

Minutes of Lead Nurses Group

Tuesday 03 December 2024
10:00am – 12:30pm

Via Microsoft Teams

Present:

Judith Foxon (JF), Deputy Lead Nurse, EMNODN (Chair)
 Wendy Copson (WC), Deputy Lead Nurse (EMNODN)
 Julie Needham (JN), Matron, CenTre Neonatal Transport
 Lynsey Lord (LL), Practice Development Matron, King’s Mill Hospital (left at 10:59)
 Lynn Slade (LS), Lead Nurse, University Hospitals of Derby & Burton
 Chelsea Larn (CL), Ward Manager, University Hospitals of Leicester
 Lucy Panesar (LP), Lead Nurse for Homecare, Nottingham University Hospitals
 Kelly McMinn (KM), Transitional Care Lead Nurse, King’s Mill Hospital
 Liz James (LJ), Head of Nursing Children’s Services, Northampton General Hospital
 Vicki Harris (VH), Transitional Care Lead Nurse, Northampton General Hospital
 Ellen Cutler (EC), Matron, Nottingham University Hospitals
 Rachel McCoy (RM), Ward Manager, University Hospitals of Leicester
 Rebecca Lambdon (RL), Lead Neonatal Educator, Northampton General Hospital
 Michelle Hardwick (MH), Matron, Northampton General Hospital
 Zara Doubleday (ZD), Neonatal Sister, Nottingham University Hospitals
 Kelly Marriott (KM), Ward Manager, Northampton General Hospital
 Claire Inglis (CI), Lead Nurse for Homecare, University Hospitals of Leicester (joined at 11:37)

In Attendance:

Linsay Hill (LSH), Office Manager, (EMNODN)
 Faye Kitcherside (FK), Administrator (EMNODN)

Item	Subject	Attachment	Action
1.	<p>Welcome & Apologies WC welcomed those in attendance.</p> <p>Apologies received from: Linda Hunn (LH), Cara Hobby (CH), Adrienne Patterson (AP), Carole Chapman (CC), Catherine Franklin (CF), Charlotte Baylem (CB), Davina Bhardwaj (DB), Elise Kumar (EK), Hayley Gatens (HG), Helen Fletcher (HF), Hilliary Killer (HK), Jane Lafferty (JL), Kimberley Hastings (KH), Kirsty Adams (KA), Lorraine Collins (LC), Louise Wardle (LW), Mishal Joshi (MJ), Rachael Giles (RG), Rachel Wright (RW), Rina Chauhan (RC), Sarah Bray (SB), Sophia Webster (SW), Vicki Baldwin (VB), Lorraine Collins (LC).</p>		
2.	<p>Declarations of Interest None.</p>		

3.	<p>Minutes from the Previous Meeting The previous minutes were agreed as a true record of proceedings.</p>	A	
4.	<p>Matters Arising 4.1 Car Seat Update A car seat insert has been created for smaller premature babies and is currently being trialled. Some initial feedback has been shared which WC agreed to circulate to anyone interested.</p>		WC
5.	<p>Workforce 5.1 Nurse Staffing SPC Charts JF explained that all units should have received their local trust quality reports including SPC staffing charts. These reports show what trends there are locally and unit QIS numbers, they show there are still some significant gaps between QIS nurses needed and the number of QIS nurses actually on duty. JF confirmed that the tertiary services are the most challenged.</p> <p>5.2 Q2 & Q3 Workforce Data Collection JF confirmed that the Network has submitted workforce data for Quarter 2 to NHS England. Meetings with approximately 50% of units have taken place to look at the data in greater depth. These meetings allow a workforce plan to be formulated which sets out how each unit is addressing particular local challenges, standard objectives and how best to meet QIS standards and RN requirements.</p> <p>JF is creating action plans to determine each unit's narrative regarding QIS. JF explained that this quarter may look like QIS standards have dropped but this is because more Band 5s have been recruited which then dilutes the QIS ratios. This is an example of how data and percentages alone do not give a full or accurate representation.</p> <p>JF explained that the regional team are looking at creating another dashboard and are in discussions regarding how QIS data can be presented specifically around neonates.</p> <p>JF explained that the Network is working on trying to form a standardised approach that is meaningful to those working outside of neonates.</p> <p>JF reiterated that the workforce calculator does not include Transitional Care activity. This means that if TC staffing is included in the workforce return, it will seem as if you are better off staffing wise than you actually are and this provides a false reassurance to NHS England.</p>		JF

	<p>JF strongly advised that all units use separate funding establishment for TC. This will be picked up individually with units where JF knows this is an issue.</p> <p>5.3 Quality Roles Funding JF confirmed that all quality roles have been recruited to with exception of some education roles in Leicester. All governance lead nurse roles are now in post.</p> <p>5.4 Recruitment Days The education team are considering holding a network wide recruitment day which aims to attract neonatal nurses.</p> <p>5.5 Recruitment Video JF has shared the first draft of the recruitment video with Derby and Leicester. Feedback has been very positive. JF offered thanks to Leicester and Derby for their cooperation with filming. There are a couple of changes still to be made and then the final version of the video can then be released.</p> <p>5.6 Neonatal Nurse Standard Framework JF confirmed that this has now been published. The Network will work with the universities in the East Midlands to understand how the current courses fit within the new framework as well as how the EMNODN Foundations in Neonatal Care course fits and then identify any gaps.</p>		ALL
6.	<p>Education & Practice Development Update</p> <p>6.1 QIS Training and Funding JF explained that funding has been provided to support three QIS projects.</p> <ol style="list-style-type: none"> 1. Additional QIS places. Additional QIS places funded on NTU QIS course which is starting in March 2025. Also, additional educator hours available to NUH and KMH to support additional QIS places. Any unit interested in accessing these additional places should contact JF. 2. QIS pastoral funding. Proposal to pilot a process offering each newly qualified QIS nurse 30 minutes supervision per week. This will allow them to receive support and to discuss what has been happening that week, i.e. what they feel went well, what areas they want to focus on more or what they found particularly challenging. JF explained that training would be given to supervisors and the Network psychology team would assist with this. Discussions are ongoing and JF will send more information about the proposal. JF welcomed any feedback regarding this idea. Also proposing a QIS promotion/recruitment day. LS explained that Derby have done this before and invited universities too. They found it was helpful for those who 		ALL

are unsure about QIS career progression. JF to liaise with UHDB to progress this.

3. QIS Implementation funding. This funding will support salary for someone to lead on how the new 'QIS' Standard framework maps against current East Midlands course provision and how it will be implemented, especially in relation to supernumerary NICU experience.

6.2 Foundations In Neonatal Care Course Update

Some trusts had requested a three-month FiNC course and as a result, 2 x three month cohorts were introduced with weekly study days. 1 x six month course remained in place with fortnightly study days.

JF is happy to receive feedback from the trusts but general consensus from students and educators is that there is too much pressure to complete all of the work within the three-month period. It is also very challenging for the education team to provide weekly study days and complete marking. The next three-month course will be evaluated and if it still does not appear to be working well, will be reconsidered.

JF was very happy to confirm that the EMNODN FiNC course has now received RCN accreditation and congratulated the EMNODN education team for their hard work in achieving this.

6.3 Leadership in Neonates (LiNS) Training

The first cohort of the EMNODN LiNS was held in September, running over three consecutive days and concluding with a final day at the beginning of November. 12 staff attended and feedback suggests that this went well. The course will run again next year, possibly in April 2025, but JF will confirm once dates are agreed. JF would welcome any further feedback from units, specifically anything around content.

6.4 Education/Training Programme

Roadshows

JF explained the original plan was to hold roadshows earlier this year which would travel round to each unit, this hasn't been possible due to existing commitments and stretched resources. The roadshows are currently on hold however, the EMNODN education team are happy to link with Transport to provide joint roadshows if this would be helpful.

Podcasts

A podcast platform has been purchased and Kellie Fraser has lots of plans for this. This will be another teaching tool

JF

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	<p>but also used to share news. These will start to be recorded over the next few months.</p>		
<p>7.</p>	<p>Parents</p> <p>7.1 Update on FIC Progress to Date CH not available to provide an update.</p> <p>7.2 Unit 360° Virtual Tours Filming for the tours has been completed in all units except, NUH and QHB. Final edits are being worked on with local teams.</p> <p>7.3 Parent Videos (HIEM Funded) CH not available to provide an update.</p> <p>7.4 Family Transfer Prompt Document CH not available to provide an update.</p>		
<p>8.</p>	<p>Repatriation Link Nurses</p> <p>JF explained that the Network is looking at introducing a repatriation link nurse role. This is based on a service model in both Thames Valley & Wessex and the East of England.</p> <p>This role aims for the link nurse to keep in touch with families who have been transferred out or IUT transfers who have been delivered on another unit.</p> <p>Harriet Leyland (Care Coordinator) has been talking to other ODNs about how this role works within their units. It is proposed that the role could be 1 day per week (not necessarily a full day, JF gave the example of 1 afternoon per week and said it would likely be 0.2 WTE).</p> <p>LJ said that the Nurse in Charge should be aware of outliers daily. She was unsure if this would add much value as it should be part of normal daily business.</p> <p>LS explained they currently have a family on their unit whose experience would have been improved if there had been somebody specifically responsible for communication, i.e. a link nurse. In time, this parent would probably be willing to provide detailed feedback to help units improve their communication in future.</p> <p>MH explained that at NGH, they telephone families regularly as part of their normal roles and also wondered if it would be appropriate to take somebody off the ward when they are already struggling with staffing levels. MH asked if the role would be suited to a member of staff with office hours already?</p>		

	<p>JF explained that it might not necessarily be a single person responsible for the link role as if this person is then off work, the system isn't robust.</p> <p>WC shared that she participated in a peer review in the East of England where they have found the link role works well and greatly improves communications for families.</p> <p>JF suggested a proposal be put together and piloted. If there are trusts who feel these roles would not be appropriate in their unit, it could perhaps be piloted in other areas. Data can then be compiled to see if it is worth pursuing. JF will devise a job description and share with units.</p> <p>LS volunteered UHDB to pilot the link nurse role when it becomes available.</p>		JF
9.	<p>Bliss Update 9.1 Accreditation LSH gave following update:</p> <ul style="list-style-type: none"> - 1 unit have registered intent (LGH) - 6 units bronze (1 almost at silver) - 1 silver (NGH, going for gold assessment in January 2025) - 1 unit at gold - 2 previously gold but accreditation has now expired 		
10.	<p>UNICEF Update 10.1 Unit Assessments UHL – Band 7 attended BFI course. Breastfeeding link nurse has returned from sick leave and is trying to get back on track</p> <p>UHDB – Assessment is booked for early 2025</p> <p>QMC – Appointed an infant feeding sister - awaiting a start date</p> <p>KMH and NGH – unsure of update at present</p> <p>NUH – Submitted for Stage 1 and sending education plan today. They have employed a new breastfeeding lead who is currently going through induction.</p>		
11	<p>National Projects 11.1 Neonatal Critical Care Review Implementation & Oversight Already talked earlier about nurse staffing, continue to work toward getting closer to BAPM standards.</p> <p>Continue to review Medical and AHP staffing and identify the gaps and what is needed to fill these. The Network will</p>		

	<p>continue to work with trusts who haven't been successful with business cases.</p> <p>QMC are moving back into their newly refurbished and extended unit on 12 December. This will provide extended capacity on the QMC site and will be gradually increasing babies as staffing allows. Whilst moving into the new unit the team would request that units repatriate babies in a timely manner.</p> <p>In February 2025 will be looking at redesignation of NCH to an LNU.</p> <p>Work continues with UHL around increasing their capacity.</p> <p>11.2 BAPM Bereavement & Palliative Care Framework The Bereavement & Palliative Care Framework has now been published.</p> <p>11.3 BAPM Outreach Project This has just been released for comment. JF suggests all read and send any comments, particularly those with experience of outreach services.</p>		ALL
12	<p>Quality & Governance</p> <p>12.1 Shared Learning JF reminded that trusts need to be reporting PSII's to the EMNODN as they can offer support. Additionally, it helps them to answer questions at a regional level.</p> <p>12.2 Data Meetings are being arranged with all units regarding their NNAP data. This includes how to read SPC charts, how to interpret the data, introductions to the dashboard etc. RM and CL were asked to provide potential meeting dates for UHL. These meetings should include ward managers, governance lead nurses and data clerks.</p> <p>12.3 Governance Lead Nurse Group Update The Governance Lead Nurse Group meets monthly, generally with good engagement from all units. WC explained that the group are considering a quality and safety assurance proforma, to analyse trends, research projects and examples of clinical excellence.</p> <p>12.4 Optimisation WC reminded all that trusts had recently been given a £10,000 grant. She suggested the units talk to maternity to see if they could utilise some of the money for neonates.</p> <p>12.5 Safeguarding Audit</p>		RM/CL

	<p>LH confirmed that we received information for all but one unit, this has been forwarded to our Clinical Leads and Becky Sands for review.</p> <p>12.6 IV Antibiotic Audit WC confirmed that this will likely take place in spring.</p> <p>12.7 Digital Improvement WC confirmed that 3 units are moving to BadgerNet EPR in January so there is lots of work going on regarding this. WC also explained that QIS nurses are often being taken away from clinical work to do this work and reminded the units to consider if this is necessary as they should ideally remain clinical.</p>		
13.	<p>Transitional Care Implementation Not covered.</p>		
14.	<p>Homecare 14.1 Update CI confirmed that everything in the South hub seems to be running smoothly, although there has been some sickness lately.</p> <p>At KGH, 100 babies are being referred each year and there are approx. 800 visits. At NGH, 100 babies are being referred with approx. 1000 visits and at UHL, there are 500 babies and approx. 5000 visits.</p> <p>WC asked CI about audits. CI explained that 7 tube-fed babies at NGH were discharged home and 16 tube-fed babies from UHL were discharged home. Auditing showed that babies were on average going home/reducing their length of stay by 5 days.</p> <p>Data from UHL showed that between 2019 and 2023, length of stay on average for babies receiving oxygen reduced by 9 days.</p> <p>CI explained that phototherapy will hopefully be introduced by the end of the year but there are no specific dates. NUH will likely be the first from the North Hub. Parents in the South Hub are responding really well.</p> <p>There will hopefully be an update on the North Hub in the next meeting.</p>		
15.	<p>Unit/CenTre Updates Not covered.</p>		
16.	<p>Network Update WC introduced FK, who is our new EMNODN administrator.</p>		

	<p>WC also explained that Rachel Salloway has been seconded to the project manager post. An assistant project manager (Band 5) will shortly be advertised.</p> <p>WC confirmed that a new pharmacist has recently been interviewed and appointed.</p> <p>WC updated that Haddie Bills, one of our Care Coordinator's, will be leaving in January. This job will be advertised in the near future.</p> <p>WC confirmed that there will be one of the Deputy Lead Nurses available over the Christmas period (apart from 25 December, 26 December and 01 January).</p> <p>WC also apologised that the meeting overran slightly and so some areas of the agenda could not be covered. This is because the meeting was shortened due to other diary commitments.</p>		
17.	<p>AOB</p> <p>JN advised that CenTre will be operating a reduced service on Christmas Day; there will be 2 acute teams but no repatriation team, JN will send comms to all units to remind them of this.</p>		
10.	<p>Date & Time of Next Meeting</p> <p>Tuesday 11 March 2025, 10:00am – 12:30pm via Microsoft Teams</p>		