

YORKSHIRE AND HUMBER NEONATAL ODN EXECUTIVE GROUP MEETING

**THURSDAY 8 MARCH 2018, 1.30PM – 4.30PM
HATFIELD HALL, WAKEFIELD , WF3 4 JP**

Present	Apologies
<p>Alec Musson, Service Manager for Neonatal Services, Leeds Cath Smith, Education & Guideline Lead, ODN 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 David Gibson, Lead Neonatologist, Mid Yorkshire Hospitals Denise Evans, Lead Nurse, ODN Elizabeth Pilling, Clinical Lead, ODN Helen Brown, Network Director, ODN Hilary Farrow, Quality Improvement Manager, Maternity Clinical Networks (North Region-Y&H) Julie Walker, Matron, Harrogate and District Hospitals Jo Sudbury, NSU Ward Manager, SCH Karen Williams, Senior Healthcare Engagement Officer, Bliss Kavi Aucharaz, Consultant, Barnsley Kirsten Mack, Consultant, Scarborough Hospital (York Teaching Hospitals) Kelly Young, Matron, Bradford Lisa Gorry, Network Co-Ordinator, ODN (<i>Minute Taker</i>) Louise Crabtree, Lead Nurse, ODN Sarah Halstead, Senior Service Specialist & RightCare Associate, NHSE Sharon English, Lead Clinician, Leeds Siobhan Conlin, Matron, Leeds Vikki Smith, Lead Nurse, York</p>	<p>Cath Harrison, Consultant Neonatologist, Embrace/Leeds Dawn Fleming, Parent Representative, ODN Hazel Talbot, Education & Guideline Lead, ODN Heather Whillance, Neonatal Service Co-Ordinator, Jessop Wing, STH Karin Schwarz, Neonatal Lead Consultant, Calderdale & Huddersfield Trusts Kathy Parke, Ward Manager SCBU, Rotherham Keely Turner, NNU Matron, Chesterfield Matthew Babirecki, Consultant, Airedale Nigel Brooke, Assistant Clinical Director, Doncaster & Bassetlaw Hospitals Sayed Jamal Ahmed, Clinical Lead for Neonates, Doncaster & Bassetlaw Hospitals Simon Clark, Neonatal Consultant, Jessop Wing, STH Steve Hancock, Transport Consultant, Embrace Suzanne Palmer, Lead Nurse, Embrace</p>

ITEM	ACTIONS
<p>1. 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. <p>Quoracy</p> <ul style="list-style-type: none"> The meeting was noted as quorate. <p>Conflicts of Interest</p> <ul style="list-style-type: none"> There were none. 	

2.	Minutes of the last meeting held 14 December 2017 <ul style="list-style-type: none"> The minutes of the previous meeting were agreed as a true and accurate record. The following amendments were noted:- <ul style="list-style-type: none"> Section 8, bullet point 3, amend KW to CW. 	LG
3.	Matters Arising/Actions following the previous meeting <ul style="list-style-type: none"> All meeting actions are covered as agenda items for this meeting. 	
4.	Surge and Escalation <ul style="list-style-type: none"> Draft Standard Operating Procedure (SOP) – The document aims to bring all ongoing work streams together. A key element is that all units have their own internal escalation policies in place. Units are invited to make comments. Discussion took place regarding the NIC capacity figures (section 8/page 7). Next Steps – All units were asked to review their current NIC capacity figure (section 8, page 7) and advise DE or LCr of any amendments, this should not include transitional care. It was agreed to review in 6 months and this would remain as a standing item on the agenda. HB suggested that any lessons learnt from the recent bad weather are taken into consideration when reviewing local escalation plans. 	ALL ALL HB DE/LCr
5.	Improving Perinatal Outcomes <ul style="list-style-type: none"> Joint Maternity and Neonatal Clinical Forum Draft Agenda (16 May 2018) – HF informed the group that the Joint Forum for Neonatal and Maternity colleagues will take place at Hatfeild Hall. Any comments or additions to the agenda are welcome before this is finalised and recirculated. Implementing Regional Key Indicators – HB advised that following the Deep Dive Meeting held in November 2017, key indicators to prevent and address neonatal morbidity are being shared across England. It is now planned to build up a comparison across the North of England. ATAIN (Avoiding Term Admissions into Neonatal Units Programme) – HB informed the group that NHSE have approved the roll out of the ATAIN programme. A letter outlining requirements has been sent to all Trusts. It is key that Neonates and Maternity work together and review all term babies. It has now been agreed that a full year's worth of the data will be submitted at the end of March 2018. NHS Resolution CNST (Clinical Negligence Scheme for Trusts) HF advised that the incentive scheme is made up of 10 criteria to fulfil, ATAIN is one of these and will be assessed at all Trusts in June 2018. 	ALL/HF
6.	Matters Arising <ul style="list-style-type: none"> ODN Development - It is proposed that the Y&H Neonatal ODN become more involved with the management of Neonatal Services across the Y&H region with overall responsibility remaining with NHSE. <ul style="list-style-type: none"> The Executive Group noted the proposal. CE suggested that the proposal is discussed further within individual Trusts with initial feedback based on today's discussions being forwarded to HB. HB will continue to work on putting a final draft proposal (Enc F) together for the end of April in order for formal discussions to take place at June's EGM. A transitional period was suggested for 2019. Post meeting note:- As agreed during the meeting, an ODN Development Workshop has been scheduled to take place <u>22 March, 2-4pm, Ibis Hotel, Barnsley.</u> DE enquired whether the partnership between the ODN and NHSE would assist with discussions around funding for education? SHal suggested that staffing profiles could be looked at when considering roles required to develop the ODN. SHal advised that there are no plans to involve LMSs at this stage. 	ALL HB ALL
7.	Parent Engagement <ul style="list-style-type: none"> Parent Representative Update – LCr advised that interviews will take place 	

	<p>shortly for a further 2 parent representatives. DF continues her involvement with the Parent Charter and FiC. CW continues to work with Leeds. Parent representation would be beneficial in the South of the region.</p> <ul style="list-style-type: none"> • Bliss Update <ul style="list-style-type: none"> - KW thanked all those who have completed the online Impact Survey which was circulated by the ODN recently. KW plans to email those units who have not completed a survey so far. - The recruitment for further volunteers is now open and KW encouraged units to contact CW for further information. 4 new volunteers will be commencing in post on units shortly. - Positive feedback has been received following the recent FINE training in Manchester. KW was pleased to advise that charity funding from SOFAB is available for places in April and details have been posted on the Bliss Facebook page or can be found on their website. - The Bliss Baby Charter Conference will take place in Manchester on Monday 12 March and the event is now fully booked. - The Nutricia funding proposal had been declined by Bliss following feedback received. KW is happy to feedback individual comments to Bliss HQ or you can contact David Borman on davidb@bliss.org.uk 	
<p>8.</p>	<p>National Reviews</p> <ul style="list-style-type: none"> • Quality Surveillance Team – All units have now been visited by the QST and reports have been issued. All action plans have been formally sent to the NHSE Quality Team, this information will be added to contracts and formal checks will be carried out to ensure Trusts have achieved these actions. HB advised that the ODN had looked into recurring themes and cross matched these with Peer Review reports, issues with consistency across QST visits were noted. DE felt that certain issues raised were out of a units remit to resolve e.g cot space due, to the age of some buildings. • Neonatal Transformation – HB informed the group that the report had been embargoed and is to be discussed at the next CRG meeting. • Specialised Commissioning – see above. 	
<p>9.</p>	<p>Y&H Maternity Network</p> <ul style="list-style-type: none"> • Maternity Transformation Programme – HF stated that LMS plans are being updated and will be resubmitted. These will include more information around finance and trajectories. There are plans for Continuity of Carer pilots to commence shortly to concentrate on booking 20% of women on a CoC (Continuity of Carer) pathway. There are also plans to produce a Y&H Clinical Summit film to support engagement across both clinicians and wider stakeholders. • Maternity & Neonatal Health Safety Collaborative – Work continues on the 3 waves with 44 Trusts taking part in wave 1. Wave 2 commences April 2018. • Y&H Learning System (previously known as Communities of Practice) – A meeting will take place following the Joint Maternity and Neonatal Clinical Forum. The meeting will concentrate on sharing best practice for quality improvement as well as the learning and sharing in preparation for wave 2. The Learning System will be hosted by Academic Health Science Network (AHSN) and supported by the Neonatal ODN and Maternity Clinical Network. The Y&H Improvement Academy is the part of the AHSN leading this work and has a Y&H safety culture tool which has been used to assess safety culture for the wave 1 Trusts. HF to share with the EGM. HF encouraged neonatal attendance at Learning System meetings. • Local Maternity Systems – The below areas are all awaiting feedback following the submission of the plans in January. <ul style="list-style-type: none"> – Derbyshire – Humber Coast and Vale – South Yorks and Bassetlaw 	

	– West Yorks & Harrogate	
10.	<p>Integrated Care Systems – ICS (formerly Accountable Care Systems - ACS)</p> <ul style="list-style-type: none"> • STP Service Review - There are 8 areas nationally. CE will keep the group informed with regards to the South Yorkshire & Bassetlaw footprint. CE advised that the update report is due 28 April 2018. CE advised that Maternity and Children’s Services are at the top of the agenda. • Sustainable Hospital Review – Option appraisal due April 2018. • Managed Clinical Networks - Children’s Surgery & Anaesthesia and the Acutely Unwell Child are clinically led. 	
11.	<p>Updates</p> <ul style="list-style-type: none"> • National Neonatal Pricing Group – There was nothing to report. The meeting due to take place in March has been postponed to 26 April 2018. • Parental Nutrition – CD informed the group that he is in communication with a pharmaceutical colleague who is in the procurement process with commissioning. CD will keep the group updated on developments, with timescales are to be confirmed. • Clinical Referencing Group – HB met with the CRG representatives at the Deep Dive meeting who are supportive of the communication and developing relations between Y&H and NW groups. 	CD
12.	<p>Data Reports</p> <ul style="list-style-type: none"> • Nursing Acuity – CB explained that the report gives a quarterly summary of nursing acuity status. As a network Y&H are below average compared to national data for all 3 levels. QIS is above the national level. NICUs are below the national average. • Website/ignaz Handbook – LG gave a brief update. The old Y&H Neonatal Website will be closed down 31 March 2018. All Network Formularies and Guidelines have now been transferred to NHS Networks and are available in PDF format. There is a link on NHS networks to Ignaz Web version where guidelines and formularies can also be accessed. Unfortunately the roll out of the Ignaz app has been delayed due to some minor technical issues which will hopefully be resolved shortly by the app developers. LG will contact all units shortly with a view to rolling out the app and to offer any assistance or training. Several units have already been in touch and are eager to start using the app. Once the app is installed the guidelines and formularies may be accessed without an internet connection. 	
13.	<p>Quality & Governance</p> <ul style="list-style-type: none"> • Y&H Neonatal Dashboard (Cumulative data Jan–Dec 17) <ul style="list-style-type: none"> - PN - slight changes, but low numbers for some units can make significant changes to RAG ratings. No real change in practice to be seen though. - Temperature - Scarborough have improved from RAG rating Red to Green for this cohort of babies. However Barnsley and Bassetlaw continue to remain RAG rated red for this. - 2yr Follow Up - Barnsley have improved from 0% achievement at the start of the year (Red) and have improved to 78% and are now green. Similarly York have improved from 29% to 77%. There have also been quarterly improvements for Bradford. Hull, Leeds, Scarborough, Rotherham and Doncaster all remain red and have little or no improvement from the previous quarter. - 1st consultation with carers - Airedale, Hull, Rotherham, Scarborough, SCH and York all continue to be rated Red. No signs of improvement from the previous quarter at any of these units and for some units there have been no changes all year. - ANS - Bassetlaw continue to be rated Red. Numbers at the unit are small but they have 0%. RAG ratings have been increased this quarter for this measure and are now set in line with the National NNAP target figures. This 	

	<p>has meant that some units have seen a reduction in RAG rating this quarter even though their achievement has not changed.</p> <ul style="list-style-type: none"> - Temperature - similarly RAG ratings for this question have been changed but these have been reduced to be in line with National targets. Despite lowering the thresholds Barnsley, Grimsby, Hull, Scarborough and Scunthorpe all remain Red. - Breast milk - RAG ratings remain pretty constant with little change or fluctuation. - ROP - RAG ratings remain pretty constant with little change or fluctuation. - Magnesium Sulphate - RAG ratings have been increased for this question. Had very little impact though on the overall picture for most units. All SC units - Bassetlaw, Harrogate and Scarborough have achieved 0%. Barnsley, Pinderfields, Scunthorpe and Calderdale have all remained in the red rating. <ul style="list-style-type: none"> • Temperature Dashboard – discussed. • PReCePT (Preventing Cerebral Palsy in Pre Term Labour) – HF informed the group that a trial had taken place elsewhere in the country to raise awareness and to improve the uptake of magnesium sulphate. • Y&H Maternity Dashboard – HF will attend a meeting next week to discuss and look at v2 of the dashboard. A copy of the dashboard will be shared with the Network. There are national maternity indicators coming out and quality metrics to be rolled out 2018. The Maternity Dashboard is not public facing just yet. • Exception Reporting – This consists of a summary of the Improving Perinatal Outcome Posters which are clinically reviewed at the Y&H ODN Clinical Forums. 	
14.	<p>Embrace</p> <ul style="list-style-type: none"> • There was no representation from Embrace at the meeting. • Activity Reports for December 2017 and January 2018 are to be circulated with the minutes of the meeting. • CD informed the group that he attends the ERG (Embrace Reference Group) Meetings and is happy to raise any specific issues with regards to transfers on behalf of units. • Transport Incubators – DE reported that the item has now been removed from the Embrace Risk Register. 	LG
15.	<p>Education, Training and Guidelines – Cath Smith, Education & Guideline Lead</p> <ul style="list-style-type: none"> • Education Update:- <ul style="list-style-type: none"> - HIE & Encephalopathy Education Day, Leeds - January 2018 – the day was well received. <p><u>Future Education Dates</u></p> <ul style="list-style-type: none"> - Pre-Term Infant, RHH, Sheffield - 21 June 2018 - Neonatal Surgical Conditions and Management – 8 October 2018 <ul style="list-style-type: none"> • Guidelines Ratification - The following guidelines were agreed and signed off during the meeting:- <ul style="list-style-type: none"> - ODN Admission - Pulmonary Haemorrhage - Hyperkalaemia - Thrombosis Management has been extracted from the Umbilical Guideline and has already been approved through the ratification process. • CS informed the group of plans to change the current process for reviewing and agreeing network guidelines. CS to circulate a draft process to the group shortly. • IUT Guideline – It was agreed that subject to consultation and the following amendments being made that the Neonatal EGM would endorse the guideline. HF to take the suggested amendments and feedback to the Maternity Clinical Expert Group. <ul style="list-style-type: none"> - Inclusion of antenatal steroids and magnesium sulphate - Wording re: steroids may seem discouraging and suggest 	CS HF

	<p>removing</p> <ul style="list-style-type: none"> - Steroids at 24 weeks – group requested this to be 23+0 weeks – guideline updated - Query inclusion of Fibronectin level – to be discussed at Maternity Clinical Expert Group - Addition of a basic resus kit as an appendix - Neonatal units updated on Appendix 1 - Embrace (Yorkshire) amended to Embrace (Yorkshire and the Humber) - Number of midwives for transfer when woman has a multiple pregnancy – to be discussed at Maternity Clinical Expert Group - HF advised that going forward Maternity would like to adopt a guideline process in line with that of the Neonatal Guidelines. <ul style="list-style-type: none"> • HF advised that going forward Maternity would like to adopt a similar guideline process to that of the Neonatal Guidelines. • Y&H Neonatal Annual Conference, Wednesday 25 April 2018, Wetherby Racecourse – A Draft Programme has been circulated to the Network along with a further call for abstracts. There have been 10 abstracts received so far, 4 will be chosen, with the remaining submissions being asked to produce posters for presentation on the day. Registration for the Conference can be made by completing a registration form which can be accessed on the NHS Networks website. Units were asked to kindly raise awareness of the conference with their colleagues. 	ALL
16.	<p>AOB</p> <ul style="list-style-type: none"> • EGM Thursday 14 June 2018 – EP to confirm whether she is able to chair the meeting in CE’s absence. • NICU Meetings – A meeting had taken place between the 4 NICUs prior to the EGM. The meeting had been called to discuss specific NICU issues and to facilitate a collaborate approach. A verbal report will be given at future EGMs following these meetings. 	EP
17.	<p>Date and time of next meetings</p> <ul style="list-style-type: none"> • Thursday 14 June 2018 – 10am-12.30pm, Hatfeild Hall, Wakefield 	All