

## YORKSHIRE AND HUMBER NEONATAL ODN EXECUTIVE GROUP MEETING

**THURSDAY 14 DECEMBER 2017, 1.30PM TO 4.30PM  
HATFEILD HALL, WAKEFIELD, WF3 4 JP**

<b>Present</b>	<b>Apologies</b>
<p>Aiwyne Foo, Consultant, Chesterfield  Alec Musson, Service Manager, Neonatal Services, Leeds  Angela Whelton, Lead Nurse, Barnsley  Anne Fardoe, Senior Sister, SCBU, Scarborough  Anne Stanton, Head of Nursing, Leeds Children's Hospital  Cat Wilkinson, Parent Representative  Cath Harrison, Neonatal Clinical Transport Lead, Embrace/Leeds  Charlotte Bradford, Information Manager, ODN  Chris Day, Clinical Lead, ODN  Chris Edwards, Chief Officer, CCG (<i>Chair</i>)  Chris Wood, Consultant, Hull  Claire Howard, Matron, Jessop Wing, STH  Denise Evans, Lead Nurse, ODN  Elizabeth Pilling, Clinical Lead, ODN  Gemma Orr, Operational Manager, Surgical &amp; Critical Care, SCH  Hazel Talbot, Education &amp; Guideline Lead, ODN  Heather Stuart, Ward Manager, Harrogate  Helen Brown, Network Manager, ODN  Hilary Farrow, Quality Improvement Manager, Maternity Clinical Network (Y&amp;H)  Jo Sudbury, Ward Manager, SCH  Kathy Parke, Ward Manager, SCBU, Rotherham  Keeley Turner, NNU Matron, Chesterfield  Kirsty Randell, Matron for Childrens Services, Airedale  Louise Crabtree, Lead Nurse, ODN  Matthew Babirecki, Consultant, Airedale  Nigel Brooke, Assistant Clinical Director, Doncaster and Bassetlaw Hospitals  Paul Lazenby, Information Officer, ODN (<i>Minute Taker</i>)  Sara Collier-Hield, Quality Improvement Lead, Y&amp;H Clinical Network  Sarah Halstead, Senior Service Specialist, NHSE  Sharon English, Lead Clinician, Leeds  Sobia Bilal, Paediatric Consultant, Harrogate  Vikki Smith, Unit Manager SCBU, York Hospital</p>	<p>Alison Boldy, Lead Nurse, Doncaster &amp; Bassetlaw  Cath Smith, Education &amp; Guideline Lead, ODN  Chris Beattie, Head of Paediatric and Neonatal Services, Doncaster &amp; Bassetlaw  David Gibson, Lead Neonatologist, Mid Yorks  Gill Harries, General Manager, Calderdale &amp; Huddersfield  Heather Whillance, Neonatal Service Co-ordinator, STH  Jamal ayed Ahmed, Doncaster &amp; Bassetlaw  Jim Devlin, Neonatologist, Scunthorpe  Kelly Young, Clinical Services Manager, Bradford  Louise Smith, Senior Sister, Mid Yorks  Lisa Gorry, Network Co-Ordinator, ODN  Siobhan Conlin, Matron, Leeds  Suzanne Palmer, Lead Nurse, Embrace</p>

ITEM		ACTIONS
1.	<p><b>Welcome, apologies and introductions</b></p> <ul style="list-style-type: none"> <li>Apologies were received and noted as above. Chris Edwards welcomed the group to the meeting and introductions were made around the table.</li> <li>There were no conflicts of interest.</li> </ul> <p><b>Quoracy</b></p> <ul style="list-style-type: none"> <li>It was noted that the meeting was quorate.</li> </ul>	
2.	<p><b>Minutes of the last meeting held 12 September 2017</b></p> <ul style="list-style-type: none"> <li>The minutes of the previous meeting were agreed as a true and accurate record.</li> </ul>	
3.	<p><b>Matters Arising/Actions following the previous meeting</b></p> <ul style="list-style-type: none"> <li>All meeting actions are covered as agenda items going forward.</li> </ul>	
4.	<p><b>Network Capacity Issues</b></p> <p><b>Within network</b></p> <ul style="list-style-type: none"> <li>LC noted that they are receiving cot forms (sitrep) on a daily basis, showing that the network is very busy. Tertiary units were closed week commencing 11/12/17 resulting in babies going out of network. There were issues with the level 2 units around staff being relocated to paediatric wards, leading to the unit refusing repatriation on the grounds of having no staff. LC has advised the unit that they must take the babies back using the escalation process to assist this.</li> <li>DE advised that the final version for surge and escalation process will go out for comment noting 3 main talking points: <ul style="list-style-type: none"> <li>1 – In the future the network will use OPEL levelling</li> <li>2 – At the Unity Day, Kelly Young suggested a conference call for each of the 4 NICUs to decide which could take another baby. The Executive Group will raise a letter highlighting importance of level 2 units repatriating due to nurses being moved</li> <li>3 – Involvement of maternity team re delivery suite closures. Perinatal conversation needed after this letter is sent.</li> </ul> </li> <li>CD commented that the maternity services are engaged with regard to inutero transfers. CD also commented that the sitreps are very helpful. LC agreed, commenting that they give a very good idea of the network situation.</li> <li>SH – Queried how often staff are being moved from neonates to paediatrics and how this is justified. DE noted that the staffing of each unit defines this. JS noted that SCH establishment is down and is being covered by agency. When agency staff are not available, staff are taken from any ward within SCH. HT commented that clinical need is also a factor. Trusts will take skilled staff from wherever they can. SH asked whether each Trust is doing the same thing. HB advised that the network is expecting each Trust to define and implement their internal escalation policies for dealing with this. Each unit needs to highlight when internal escalation has been involved to show impact on the network.</li> <li>DE highlighted the importance of filling in the datex to show staffing issues so the Trust involved knows the issues.</li> <li>SH asked when reporting on some of the themes around surge and escalation will be available. HB noted this process would be qualitative and the network would come back to SH on timescales. HB also noted that we do not know what is happening outside of network and if any of the issues around out of network transfers are justified.</li> <li>EP suggested the letter to the Trusts would be better coming from the commissioners. SH suggested the network writes to the commissioners outlining the issues. HB noted the PIC letters from the commissioners asking if everything possible had been done before they would take action, commenting that this would need to be noted before contacting the commissioners.</li> </ul>	<p>ALL</p> <p>HB</p>

	<ul style="list-style-type: none"> <li>• LC raised the issue that the units may not know how to internally escalate.</li> <li>• CD reported less importing of babies into the network. CB reported that admissions have not increased but length of stay and complexity potentially have.</li> <li>• CE asked that all the work that has been done around the reason for surge and escalation be collated and the commissioners written to with this</li> </ul> <p><b>Out of Network</b></p> <ul style="list-style-type: none"> <li>• SH commented that she has been contacted by her equivalent in the North West regarding auditing the flows of patients. A conversation is needed between the North West and midlands networks due to the high flow in from the midlands. DE pointed out that for Calderdale, cross border transfers (out of network) might be more convenient for the patient.</li> </ul>	<p><b>HB</b></p> <p><b>SH</b></p>
5.	<p><b>Surge and Escalation</b></p> <ul style="list-style-type: none"> <li>• Discussed as part of network capacity</li> </ul>	
6.	<p><b>Improving Perinatal Outcomes</b></p> <p><b>Feedback from Joint Forum 14/11/2017</b></p> <ul style="list-style-type: none"> <li>• CD felt there wasn't much engagement from maternity however those that attended added a great deal to the meeting.</li> <li>• HF was surprised at the low attendance and noted that it is challenging. Agreed that attendance at future meetings needs to be prioritised going forward and will also ask for input on the agenda prior to the meetings. HF also noted there was positive feedback from those that attended.</li> </ul> <p><b>Unit Reports – Summary</b></p> <ul style="list-style-type: none"> <li>• CB advised that each set of reports covers 12 months with a 6 month overlap allowing units to correct their data and see an improvement. The summaries show that units are improving with Chesterfield and Leeds being highlighted.</li> <li>• CB also noted that magnesium sulphate shows the biggest improvement.</li> <li>• CB advised that the posters reflect absolute performance against national targets.</li> </ul> <p><b>Maternity Input</b></p> <ul style="list-style-type: none"> <li>• HF discussed version 2 of the maternity dashboard. HF stated that they were going to do a deep dive into antenatal steroids and magnesium sulphate to enable a comparison of what is collected on BadgerNet compared to maternity. CB highlighted that there may be an issue around data not cascading through to the different systems.</li> <li>• HB highlighted the discussions with the local maternity services around regular reporting and what format and mechanisms for feedback there should be.</li> <li>• CD, EP and HB attended a meeting with the CRG around metrics and are awaiting a decision around breast feeding. HF highlighted this is included on the maternity dashboard.</li> <li>• CE asked for the unit reports to be put on the next agenda.</li> </ul>	
7.	<p><b>Matters Arising</b></p> <p><b>HRG 2016 Impact Report</b></p>	

	<ul style="list-style-type: none"> <li>• CB highlighted the migration of HRG to HRG 2016 and the need to communicate to the units the impact this will have. The impact report shows the variance for the units.</li> <li>• Surgical units may see an increase in payment whereas other units may see a decrease as there will no longer be payment for some level 4 work that will be reclassified at level 5.</li> <li>• CD commented that there is a parallel piece of work around pricing. CB noted that we are currently in a 2 year contracting window so the pricing will not change until after 2018/19</li> </ul>	
8.	<p><b>Parent Engagement</b></p> <ul style="list-style-type: none"> <li>• KW unable to attend but a written update was read by LC. It stated that over the previous 12 months the Y&amp;H neonatal network has gone from 5 to 19 units doing the Bliss Baby Charter. Bliss want to evaluate units in Y&amp;H.</li> <li>• A new parent representative will be recruited – interviews will be in 2018</li> <li>• KW stated there was a query around using the parent app for parent feedback, suggesting this should be done direct to the unit. HB advised that there was an opportunity to discuss further changes to the parent app.</li> <li>• The group felt that if parents weren't told immediately about the app, they were often never informed of it, meaning feedback was limited.</li> <li>• LC fed back details from the meeting around nasogastric feeding. Challenged nurses about how they deal with parent behaviour and suggested a charter for this. The next meeting to discuss will be in February 2018.</li> <li>• CE asked that staff know to discuss the app as soon as possible with parents</li> </ul>	ALL
9.	<p><b>National Reviews</b></p> <p><b>QST</b></p> <ul style="list-style-type: none"> <li>• CD highlighted the QST visits had roused some serious concerns across the network, one regarding staffing concerns.</li> <li>• The group raised the issue that they were not allowed to raise staffing as a concern when on QST visits. DE will feed this back re consistency of QST in highlighting staffing concerns.</li> <li>• CD asked if units had found the QST visits helpful, and the group agreed they were in that they highlighted what is being done well as well as areas of concern. It was also felt that the data collected for these visits was useful.</li> </ul> <p><b>Neonatal Transformation</b></p> <ul style="list-style-type: none"> <li>• HB noted that the report has still not been seen. DE commented that the document is finished but is currently embargoed.</li> </ul> <p><b>Specialised Commissioning</b></p> <ul style="list-style-type: none"> <li>• SH advised that the QST reports come to them for information and to ensure that actions are formally put in contracts to the Trust involved. They also log all the issues and as such will monitor staffing levels.</li> <li>• There is work being done locally on how the service is commissioned. It was agreed there is no consistent approach to commissioning. There is a model of how to commission letter in advanced discussion. SH will come back to the teams in January 2018</li> </ul> <p><b>Maternity Transformation</b></p> <ul style="list-style-type: none"> <li>• HF –The National Maternity Transformation Team have started a postnatal care</li> </ul>	SH

	<p>group with recommendation intended on being published by the end of the financial year.</p> <ul style="list-style-type: none"> <li>- LMS plans and implementation – plans submitted in October 2017. There are some challenges around the plan in terms of financial elements and continuity of care.</li> <li>- Preterm births are a key part of the work. A project is to be set up to consider best practice and an advisory document may be considered.</li> <li>- The Safer Maternity Care document that came on 28/11/2017 is to be forwarded to the group and will be implemented for maternity</li> </ul> <ul style="list-style-type: none"> <li>• CD highlighted the importance of the 10% CNST discount based on fulfilling the 10 criteria in the Safer Maternity Care document.</li> <li>• CE asked DE to circulate the ATAIN document and for HF to circulate the Safer Maternity Care document for assessment in the July Joint Forum</li> </ul>	<b>DE/HF</b>
<b>10.</b>	<p><b>Yorkshire and Humber Maternity Network</b></p> <p><b>Neonatal and Maternity Safety Collaborative</b></p> <ul style="list-style-type: none"> <li>• 2 elements <ul style="list-style-type: none"> <li>- Quality improvement in care at Trust level</li> <li>- Communities of practice</li> </ul> </li> <li>• Communities of practice will share best practice. The first meeting is in January 2018. Flyers will be sent out prior to the meeting. HB encouraged engagement from the group. It will look at how this will best function and what would be the best use of everyone's time. Also to look at how to share quality improvement methodologies. HF stated there was still a lot of communication to be done.</li> <li>• HB stated the importance of rationalising what everyone is doing to ensure no duplication of work.</li> <li>• EP queried parallel work streams. HF stated the meeting in January will see what currently exists to decide on what is mandated and what isn't. HB noted that this approach may help the LMS achieve their markers.</li> </ul> <p><b>Local Maternity Systems (LMS)</b></p> <ul style="list-style-type: none"> <li>• AF noted that the Derbyshire LMS have had their 2nd version accepted &amp; work streams have been finalised, however the issue is that they are 1 unit in the footprint. HB highlighted that North Derbyshire meetings are challenging as commissioning is different and there is no NICU in that area. AF feels that the area is very maternity focussed.</li> <li>• CE asked that the feedback elements to the LMS are agreed with the Network regarding consistent metrics, messages etc.</li> <li>• HF hopes that link between task and finish groups will avoid duplication of work, plans etc.</li> <li>• HF noted that Maternity BadgerNet will not be mandated for Trusts. LMS/Trusts needed to be able to provide the data, regardless of the information system used. There may be changes or convergence of maternity systems within an LMS footprint in the future, not at present.</li> </ul>	<b>HF/HB</b>
<b>11.</b>	<p><b>Accountable Care Systems</b></p> <p><b>Sustainable Hospital Review</b></p> <ul style="list-style-type: none"> <li>• EP has been attending the South Yorkshire and Bassetlaw meetings.</li> <li>• 5 work streams are being reviewed and it has been agreed that neonates needed to be added to these. The meetings will be led by Deloitte in April 2018. SH asked where the work streams stopped, and it was agreed that they do not</li> </ul>	

	include the Tertiary units.	
12.	<p><b>Updates</b></p> <p><b>National Neonatal Pricing Groups</b></p> <ul style="list-style-type: none"> <li>• CB and DE sit on the Pricing Work Group. Nationally work is being undertaken to standardise pricing going forward. CB stated that data quality and how Trusts provide data needs to improve. The next stage cannot start without these improvements.</li> <li>• There will be a review in January 2018. Each Trust will be sent data to validate but the data will be sent to the Network first to pre-populate where possible.</li> </ul> <p><b>Parental Nutrition</b></p> <ul style="list-style-type: none"> <li>• CD requested SH input as the recipe has been finalised since November 2017 but they have had no feedback from the Pharmacy Lead.</li> </ul> <p><b>Clinical Reference Group (CRG)</b></p> <ul style="list-style-type: none"> <li>• HB and the clinical leads met with the team in Leeds – NHS England North/CRG representatives and Commissioners. Felt the meeting was positive with lots of work being done on perinatal outcomes. Some discussion was had around measuring outcomes.</li> <li>• There will be future meetings.</li> <li>• It was agreed that the North of England will continue to monitor breastfeeding.</li> <li>• CD felt it was useful to meet with other Networks and EP felt it was reassuring that all networks were facing the same challenges.</li> </ul>	SH
13.	<p><b>Data Reports</b></p> <p><b>Nursing Acuity</b></p> <ul style="list-style-type: none"> <li>• CB noted that the nursing acuity continues to show that the situation is more challenging for the NICU's than it is for the LNUs and SCs.</li> </ul> <p><b>NMPA</b></p> <ul style="list-style-type: none"> <li>• This is the maternity equivalent of the NNAP audit. CB stated the need to be mindful of the data quality for the NMPA report in its current state. They have had feedback over data quality and completion and a further publication will be made as per the feedback.</li> </ul> <p><b>Website/ Ignaz Handbook</b></p> <ul style="list-style-type: none"> <li>• Currently migrating neonatal guidelines from the network website to Ignaz</li> <li>• CB will be working with the units in 2018 to get the app into the units via iPad, tablets etc.</li> <li>• CB asked if the local units IT systems can be updated to show the web based Ignaz app.</li> </ul>	ALL/CB

<p>14.</p>	<p><b>Quality and Governance</b></p> <p><b>Yorkshire and Humber Neonatal Dashboard</b></p> <p>Points of note:</p> <ul style="list-style-type: none"> <li>• PN – improvements seen for Bradford, Doncaster, Hull &amp; Leeds but compliance fell for York.</li> <li>• Temperature – questions now covered by the more detailed temperature dashboard.</li> <li>• 2yr Follow Up – Barnsley now ranked 4<sup>th</sup> (after being last less than 12 months ago)</li> <li>• 1<sup>st</sup> consultation – no real changes. York remains ‘red’ and has the lowest achievement for this measure.</li> <li>• Antenatal steroids – small increases but for some units this has moved them up a colour banding. Calderdale moved from amber to Green. However Bassetlaw have dropped from 90% (green) to 71% (red) since the last report. However to note that the small numbers seen at SC units have a greater impact on the results.</li> <li>• Breastmilk at discharge - No improvements – 2 units had dropped a band</li> <li>• ROP – no improvements – 3 units had dropped a band</li> <li>• Magnesium sulphate – 4 units had improved enough to increase their banding – Doncaster, Grimsby, Rotherham &amp; Scarborough</li> </ul> <p><b>Temperature Dashboard</b></p> <ul style="list-style-type: none"> <li>• CB showed the finished temperature dashboard to the group.</li> <li>• It was agreed that the monthly dashboard would be sent out with the exception reports at the start of each month.</li> </ul> <p><b>Yorkshire and Humber Maternity Dashboard</b></p> <ul style="list-style-type: none"> <li>• CB stated that by using transfer data we can now identify &lt;27 babies born at St James (Leeds) and this will be added into the exception reporting</li> </ul>	<p><b>CB</b> <b>CB</b></p>
<p>15.</p>	<p><b>Embrace</b></p> <ul style="list-style-type: none"> <li>• Benchmarking data for Yorkshire and Humber shows long stabilising times. This is felt to be due to waiting for the units to provide discharged/ handover documentation.</li> <li>• Also shows long cooling times to get babies into range. This was felt to be due to the majority of referrals not being received in a timely manner.</li> </ul> <p><b>Activity Report</b></p> <ul style="list-style-type: none"> <li>• CH stated that the activity report shows that Embrace are very busy, with neonates reflecting this. There are currently no tertiary beds in the region. Repatriations are waiting over a week and this is staffing related.</li> <li>• Inutero transfers are being moved all over the country. CH stated that conversations with the consultants are needed to understand whether the mothers will deliver as this is having a major impact.</li> <li>• CE asked to check the escalation plans again. CH felt the escalation plans were working.</li> </ul>	<p><b>ALL</b></p>

	<p><b>Transport Incubators</b></p> <ul style="list-style-type: none"> <li>Steve Hancock will report back to ERG on this. An ongoing issue with no action plan from YAS.</li> </ul>	
16.	<p><b>Education, Training and Governance</b></p> <p><b>Education Update</b></p> <ul style="list-style-type: none"> <li>HT – Encephalopathy Education Day to be held on 25/01/2018. Limited places available. The plan is to link in with the guidelines and highlight referring in a timely manner</li> <li>Further education days – JHW in June 2018 and Pinderfields in October 2018</li> <li>Unity Day 05/06/2018</li> <li>Time Critical Training 02/03/2018 – if this is successful the training will be rolled out further</li> <li>Critical Skills Day in Barnsley was very successful and in the process of being arranged in Scarborough and Airedale. Very keen to roll this out and units to contact HT and CS if interested</li> <li>Wetherby Conference to be held on 25/04/2018. Group asked to think about Quality Improvement Projects from their units which could be presented. The plan is to have a poster display for units to showcase improvements made.</li> <li>DE – ??B. Howard has been given a substantive post at Sheffield University</li> <li>DE asked that neonatal lead nurses approach their Trust Lead for Education to explain why nurses need to be sent on QIS <ul style="list-style-type: none"> <li>Y&amp;H Network will not be competing with Nottinghamshire for places as they are getting in house training</li> <li>Leeds course will run but not clear if it will be University accredited.</li> </ul> </li> </ul> <p><b>Apprenticeships</b></p> <ul style="list-style-type: none"> <li>Will run from Level 1 to Level 10.</li> <li>DE working with the North footprint looking at developing the neonatal apprenticeship.</li> <li>DE sent out a request to all leads at all units to be part of this forum and this will be developed after Christmas 2017. It is planned to be a mix of practical and classroom learning.</li> </ul> <p><b>Guideline Ratification</b></p> <ul style="list-style-type: none"> <li>Ventilation, Insulin, Management of Hypoglycaemia and Chronic Lung Disease to be ratified by this group – Group endorsed these guidelines</li> </ul>	<p><b>ALL</b></p> <p><b>ALL</b></p>
17.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>CD stated that Bradford is the first NICU to be given neonatal BFI status</li> <li>DE stated that the Skills Passport is still ongoing</li> </ul>	
18.	<p><b>Date and time of next meetings</b></p> <ul style="list-style-type: none"> <li>Thursday 8 March 2018, 1.30-4.00pm, Hatfield Hall, Wakefield, WF3 4JP</li> </ul>	<b>All</b>