

YORKSHIRE AND HUMBER NEONATAL ODN EXECUTIVE GROUP MEETING

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

Present	Apologies
<p>Aiwyne Foo, Consultant, Chesterfield Ann Fardoe, Unit Manager, Scarborough Hospital - York Cath Smith, Education & Guideline Lead, ODN Charlotte Bradford, Information Manager, ODN Chris Beattie, Head of Paediatric and Neonatal Services, Doncaster & Bassetlaw Chris Day, Clinical Lead, ODN Chris Edwards, CCG (<i>Chair</i>) Chris Wood, Consultant, Hull Claire Hillitt, Clinical Network Manager, Y&H Claire Howard, Matron, STH Elizabeth Pilling, Clinical Lead, ODN Emma Spicer, Ward Sister, Grimsby - NLAG Hazel Talbot, Education & Guideline Lead, ODN Helen Brown, Network Director, ODN Helen Doyle, ANNP, Embrace Jenny Hemmingway, Clinical Nurse Educator, Hull NICU Jo Whiston, Interim Lead Nurse, Embrace Karen Williams, Senior Healthcare Engagement Officer, Bliss Kate Lamming, NICU manager, Hull NICU Kavi Aucharaz, Neonatal Consultant, Barnsley Keely Turner, Lead Nurse, Chesterfield Lisa Gorry, Project Support Lead, ODN Louise Crabtree, Lead Nurse, ODN Samantha Maher, Deputy Divisional Manager, SCH Sarah Halstead, Senior Service Specialist & Right Care Associate, NHSE Sayed Jamal Ahmed, Clinical Lead for Neonates, Doncaster & Bassetlaw Sharon English, Lead Clinician, Leeds Siobhan Conlin, Matron, Leeds Sobia Bilal, Consultant, Harrogate & District Stephen Theofanous, Clinical Officer, ODN (<i>Minute taker</i>) Sundeep Sandhu, Consultant, York Sunita Seal, Neonatal Consultant, Bradford</p>	<p>Angela Whelton, Lead Nurse for Neonates, Barnsley Cat Wilkinson, Network Parent, North Catherine Harrison, Neonatal Clinical Lead, Embrace/Leeds Dawn Fleming, Network Parent, North Gemma Orr, Operational Manager, SCH Heather Whillance, Neonatal Service Co-Ordinator, STH Hilary Farrow, Quality Improvement Manager, Louise Smith, Senior Sister, Mid Yorkshire Maternity Clinical Networks (North Region). Jo Sudbury, NSU Ward Manager, SCH Joanna Preece, Clinical Lead, Consultant Neonatologist, Hull & East Yorkshire Julie Walker, Ward Manager, Harrogate Karin Schwarz, Neonatal Lead Consultant, Calderdale & Huddersfield Peter Standring, Consultant, Scarborough Rachel Roberts, Network Parent, North Shashidar Vishwanath, Consultant, Rotherham</p>

ITEM		ACTIONS
1.	<p>Welcome, apologies and introductions</p> <ul style="list-style-type: none"> • Apologies were received and noted as above. Chris Edwards welcomed the group to the meeting and introductions were made around the table. • There were no conflicts of interest. <p>Quoracy</p> <ul style="list-style-type: none"> • It was noted that the meeting was quorate. It was acknowledged that no network parent representative was in attendance. • AOB <ul style="list-style-type: none"> ○ CD raised the update on the supply of UK-licensed BCG vaccine manufactured by AJ Vaccines (formerly SSI). The change will take place in the next few weeks. 	
2.	<p>Minutes of the last meeting held 14 June 2018</p> <ul style="list-style-type: none"> • The minutes of the previous meeting were agreed as a true and accurate record, noting some minor amendments: <ul style="list-style-type: none"> ○ Item 3 – more difficult ○ Item 6 - 'inequalities' not 'inaccuracies' ○ Item 11 – Letter from YAS (not EMAS) 	ST
3.	<p>Implications of BAPM Draft Documents (Enc B1&B2)</p> <p>The documents were discussed amongst the group. Dramatic implications are not expected. Challenges at the Bassetlaw site are being looked into at the moment. If the documents are ratified by the BAPM committee, they will become BAPM policy and may create a pressure for change.</p> <p>AF responded directly to BAPM. 24/7 unit cover will require more numbers on rota which may be more challenging for smaller units.</p> <p>The meeting noted the documents. Each organisation is to consider what it means for them.</p>	All
4.	<p>Matters Arising</p> <ul style="list-style-type: none"> • Annual Report 17/18 – The report has been circulated and contains additional 3-year comparison data. CB noted that any exception ventilation reports that appear are genuine 48 hours ventilation. The rate of IUT transfers, for less than 27 weeks, has fallen, and that fall is continuing this year. HB clarified that the annual report is currently only an activity report. Working with NHS England, we have agreed on quality standards and agreed on new projects to underpin the quality standards for the next 12 months. These will be reported on and inform future Annual Reports. • Project Metrics – A copy of a blank project highlight report was shown for information purposes to the group. Completed reports will be brought to future EGMs. The ODN Team will report monthly to Specialised Commissioning with metrics which will be discussed at Clinical Forums. • Breastfeeding – Claire Blythe, Leadership Fellow, has now commenced work on this project and has been investigating breastfeeding rates. She is aiming to identify any problems by looking at the network-wide data, and will hopefully feedback during the Joint Neonatal Clinical Forum meeting on 7 November 2018. CHill advised that PHE will issue a document with a Breastfeeding action plan in September. • Admission Temperature – Denise Evans was not present to report on this item. Units have received emails from NNAP. NNAP have reported on positive outliers (Leeds & Bradford), negative outliers will be approached differently. • MBRRACE June Report 2018 (2016 data) – Once again, Yorkshire & Humber are not reflected in good light in this report. We are having discussions with Public Health Consultants to look at data in different ways and help to 	

	<p>understand why we are being perceived as being poor, where to focus our efforts, and where we can improve.</p> <p>CD explained that if units flag up as amber or red it is required of them, according to the MBRRACE process, to review the situation and the network as a whole.</p> <p>It was understood that this report is based on 2016 data. CSmith explained that a greater number of the extreme preterm babies are surviving longer and that the current mortality rate is more encouraging. However, it is likely to be a year or two before this has a positive impact on the rate, as the reports are based on historic data.</p> <p>CE summarised that each unit should communicate the report as appropriate within their own organisations and reiterated that there is a specific requirement for units flagged as amber or red to conduct a review.</p>	
5.	<p>Parent Engagement</p> <ul style="list-style-type: none"> • Bliss Update <ul style="list-style-type: none"> ○ Impact Evaluation Survey – This has now been pulled together and will be circulated with these minutes. ○ Baby Charter - Bliss is currently doing a refresh of the Baby Charter. KW acknowledged that some processes are getting old and will be updated; they will exist online which will make it easier to track changes and progress. ○ FINE training Level 1 - 26 and 27 November 2018. There are only a few places remaining so those interested should apply as soon as possible. ○ Mental health study days - 12 November 2018 (Manchester) & 11 March 2019 (London). ○ KW asked that any further questions be emailed to her. • Parent Representative Update – There are currently 3 network parents, Dawn Fleming, Rachel Roberts and Cat Wilkinson. The Reps have been involved in parent passport meetings. They have given advice on guidelines about a leaflet for organising fundraising for volunteering events in Leeds. KW encouraged units to forward ideas to engage further with the Parent Reps. It is thought that further explanation of the Parent Rep role would be beneficial. Advertising for the Parent Rep role was discussed, and social media may be a good platform for this. A copy of the job description will be circulated with these minutes. 	<p>Enc A</p> <p>Enc B</p>
6.	<p>National Reviews</p> <ul style="list-style-type: none"> • Y&H as a Paediatric Critical Care and Specialised Surgery Test Pilot Site - SHal explained that there has been a national Critical Care and Specialised Surgery review. They will be recommending a 'network way of working'. Working in partnership with the PCC network to develop a Paediatric Critical Care and Specialised Surgery Test Pilot Site will commence shortly in order to develop this (e.g. in terms of infrastructure and funding). This is a very positive development for the network. HB identified that there will be crossover with neonates and will keep the group informed during future meetings. • Neonatal Services Stakeholder Workshop (North) - This will take place on 9 October 2018 in Leeds by invitation only. However, if anyone wants to go they should contact HB. 	
7.	<p>Yorkshire & Humber Maternity Network</p> <ul style="list-style-type: none"> • Maternity Transformation – CHill stated that the North Region Board held on Monday was well attended by the LMS groups. Transformation funding has now been allocated. National team update on long term plan that Simon Stevens is moving ahead on. There are 4 life course programs. The Postnatal Care ERG have now made 28 recommendations and these will be a resource for the LMS groups. The North Board have reviewed the 2017/18 CCG results. Of the 21 CCGs, only 4 were marked as good. Others were marked as needing improvement. In future, the collection of data will be looked at. 	

	<ul style="list-style-type: none"> • Neonatal & Maternity Safety Collaborative – A learning meeting is taking place today. Wave 2 is under way. • Doncaster and Bassetlaw will be taking on PReCePT as a QI programme. • IUT Guideline – A final version of the guideline will be placed on NHS Networks. • Exception Reporting – The first draft of an exception reporting template regarding less than 27 week babies born in a non-NICU is being developed and is due to be discussed at tomorrow’s CEG meeting. The template will be brought back to this meeting. CD observed that it is very positive that ownership is now moving to Obstetricians from neonatal units. • Review Use of Antenatal Steroids and Magnesium Sulphate – For information. • Local Maternity Systems (LMS) <ul style="list-style-type: none"> ○ Derbyshire – Allocation of resources are still to be decided. ○ Humber Coast & Vale – The last meeting took place in July. The next meeting is scheduled for 10 September 2018. CDOP is up for review. It would be beneficial for LMS groups and CDOPs to work together on Neonatal death reviews. ○ South Yorks & Bassetlaw – Hoping to have a coherent plan for December. Their biggest challenge is continuity of care. ○ West Yorks & Harrogate – CD was unable to attend the last meeting. A full team has been recruited. Starting to put Task and Finish groups together. Two key focus points are continuity of care and choice and place of birth. 	
8.	<p>Intergrated (Accountable) Care Systems (ICS)</p> <ul style="list-style-type: none"> • Sustainable Hospital Review - CE explained that South Yorkshire is in a modelling stage. It is looking like it will be completed by Spring 2019. 	
9.	<p>Updates</p> <ul style="list-style-type: none"> • Parenteral Nutrition – CD has had conversation with pharmacist responsible for regional procurement who explained that organisations will pay for their own products. Decisions are currently being made and there will be action over the next month or two. CD is doing what he can to move it forward. Implementation date is aimed for Spring 2019. Frustration was noted on the length of time this part of the process was taking. • Clinical Reference Group (CRG) – Nothing to report. • PReCePT – AHSN are leading & have national funding. Patient Safety Collaborative are also leading on this. A presentation is to be given to HCV LMS shortly. Sam Oddie is the Neonatal Consultant who will work on this. CHill informed the group that West Yorkshire and Harrogate are implementing PReCePT. We have been asked to provide data on a quarterly basis. Do we want to adjust our rating? CB stated it would not be beneficial at this point to review local RAG ratings. CB stated that moving forward Magnesium Sulphate and Antenatal steroids will be coming out of NNAP. • ATAIN – CD stated that we’re aiming for less than 5%, then this will reduce to less than 3%. Threshold is still at 5% 	
10.	<p>Data Reports</p> <ul style="list-style-type: none"> • Nursing Acuity - CB stated that there is very little change other than the fact that Leeds has some with zero QIS. 	
11.	<p>Quality & Governance</p> <ul style="list-style-type: none"> • Link to: Y&H Neonatal Dashboard <ul style="list-style-type: none"> ○ PN - RAG rating improvement for both Calderdale and Scunthorpe ○ Temperature - very little change for the units with red RAG ratings - Barnsley & Bassetlaw. Bradford remain amber, Doncaster and Scarborough have both dropped from green to amber, whilst Pinderfields dropped from amber to red. ○ 2yr Follow up - very little change - 9 units with red ratings. Entire network is below the national average. Reminder that this is measure is purely about whether a 2 year assessment has actually been recorded. 	

	<ul style="list-style-type: none"> ○ 1st Consultation - very little change quarter on quarter and some units remain red despite this measure being reviewed for a number of years now. ○ Antenatal steroids - and increase from 7 to 8 units now achieving a green rating. ○ Breast milk - very little change. moving forward this measure will be reviewed in more detail with a separate feeding dashboard as part of the of the breastfeeding QI work. ○ ROP - 3 improvements in RAG ratings ○ Magnesium sulphate - 3 units remain red & have seen no improvement. Cautionary note that with Bassetlaw and Scarborough having such small numbers it will take a number of quarters for their RAG rating to improve. There has been a slight improvement as a whole across the network though. ○ Term admissions - ATAIN target is 5% there are 4 units above this target (3 rated amber and 1 red). There is an ongoing issue of availability of regular timely access to live birth data across all units. The maternity dashboard is always a quarter behind the neonatal dashboard in terms of publication & the data provided is Trust based rather than site based which makes it unusable. Suggestions from the group for how this may be obtained were sought. ○ <27 week admissions - now also shown as a % of a units inborn admissions. Both Pinderfields and Rotherham had a % rate higher than that of Leeds NICU unit. ● Y&H Maternity Dashboard – This has been agreed and has moved on to version 2. Quarter 1 data is being collected now and will be in the new format. 	
12.	<p>Embrace</p> <ul style="list-style-type: none"> ● Summary to accompany minutes. ● HT advised that units may obtain details of babies fit for transfer on a daily basis from Embrace. It would help with planning to know before the day of transfer. CE asked that this subject is discussed further at the forthcoming Clinical Forums in order to bring a recommendation to the next meeting. ● JW advised the group of the sad passing of Suzanne Palmer. 	Enc C
13.	<p>Education, Training and Guidelines (Cath Smith and Hazel Talbot)</p> <ul style="list-style-type: none"> ● Education Update – The education day scheduled for 8 October 2018 is now over-subscribed. HT is hoping that they will be able to offer another day in March 2019. <ul style="list-style-type: none"> ○ 25th January 2019 – Term babies and end of life care (Leeds) ○ (Date TBC) March 2019 – Venue TBC. ○ 25 April 2019 – Annual Neonatal Conference, Wetherby Racecourse, a save-the-date will be circulated shortly. CS asked units to think of quality projects ahead of the conference. ○ 11th June 2019 – Preterm babies (Hull). ○ 1st October 2018 – Skills day (Scarborough). Units will be in empowered to run these days themselves. Please email CS/HT if interested. ● Guideline Ratification <ul style="list-style-type: none"> ○ Process – Slight amendment to be made. This will be clarified at a later date. ○ Surge and Escalation – The group ratified this guideline. ○ Infection Control - The group ratified this guideline. ○ Triggers for Transfer - The group ratified this guideline. ○ Extravasation – The group ratified this guideline. ○ Hypotension – The group ratified this guideline. ○ Parent Passport <ul style="list-style-type: none"> ▪ Nasogastric Tube Feeding – The group ratified this guideline. ● Work on the HIE guideline, PPHN, Renal is forthcoming. 	CS

	<ul style="list-style-type: none"> • ROP Pathway – Embrace to be involved in this early on. 	
14.	<p>AOB</p> <ul style="list-style-type: none"> • 7 November 2018 – Joint Clinical Forum (Hatfeild Hall) HB announced that this is an all-day event (AM: Improving Perinatal Outcomes, PM: North & South Joint Forum). Flyers for the event will go out in due course. • Regarding the membership of this Executive Group, HB spoke of the lack of general managers’ input. The units have been asked to nominate a member of the management team to either attend or receive agendas and minutes. A mixed response was received so they will be sent all papers and are also welcome to attend. • Transitional Care – The ODN have attempted to verify the definition of ‘Transitional Care’ as the BAPM definition had some grey areas that needed addressing. CB has a document to circulate on this which has been approved by the National Pricing Group. It was understood that Transitional Care is not about physical location, but about the physical care that the baby is receiving. HB identified the need to ensure that TC is being recorded correctly. Shared with CNST for next time. 	<p>Enc D</p> <p>Enc E</p>
15.	<p>2018 Meetings</p> <ul style="list-style-type: none"> • Thursday 6 December 2018, 1:30pm-4.00pm, Hatfeild Hall <p>2019 Meetings</p> <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 	