

Minutes of Clinical Governance Group

Wednesday 24 April 2024

10:00am – 1:00pm
via Microsoft Teams

Present:

Anneli Wynn-Davies (AWD), Clinical Lead, North Hub (Chair)
Jane Gill (JG), Clinical Lead, EMNODN South Hub
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Jo Preece (JP) Guidelines Lead, EMNODN
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN
Cara Hobby (CH), Deputy Lead Nurse, EMNODN
Rachel Salloway (RS), Data Analyst, EMNODN
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS (left at 11:54)
Alison Davies (AD), Consultant Paediatrician, King's Mill Hospital (joined at 10:46)
Rhian Cope (RC), Matron, King's Mill Hospital (joined at 10:43)
Christina Pembleton (CP), Governance Lead Nurse for Neonates & Paediatrics, King's Mill Hospital
Nigel Ruggins (NR), Consultant Paediatrician, Royal Derby Hospital (joined at 10:24)
Lynn Slade (LS), Matron, University Hospitals of Derby & Burton (joined at 11:07)
Vicki Baldwin (VB), Matron, University Hospitals of Derby & Burton
Claire Johnson (CI), Lead Midwife for Quality & Safety, Derby & Derbyshire ICB
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals
Rachel Wright (RW), Matron, United Lincolnshire Hospitals (left at 12:40)
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital
Andy Currie (AC), Head of Service, CenTre (joined at 10:15)
Hilliary Killer (HK), General Manager, CenTre
Julie Needham (JN), Matron, CenTre
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital
Michelle Hardwick (MH), Matron, Northampton General Hospital
Vicki Harris (VH), Transitional Care Lead Nurse, Northampton General Hospital
Nicole Malazzab (NM), Clinical Governance Lead Nurse, Northampton General Hospital
Tilly Pillay (TP), Clinical Lead, University Hospitals of Leicester (left at 12:31)
Rachel McCoy (RM), Ward Manager, Leicester General Hospital
Claire Inglis (CI), Homecare Lead Nurse, University Hospitals of Leicester (joined at 10:36)
Emily Fox (EF), Clinical Quality Improvement Manager, LLR ICB
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
Pheobe Kigozi (PK), Deputy Clinical Lead, Nottingham University Hospitals (joined at 10:32)
Zara Doubleday (ZD), Ward Manager, Nottingham City Hospital (left at 10:59)
Lucy Panesar (LP), Homecare Lead Nurse, Nottingham University Hospitals
Charlotte Baylem (CB), Matron for Quality, Risk & Safety, Nottingham University Hospitals
Marie Teale (MT), Deputy Head of Maternity Commissioning, Nottingham & Nottinghamshire ICB

In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Sarah Willis (SW) (SW), Occupational Therapist, EMNODN
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Susan Chisela (SC), Practice Development Nurse, EMNODN

	Subject	Attachment	Action
1.	<p>Apologies for Absence Judith Foxon, Gregory Shepherd, Lisa Kelly, Poornima Pandey, Jane Lafferty, Kirsty Adams, Lynsey Lord, Mishal Joshi, Lorraine Collins, Eileen Peasgood, Abraham Isaac</p>		
2.	<p>Declarations of Interest None.</p>		
3.	<p>Minutes and Actions from the Previous Meetings The minutes from the previous meeting were accepted as an accurate record of proceedings.</p>	A	
4.	<p>Matters Arising 4.1 Car Seat Update There have been no further meetings or updates since the update provided at the last Clinical Governance Group.</p>		
5.	<p>Babies & Families 5.1 Family Care Team Update Interviews have been held for the Network Parent and Family Engagement Lead post. An appointment has been made and the successful applicant will be commencing in post June time.</p> <p>The ODN CardMedic trial is now live. The first meeting with clinical champions was held on 19 April and went well, however there was not representation from every Trust. The trial is still in the early stages, and as of Friday had not been used live with a family.</p> <p>Information was gathered from staff before the agreement to use CardMedic regarding staff confidence when caring for families whose first language is not English. Staff reported they frequently resort to using Google translate. It is well known how inaccurate this can be, so hopefully CardMedic will be a really good tool.</p> <p>CH expressed thanks to Nottingham & Nottinghamshire LMNS for funding the Network element of CardMedic.</p> <p>The Network education videos are still in the editing process, which has taken much longer than originally anticipated. The videos are now almost ready to share and will hopefully be circulated ahead of the next Clinical Governance Group meeting in July 2024.</p> <p>Planning for the unit 360 tours has progressed well, with Harriet Leyland doing a very good job of coordinating. Filming will start on 17 June 2024.</p>		

	<p>Feedback from the latest Network FiCare survey has been collated, and CH is now in the process of booking unit visits to discuss the results, and also to review individual unit action plans.</p> <p>If anyone would like further information on any of this, please contact CH.</p> <p>5.2 NVP Recruitment All LMNSs now have NVPs, who are an excellent resource for acquiring parent feedback. CH anticipates that the FiCare lead will work very closely with these groups too. The NVP leads are invited to the Network PAG and will hopefully start to regularly engage in these meetings.</p>		
6.	<p>Surgical Updates A meeting with Paediatric Network is planned and AWD/JG will aim to get this set up before the next Clinical Governance Group.</p>		AWD/JG/LSH
7.	<p>Cardiac Update The Network team recently met with the cardiac and fetal medicine teams and are looking at optimising pathways for cardiac babies.</p>		
8.	<p>CenTe Transport 8.1 Q4 Report A copy of the report was circulated, and HK provided the update:</p> <p>The service has had another busy year. The report records 1530 transfers this year compared 1482 last year.</p> <p>In Q4 there were slightly less uplifts of care out of East Midlands compared to those in Q3.</p> <p>The service is working closely with COMET who provide assistance when required.</p> <p>Despatch times are good: 60 mins at 91%, and local time critical transfers are up to 85% in Q4 which is an improvement.</p> <p>The drive through SOP is awaiting ratification.</p> <p>Referral response times are between 76% and 86%. The target is 80%.</p> <p>There have been 38 Datix's in Q4.</p> <p>The team are now using a new blood gas machine. They are currently undertaking some comparisons as they</p>		

will be 4 times the size of the previous unit. The build is due for completion in December 2023, and it is hoped that the additional cots will open 2025. This will be dependent upon recruitment and training of staff.

Work with UHL is underway to open additional cots. The peer review is due to take place so it is hoped that there will be a clearer idea of the trajectories.

- **Staffing**

The ODN are still collecting data and submitting it to the regional and national teams on a quarterly basis so that they have an oversight. QIS ratios are very low. This is mainly due to the need to recruit nurses who are new to specialty which has diluted the ratios.

Business cases for Nursing/AHP/Medical are being produced in collaboration with the Trusts.

- **FiCare**

The ODN are on track to deliver on the recommendations, with the exception of parent accommodation which is inadequate across the Network. This will be discussed during peer reviews.

9.2 Funding

Specialised Commissioning have not yet confirmed the funding packages for this year. The Network Team have provided them with the gaps across all the units. LH has been informed that any funding now has to be agreed by the joint executive committee which is a group made up of the CEOs from all the ICBs.

Units who have received money through Ockenden or the LTP please ensure that the finance teams are aware that this funding is coming from either the national or regional teams and not the Network.

NB asked how the joint executive committee will wisely spend this money. LH is hoping that Specialised Commissioning will be using the data already provided by the ODN team. The Specialised Commissioning Team have agreed that that they will be constantly guided by the ODN. JF has been doing a lot of work with them around workforce, what is required and how much it will cost.

9.3 Critical Care Service Specification

The new Service specification has been released and unit teams will need to familiarise themselves with the content. This is now what should be worked towards, and it will be utilised for peer review assessment.

ALL

<p>10.</p>	<p>Preterm Birth Group Update 10.1 Latest Data Extreme preterm birth in the right place is currently at 82% against a standard of 85% which is an improvement.</p> <p>The maternity teams are reviewing how information about signs and symptoms of preterm labour is provided to pregnant women. Some leaflets have been produced and these are being shared, there is also Tommy's information available.</p> <p>There is still a problem with fetal fibronectin supply which impacts upon the accurate assessment of preterm labour.</p> <p>LH is meeting with Sandra Smith, the acting regional lead midwife and Susanna Al Samarrai this afternoon to discuss the possibility of reigniting the 'Just Say Yes' policy and producing an education package.</p>		
<p>11.</p>	<p>AHP & Psychology Update SW provided an update:</p> <p>All Ockenden posts are now recruited to with the exception of KGH.</p> <p>Further AHP recruitment is underway following additional successful business cases in Derby and NUH, and these continue to progress.</p> <p>The AHP Team are working with a number of trusts directly on their AHP business cases and having some conversations regarding how to consider the next steps.</p> <p>The Network AHP team have been visiting units, particularly those areas whose AHPs are coming up to being a year in post. They are helping them reflect on what has been achieved and what would be the next priorities.</p> <p>The team are planning a second AHP conference for later in the year.</p> <p>A number of AHP guidelines are being updated and are currently going through the relevant review processes; these include positioning, light and noise and feeding.</p>		
<p>12.</p>	<p>Workforce & Education 12.1 Nurse Staffing A copy of the data was attached to the meeting papers.</p>		

SPC Opel charts demonstrated an improved position in RN numbers required to meet activity \geq RN on duty in most units most of the time.

The gaps between QIS nurses required to meet the activity and QIS on duty are most significant and persistent at UHL, NUH and Burton. The results of the Q4 Nursing workforce data will be discussed in more detail at peer reviews.

None of the East Midlands units meet the 70% QIS standard for nurses providing direct patient care. The range is between 27% and 67%, with the average at just over 50%.

7/10 units report a small increase in QIS numbers.

3 units report a small fall in the number of QIS nurses in post.

Where there has been increased recruitment to band 5 non-QIS staff this has resulted in a dilution of the QIS percentage so the position may have worsened in numbers of WTE in post.

JG reported that nurse staffing data still looks concerning. It is noted that everyone is working really hard to address this and action plans will be requested at peer reviews. LMNSs will also be asking about staffing levels and plans. AWD explained that this has huge impacts on our capacity.

12.2 Workforce Data (including AHP)

JF thanked all the Lead Nurses and Clinical leads for submitting the Q4 Workforce data and medical staffing returns by the deadline which was greatly appreciated.

Q4 data workbooks have now been submitted to NHSE. Individual workforce positions will be discussed in more detail at peer reviews.

Funding was allocated in 2022/23 for AHP posts and additional medical staffing posts. With the exception of some AHP posts in Kettering, recruitment to these posts is complete.

Funding was allocated last year for a Governance Lead Nurse in each Trust and for additional education resource in 3 Trusts. Recruitment to the posts is complete in all but 3 Trusts. Recruitment to the remaining posts is in progress except for the educators in 1 Trust. This position has been escalated to the relevant LMNS.

	<p>Funding for additional Consultants in 3 Trusts, and additional medical PAs for PMRT, was allocated in October 2023. Recruitment to these posts is in progress.</p> <p>12.3 Foundations in Neonatal Care Programme Cohort 6 of the Foundations programme was completed in March. The course evaluated well, and student produced some excellent poster presentations.</p> <p>The April 2024 cohort has commenced with 19 students. Over next 12 months the education team will trial 3 courses per year. 1 x 6month course and 2 x 3-month condensed courses.</p> <p>12.4 Band 5 Bridging the Gap Competencies Several LNUs are currently piloting the ODN band 5 Bridging the Gap competences. Feedback is being collected this month. The plan is to bring the final version to next Clinical Governance meeting for approval.</p> <p>12.5 Network Vacancies Recruitment to ODN posts:</p> <ul style="list-style-type: none"> • Medical Education Lead – Julia Edwards is starting from 01 May 2024. She will be concentrating on MDT working and Education days • Parent Engagement Lead • Psychology Assistant • ODN Pharmacist – Recruitment paused pending review of banding for the role. • Admin assistant – awaiting job description and job matching <p>Conference The conference evaluated well. LH raised that there were 14 non-attenders which totalled a loss of £630. Please all remind staff that when they book onto Network events that they must attend. To not turn up is not acceptable and a misuse of public funding.</p>		
13.	<p>Homecare 13.1 Homecare Update There are still some vacancies in the North hub. It is hoped that by the end of May this number will have reduced.</p> <p>Parent feedback forms have been gathered since January, with very positive feedback so far. The aim is to increase the amount of family feedback.</p> <p>AWD asked where each of the services are at in terms of NGT, home phototherapy, and provision of a 7-day service:</p>		

Home NGT feeding is taking place out of all units with the exception of Derby and LP is working with Derby's interim lead to address this.

Phototherapy – the proposed start in NUH is the end of July.

Phototherapy guidelines are in draft and have been shared with the North hub nursing leads for them to adapt locally.

Derby needs to focus on NGT feeding before moving on to home phototherapy.

Lincoln are planning to introduce home phototherapy.

KMH homecare staff will be TUPE'd into NUH so are not rolling out home phototherapy at the moment.

SW asked to LP to consider the involvement of the AHP team, ODN and Unit in audits to see if there was any correlation in this data with the absence of SLT. LP confirmed that the SLT and Dietitian are already involved and so will be using their skills. Natalie and Katie are available at Network level if any support required,

JG stated that she is concerned that there is not an equity of care, and that there needs to be some thought over the coming months about how this can be levelled up. It is important to at least see home tube feeding offered to all families across the Network.

NR confirmed that long term tube feeding babies are discharged with the KITE team. Emphasis now needs to be on the short-term tube feeding babies.

Vicki Baldwin has joined as Matron and will be supporting the interim matron for homecare.

13.2 North Dashboards

Data from last year was shared. The days of care have increased. There has been a significant increase of the average number of care days in NUH and an audit is underway to ascertain the reasons.

Referrals last year for NGT home feeding increased. There is no data for Derby as the work on the pathways is not yet complete.

13.3 South Dashboards

Dashboard shared.

	<p>There were 42 general homecare referrals across the last quarter.</p> <p>The team is fully established. There will be an advert out shortly to replace a staff leaver in the Northamptonshire area.</p> <p>Parent feedback is positive.</p> <p>13.4 Cross Boundary Issues Nothing to report.</p>		
14.	<p>Risk Register A copy was circulated.</p> <p>All to review and any send comments to LH within the next couple of weeks before it is presented to the Board.</p>		ALL
15.	<p>Guidelines <u>Ratified & Available on the Network Website</u></p> <p>15.1 SOP Drive through Contrast for babies with bilious vomiting This was ratified but does not talk about time critical, so changes will be required based on BAPM guideline. This will be discussed further this afternoon.</p> <p><u>15.2 SOP Babies Requiring Laser Treatment for ROP</u></p> <p><u>15.3 Referral for Surgical Assessment</u></p> <p><u>15.4 Prostin Monograph</u></p> <p><i>For Ratification</i></p> <p>15.5 CMV Guideline New European consensus has been published. JP will cross check.</p> <p><u>Under Review</u></p> <p>15.6 PPHN JP will review and this will be circulated for a first review.</p> <p>15.7 Light & Noise This is with the Network Team for review.</p> <p>15.8 Positioning This is with the Network Team for review.</p> <p>15.9 NEC Care Bundle There has been no progress. JP to meet with SO to discuss.</p>		

	<p>15.10 Guideline for Dietetic Referral and Triaging Criteria This has been circulated for comment.</p> <p>15.11 Transport Stabilisation Due for review July 2024.</p> <p>15.12 Encephalopathy JP is working on.</p> <p>15.13 Seizures JP is working on.</p> <p><u>Under Development</u></p> <p>15.14 Early Care/Optimisation JP is working on. A guideline has drafted and requires some cross checking with other existing guidelines. This will hopefully be circulated in the next two to three weeks for the group to review.</p> <p>15.15 PDA Pathway This has not yet been commenced.</p> <p>JG informed the group that the new service specification states that all Network units should use Network guidance where it is available and that they will need to derogate formally if they do not use them. It is therefore important that all units engage fully with the guideline processes.</p>		
16.	<p>Data Quality and Assurance Reporting</p> <p>16.1 Local Network Quality Dashboard The dashboard was circulated and discussed.</p> <p>LH has asked RS to review who is performing well for each measure so that learning can be shared.</p> <p>The group discussed the importance of data analysts /clerks in the units to ensure data accuracy. Caution was advised with regard to employing digital nurses as this will reduce availability of cot side nursing time.</p> <p>AHSN Health Innovation England had some funding available to assist towards the implementation of PERIprem. WC has been having some conversations with Alma regarding the potential of utilising some of this funding towards posts for data clerks which could significantly improve the data.</p> <p>NB reported the importance of training juniors to be focussed on data and to include data points on the ward round sheets. The NGH team meet once per month, before RS downloads the data, to ensure that it is accurate.</p>		

16.2 Learning from Incidents and Excellence

- **SIs**
KGH

No one present from KGH.

- **PSIRF (Patient Safety Incident Investigations)**
As there may not be SI reports this has been added to the agenda to ensure that sharing of learning is not missed.
- **MNSI (Formerly HSIB) Investigations**
None reported.
- **Coroners Recommendations**
UHDB
LS shared some learning.

All telephone advice must be documented.

The team have therefore produced a telephone advice proforma for use until full EPR is implemented. LS will share the document.

LH reported that she has seen evidence of clinicians who have provided telephone advice sending an email afterwards so that there is a documented trail.

- **Parliamentary & Health Ombudsman**
TP will produce a learning on a page from a UHL case and will share it when complete.

Attempted Abduction

LH reported that there was an attempted abduction in another Network. The individual had previously been issued with a swipe card which was not surrendered when they left. All reminded that if someone is given a swipe card it should be returned as soon as they leave. All to remind staff to ask parents not to let anyone tailgate their access to units, whether that be staff or anyone else.

Martha's Rule

This will enable parents able to seek a second opinion if they wish for one. AWD/JG/LH had some discussion on how this can work in practice across the Network. It was suggested that SCU/LNU seek tertiary service. If in tertiary service refer to other tertiary service.

It was agreed that some good practice points with a flow chart will be drawn up for discussion.

16.3 Regional/National Alerts

WC sent out an email yesterday regarding supply shortages. Please could everyone respond and copying

LS

	<p>in everyone to ensure all are aware where there are issues.</p> <p>16.4 Exception Reporting A copy of the report was circulated.</p> <p>Some of the exceptions going back to 202/21 so AWD/JG will catch up with RS to decide if this is worth undertaking.</p>		AWD/JG
17.	<p>Service Improvement/Implementation Programme</p> <p>17.1 PERIPrem There is a meeting date with UHDB. All were reminded that this is about informing/empowering parents. This includes involving them in some of the conversations and ensuring delivery in the right place.</p> <p>17.2 Transitional Care Implementation Updates CD has devised a questionnaire to gauge unit progress with Transitional Care. The Network Team will be asking questions about implementation at the upcoming peer reviews.</p> <p>LS reported there has been a great deal of progress at UHDB. The space, staffing plans and guidelines have all been agreed. The service is ready to start providing TC at the Burton site as soon as the new unit is opened, and Derby will be following shortly afterwards.</p> <p>LH stated that it is very evident that a significant number of babies on IV antibiotics still go to units for their medication and that this takes a significant amount of nursing time. It was agreed that the potential of repeating a previous audit be discussed at the Lead Nurses group.</p>		LH
18.	<p>LMNS Local Feedback CJ thanked the group for inviting her. She found the meeting to be really helpful and gives context to neonatal issues.</p> <p>CJ noted that the Coroners cases from UHDB are historical from 20219 and 2022 so some improvements have already been made since these cases occurred.</p> <p>The MNVP lead in Derbyshire, has carried out 15 steps at RDH NNU and the feedback will be discussed on Monday.</p>		
19.	<p>Mortality Oversight Group The last meeting was held in the middle of March. The MLB will be circulated shortly. The group is moving forward with the new process at the next meeting, where only selected cases will be discussed.</p>		

<p>20.</p>	<p>Feedback from Network meetings</p> <p>20.1 Lead Nurses Group There has not been a meeting since last CGG as the last meeting was cancelled due to conflicting priorities.</p> <p>20.2 Parent Advisory Group No meeting since last CGG. The next meeting is in May so an update will be provided at the next meeting.</p> <p>20.3 Education & Practice Development Group The last meeting was face to face and it was held on 19 March. The group are trying out a new format with a formal meeting in morning followed by CPD in afternoon, which worked really well.</p> <p>20.4 Pharmacy Group The group met and approved the prostin monograph which is now available on the website.</p> <p>JG asked all to pass on thanks as there has been very good engagement from the Network pharmacists.</p> <p>20.5 Homecare Group The last meeting was cancelled. Future meeting dates to be agreed and circulated.</p> <p>20.6 Safeguarding Group The group have not met since the last CGG meeting. There are plans for a preterm audit and this will go to lead nurses to discuss and agree a way forward.</p> <p>20.7 Governance Link Nurse Group The UHL governance nurse is due to start in May. ULHT were not able to appoint earlier this week so will be going back out to advert.</p> <p>KGH have shortlisted and are in the process of sorting an interview date.</p> <p>The next governance meeting will take place on the 25 April. WC is planning to produce some terms of reference for the group and has been waiting until all the link nurses are in post.</p>		<p>CI/LP/LSH</p> <p>LH</p>
<p>21.</p>	<p>Research</p> <p>21.1 Update Elaine Boyle provided an update by email:</p> <p>UHL research team has recently reviewed 1 year of neonatal research activity and in that time participated in >55 studies and recruited >2500 babies.</p>		

	<p>The BASE trial has recently opened and so the following 12 studies are currently open at UHL:</p> <ul style="list-style-type: none"> a. FEED1 – ‘full’ initial feeds vs gradual increases b. SurfON – early surfactant vs expectant management in late preterm and early term c. POLAR – static vs dynamic PEEP in DR for babies <29 weeks d. WHEAT - <u>With</u>holding <u>E</u>nteral Feeds <u>A</u>round the Time of Blood <u>T</u>ransfusions e. Dolphin Study – use of fish oils for neuroprotection f. PRemature Infant Outcome Risk (PRIOR) prospective observational study g. iGBS – matching iGBS cases blood samples with cord samples h. EMN-ODN NEC care bundle study i. Memories in a Heartbeat study j. AZTEC 2 k. Neogastric – measuring / not measuring gastric aspirates in <34 weeks l. Bicarbonate for Acidosis in very pretErm babies: a randomised clinical trial: The BASE Trial m. Prempath - Perinatal optimisation evaluation study <p>Clinical Research Network: The CRN is currently undergoing transition to the new Research Delivery Network. In the coming months, there are likely to be changes in personnel and in focus as the new system “beds in”. As the Division 3 lead and Children’s Specialty Lead (South), EB will keep an eye out for any major changes which may affect processes within the ODN, and update accordingly.</p>		
22.	<p>AOB LH asked for thoughts about having a face-to-face meeting next time, there was mixed opinion.</p> <p>It was outlined that there are differences between hospitals in terms of home tube feeding whereby if babies are transferred back to their home hospital and parents are asked to redo competencies. NGT competencies should be returned with the baby to prevent this from occurring.</p>		
23.	<p>Date/Time of Next Meeting Wednesday 03 July 2024, 10:00am – 1:00pm, via Microsoft Teams</p>		