and perinatal mental health. The Neonatal aspect of their work also falls under safer maternity care. In their LMS plan they have pulled together perinatal outcomes. They plan to develop LMS wide Clinical Guidelines and Pathways. Their Neonatal trajectories: Halve-it Campaign: 20% reduction by 2020 & 50% reduction by 2025. Neonatal work so far includes; represented on LMS board and LMS implementation group, undertaken a safety forum, developed a LMS safety newsletter that will be circulated around the trusts, and got a band 7 new recruit for a 9 month contract to support each of the trusts with Precept. Their next steps are to continue working with the ODN and review the LMS plan: Neonatal section. They also await the publication of Better Newborn Care and of Saving Babies Lives v2 and will make LMS plans based on these publications. The group agreed that all LMS are welcome to come to future Executive Group meetings and will be added to the circulation list. A specific request for LMS for the best practice to share. 	<p>Enc C</p> <p>ST</p>
8.	<p>Integrated (Accountable) Care Systems (ICS)</p> <ul style="list-style-type: none"> Hospital Services Review - Not discussed. 	
9.	<p>Updates</p> <ul style="list-style-type: none"> Parenteral Nutrition – Date has not been set. We know what we want but they have not processed it. The group agreed to ask if SHal could write/intervene. Clinical Reference Group (CRG) - HB updated the group. The chair of the CRG will now send a quarterly update via the networks managers group. The scheme is being finalised the neonates part of that will include >27 week babies. They are looking at having Neonatal Champions in place. All trusts have seen their own reports / action plans and will be monitored by commissioners and the Neonatal ODN. They have commissioned services through the GIRFT team and want expressions of interest for a Neonatal GIRFT Lead. The ODNs service spec will be rewritten. The pricing group is still gathering data. Y&H have submitted all their data and were the only network that was 100% complete. DE asked if there was any mention of a transport rep on the Neonatal CRG? ELP and HB have noted the question. 	<p>SHal</p> <p>ELP/HB</p>
10.	<p>Data Reports</p> <ul style="list-style-type: none"> Y&H PReCePT data submission – We received a request from the national team to submit the regional data to the national team. Previously it was only shared regionally. The group agreed that they are happy the same data to be shared nationally. Nursing Acuity – CB presented to the group. CB reminded the group that the Nurse staffing is included in NNP report (2018 data) collected via Badger system. 	
11.	<p>Quality & Governance</p> <ul style="list-style-type: none"> Y&H Neonatal Dashboard – The Network dashboard for Q2 was presented. The key message this quarter is that there appears to be very little change from the previous quarter. Good practice has remained such, but the areas for improvement have seen very little change and in some cases have deteriorated. Collectively as a network there are still a number of units who are repeatedly showing as 'red' for two year follow up. In the previous quarter 9 units fell in to the red banding, but in Q2 this had risen to 13 with one unit achieving 0%. The Q2 dashboard can be found on the Network website here Y&H Temperature Dashboard – In order to provide a more comprehensive review of admission temperature, the network have developed a separate 	

	<p>dashboard.</p> <p>Each month Ashley Jennings will create a summary for each individual unit highlighting the admissions that month, across ALL gestations and distinguish the source of the admission. These summaries will be cascaded to the units monthly to the Lead Clinician and Lead Nurse. A quarterly summary will then be compiled and be brought to the Exec Board alongside the Network dashboard.</p> <p>The quarterly summary can be found on the network website here . A full overhaul of the network dashboard will take place next year and the temperature questions will be removed from it at that point.</p> <ul style="list-style-type: none"> • Y&H Maternity Dashboard – The next admission is at the end of December (quarter 2). They have gone on to version 2 and changed the colour of the report. There is an anomaly with the still birth data which will be discussed during their focus group. Moving on as normal. 	
12.	<p>Embrace</p> <ul style="list-style-type: none"> • Activity Report – Update enclosed with these minutes. Embrace currently have gaps on their medical rota, which is being monitored. They ask that everything possible is done on a local level before being referred to Embrace. Just-to-let-you-know calls are mostly unnecessary. Action – members to take to their units a reminder that the role of the Embrace is for transport and the tertiary services are for advice. • Y&H STOPP Tool – Enc G - for info only. 	<p>Enc D</p> <p>All</p>
13.	<p>Education, Training and Guidelines</p> <ul style="list-style-type: none"> • Education Update – Since the previous Executive Group meeting they have run 2 successful sessions. Firstly in Scarborough, they worked through airway intervention and discussed the challenges of a remote special care unit. It was very well received and attended and Scarborough plan to continue the sessions themselves on a regular basis. Secondly, they received very positive feedback from a network surgical day in Pinderfields. They had an overwhelming number of requests to attend so another session has been organised for 12/03/19. Future events – there is an end of life study day on 25/01/19 in Leeds which will feature a mix of skill and communications sessions, table-top exercises and speakers. There will be a preterm day in Hull on 11/06/19 and a communication day on 10/10/19 in Sheffield. The neonatal annual conference will be on 25/04/19 in Wetherby. The programme for that will be circulated soon, and members are encouraged to submit posters. • DE spoke to the group about Unity Day. They reviewed a new nurse passport, which has been created with the aim to bring the best practice in one document. It is almost ready to be finalised. They are also trying to streamline the induction package. They want to start taking people out of service for education days and asked members to take ownership of this as a network. This work is in its early stages but DE hoping all units will take this on board. • Guideline Ratification <ul style="list-style-type: none"> ○ Alprostadil – The group ratified this guideline. <i>Post meeting note: This has now been added to the Embrace Website. A link has been placed on Y&H ODN NHS Networks page.</i> ○ Long line Guideline – Minor amendments to be made. ○ Umbilical Line Guideline – To be added to March 2019 EGM agenda. ○ Congenital Brachial Plexus – Minor amendments to be made. ○ Process - The group discussed the different ways that the North and South produce and formalise their guidelines. HB acknowledged that we should be working together on these things. Agenda item for next meeting – discuss the ways in which the North and South can work together on producing guidelines and come up with a Y&H process. • Future events – not discussed. 	<p>All</p> <p>ST</p>
	<p>AOB</p> <ul style="list-style-type: none"> • A save-the-date will soon be circulated for a Joint Paediatric Critical Care 	

	Neonatal and Embrace event.	
	<p>Dates of Future Meetings</p> <ul style="list-style-type: none"> • Neo Exec: <ul style="list-style-type: none"> ○ Thursday 7 March 2019, 1.30pm - 4.00pm, Hatfeild Hall ○ Thursday 6 June 2019, 1.30pm - 4.00pm, Hatfeild Hall ○ Thursday 5 September 2019, 1.30pm - 4.00pm, Hatfeild Hall ○ Thursday 5 December 2019, 1.30pm - 4.00pm, Hatfeild Hall • Clinical Forum and Mortality Review Panel (South): <ul style="list-style-type: none"> ○ Thursday 31 January 2019, 9.30am – 4.00pm, Don Valley House ○ Friday 12 April 2019, 9.30am – 4.00pm, Oak House, Rotherham ○ Thursday 27 June 2019, 9.30am – 4.00pm, Don Valley House ○ October date TBC. • Clinical Forum and Mortality Review Panel (North): <ul style="list-style-type: none"> ○ Tuesday 5 February 2019, 9.00am – 4.00pm, Hatfeild Hall ○ Tuesday 9 April 2019, 9.00am – 4.00pm, Hatfeild Hall ○ Tuesday 25 June 2019, 9.00am – 4.00pm, Hatfeild Hall ○ Tuesday 8 October 2019, 9.00am – 4.00pm, Hatfeild Hall 	

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