

Minutes of Lead Nurses Group

Tuesday 30 July 2024
10.00am – 12.30pm

via Microsoft Teams

Present:

Judith Foxon (JF), Deputy Lead Nurse, EMNODN (Chair)
 Cara Hobby (CH), Deputy Lead Nurse, EMNODN
 Wendy Copson (WC), Deputy Lead Nurse, EMNODN
 Rachel Wright (RW), Matron, United Lincolnshire Hospitals (left at 12:20)
 Helen Fletcher (HF), Ward Manager, Lincoln County Hospital
 Carole Chapman (CC), Ward Manager, Pilgrim Hospital, Boston (left at 11:43)
 Ellen Cutler (EC), Matron, Nottingham University Hospitals
 Michelle Hardwick (MH), Matron, Northampton General Hospital (left at 12:15)
 Vicki Harris (VH), Transitional Care Lead Nurse, Northampton General Hospital (left at 12:22)
 Liz James (LJ) Head of Nursing, Kettering General Hospital
 Jane Lafferty (JL), Matron, Kettering General Hospital
 Kelly Marriott (KM), Ward Manager, Northampton General Hospital (left at 12:18)
 Rachel McCoy (RM), Ward Manager, University Hospitals of Leicester
 Julie Needham (JN), Matron, CenTre Neonatal Transport (left at 11:00)
 Adi Patterson (AP), Ward Manager, Kettering General Hospital
 Lynn Slade (LS), Lead Nurse, University Hospitals of Derby & Burton
 Lucy Panesar (LP), Homecare Lead Nurse, Nottingham University Hospitals (joined at 11:29)

In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
 Amanda Pike, Parent & Families Engagement Lead, EMNODN

	Subject	Attachment	Action
1.	Apologies for Absence Linda Hunn, Louise Bakin, Rachel Giles, Hilliary Killer		
2.	Declarations of Interest None.		
3.	Minutes from the Previous Meeting There were no minutes from the previous meeting.		
4.	Matters Arising 4.1 Car Seat Update A car seat insert has been created for smaller prem babies and is currently being trialled in Newcastle. We're hoping the results from that trial will be available in the near future.		

<p>5.</p>	<p>Workforce</p> <p>5.1 Nurse Staffing Audit</p> <p>A copy of the nurse staffing audit was circulated and discussed.</p> <p>This is the Network SPC chart for workforce over the last few months.</p> <p>The position in relation to QIS hasn't changed significantly and most units are still below BAPM. The lack of resilience at QIS is evident especially where there are peaks in activity and capacity. The registered nurse position appears to have improved; although this does vary from site to site and is most challenging in the NICUs.</p> <p>Each unit receive quality reports which include a staffing report against OPEL which RS sends out monthly. JF would like to meet with all to put together a local workforce specific plan, if already have one can just review it so that we can look at where we are as a Network and where we need to concentrate some focused work in supporting.</p> <p>5.2 Q1 Workforce Data Collection</p> <p>JF thanked all, for completing Q1 returns and submitting them promptly which is much appreciated. This will give JF time to collate information. JF will be looking with RS at how to best pull the data into a report and possibly map against the previous quarters along with some narrative.</p> <p>The workforce returns will go to NHSE at the end of August and will feed into the national picture.</p> <p>EC looks like their data may be wrong and so will be useful to catch up with JF before it is sent off to NHSE.</p> <p>5.3 Quality Roles Funding</p> <p>All have now recruited into all additional roles, with the exception of some education hours in one Trust. This is brilliant news!</p> <p>5.4 Recruitment Days</p> <p>We are involved in a number of recruitment days, and will be taking part in a pre-university recruitment day for 11-15 year olds in Leicester. There is a careers event in Nottingham for Nurses, midwives and physios, and a recruitment fair in Lincoln. The Network will be attending these events to represent the units within the region.</p> <p>If there are any other fairs, you'd like us to be involved in please do get in touch with the education team.</p>		<p>EC/JF</p> <p>ALL</p>
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	<p>5.5 Recruitment Video At the beginning of July, we were in Leicester and Derby filming a recruitment video, with at least one person from every Trust and CenTre Transport involved and filmed.</p> <p>A huge thank you to Leicester and Derby for facilitating this and for the enthusiasm from everyone who took part. The videographers were also very complimentary of the teams.</p> <p>Once editing has been completed and the videos finalised these resources will be available on the website for all to use.</p> <p>5.6 Neonatal Nurse Standard Framework This is a piece of work around standardising the QIS framework. This has now been finalised and should be published within the next couple of weeks. JF reported that it doesn't look hugely different, but there are some aspirational elements around placements in NIICUs for QIS students.</p> <p>The framework will be published and then a plan devised around how to implement it.</p> <p>There should be some funding coming with this to enable implementation.</p> <p>EC updated that there will be a new QIS Apprenticeship course at Nottingham University, the course is being built and EC will be one of the representatives on the group creating this.</p> <p>5.7 Nursing Associate Role Just to reiterate as this continues to crop up; nursing associates are not registered nurses, they are on the NMC register as registered nursing associates, not registered nurses.</p> <p>Nursing Associates may dilute QIS % significantly because they can't go on to do QIS and they are not registered nurses. In neonates the role of the nursing associate is different to the role on more general and paediatric wards.</p> <p>BAPM standards are that intensive care and high dependency babies should be looked after by QIS nurses or a registered nurse who is supervised by QIS nurse.</p>		
6.	<p>Education & Practice Development Update 6.1 QIS Training Update Hot off the press; there is an opportunity for us to apply for some money for additional QIS training and this might be an additional cohort at one or more of the HEIs. We need to turn this around in the next couple of weeks if anyone hasn't got funding or thinks they can support additional staff then please</p>		

<p>apply. There is also scope to include travel expenses if staff are having to travel to the QIS and need support with that The bid can also include any additional education support that might be required on the unit.</p> <p>JF will put this information in an email and look to work with units to put together an application.</p> <p>6.2 Foundation Programme Update Will start to trial the Foundations three times per year, one cohort over 6 months and 2 cohorts over 3 months in September. Currently we have good uptake for each cohort and will evaluate the impact of the 3 times per year programme.</p> <p>The Education Team are constantly collating feedback and adjusting the programme in response.</p> <p>6.3 Leadership Training The ‘Aspire to Inspire’ training days that were held last year have been expanded to give time to teach more detail. The initial programme is aimed at Band 6’s who are new to post and looking to develop. This will now run over three days in one week, with a fourth follow up day 6 weeks later. The first course will run in September.</p> <p>The team will then look at developing the programme further for Band 7 and 8’s.</p> <p>6.4 Education/Training Programme Annual Conference The Network Annual Conference will be on Wednesday 02 October 2024 with a theme around extreme preterm births.</p> <p>Roadshows These will be practical education/training days that the doctors, nurses and psychology team will bring to Trusts.</p> <p>The first roadshow will focus on respiratory support. Kellie Fraser has been in touch with most of you and is looking to start this in September.</p> <p>Post meeting note: The roadshows have been postponed until spring next year due to a lack of availability for rooms / facilities for teaching.</p> <p>Podcasts A podcast platform has been purchased and Kellie Fraser has lots of plans for this. This will be another teaching tool but also used to share news.</p>		<p style="text-align: center;">JF/ALL</p>
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<p>7. Parents</p> <p>7.1 Update on FIC Progress to Date</p> <p>FiCare team continuing to work with each unit on their action plans. If it's more helpful to think of them more as progression plans, each of the plans have been created based on the information gleaned when Harriet visited the units as part of her induction. There will probably be lots of updates by now and will be looking to share soon.</p> <p>CardMedic – slow progress due to number of accounts granted, 4 per unit. Where it has been used there has been really positive feedback. There has been an increase in the use of video interpreters on wheels so perhaps in the future would be useful to hear the feedback from those units using these.</p> <p>7.2 Parent Engagement /Neonatal Voices</p> <p>Amanda Pike has joined the team as Parent & Family Engagement Lead. AP gave a presentation around her role and the areas she will be focussing on.</p> <p>7.3 Unit 360 Virtual Tours</p> <p>The majority have been completed, Harriet Leyland is busy working on the edits and text details. They will be sent to units for checking before they go live.</p> <p>There are lots of nice additions to the videos as more of a resource.</p> <p>Thanks all for involvement in these really looking forward to getting them up and running.</p> <p>7.4 Parent Videos (HIEM Funded)</p> <p>These videos are an ongoing project, they've taken so long because the video production unit went bust and team were made redundant. There will be four videos - early skin to skin, the importance of early breast milk, an introduction to FiCare and an introduction to Neonatal Networks.</p> <p>7.5 Family Transfer Prompt Document</p> <p>There have been numerous conversations regarding challenges with discussing transfers and the appropriateness of the transfers. Each unit addresses this differently and the conversations around the decision-making process are documented.</p> <p>There was an appetite to create a prompt document. A draft has been written and circulated please all review and send any comments back to LSH by 20 August 2024. Please also share with teams. This will be sent to clinical leads also, particularly interested in any thoughts about condensing.</p>			<p>ALL</p>
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	<p>This document isn't designed to put barriers in place but to consider how best to support families at the time of transfer.</p> <p>Designed to be a thought provoking, conversation starter. Had hoped to speak with some parents, did email out to see if there were any families on units who have experience of transfer.</p> <p>If there are any parents willing to discuss we would be really grateful to put them in touch.</p>		
8.	<p>Bliss Update 8.1 Accreditation Units are making steady progress. 1 unit has registered intent, 7 units are currently at bronze with 2 of these almost at silver and 3 units at gold.</p>		
9.	<p>UNICEF Update 9.1 Unit Assessments There are two units in our Network that UNICEF don't hold any information for. 2 units registered intent to pursue BFI standards, 3 units at certificate of commitment, 1 unit at stage 1, 2 units at stage 2 and 1 unit at stage 3 – newest change, congratulations to KMH.</p> <p>Network do still have funds banked with UNICEF so will be releasing some places for the annual conference which will be virtual, offering money to support at least one member of staff from each unit.</p>		
10.	<p>National Projects 10.1 Neonatal Critical Care Review Implementation & Oversight The work on the NCCR continues.</p> <p>Work is ongoing developing AHP workforce in each Trusts.</p> <p>10.2 BAPM Bereavement & Palliative Care Framework Recommendations have been developed and published in the BAPM Framework for Complex, Palliative and Bereavement care, around each unit having some protected hours for nurses who work on complex palliative and bereavement care. If you haven't already seen the framework suggest you look at the recommendations within it. There is no funding to support these hours at the moment.</p> <p>JF is hoping to get the bereavement/palliative care nurses from each of the units together and look at doing a CPD day where they hear about what is happening nationally and share what is happening across the network.</p>		

	<p>10.3 BAPM Outreach Project BAPM are developing standards for neonatal outreach.</p> <p>The group has been looking at trying to describe the best model of care to deliver an outreach service, what workforce requirements should look like, what training and education staff would need and data requirements. Currently a final draft of the framework document is being prepared.</p>		
<p>11.</p>	<p>Quality & Governance</p> <p>11.1 Shared Learning No learning was shared by those present. WC discussed the issues with gaining information from the Trusts since the introduction of PSIRF and explained that work was underway to compile a 'Trigger List' so that the Network can track incidents where learning can and should be shared across all units.</p> <p>11.2 Data WC discussed the monthly Quality Reports and offered explanation to anyone requiring it. As an action from the GIRFT recommendations the Quality and Service Improvement team will be contacting all Trusts by email to set meetings with Clinical and Nursing Leads to formulate action plans based on the Quality Report Data.</p> <p>NNAP are now producing their dashboards monthly, and this will be updated on the 2nd working day of each month. A recent email update from NNAP includes information on access to the dashboard, changes to metrics and fields on BadgerNet for steroids and staffing, and information regards outlier status for 2023 data.</p> <p>WC discussed the need for exceptions to be reported into the LMNSs.</p> <p>MatNeo SIP have made new additions to their Secondary Drivers. These include Perinatal Team working, Utilising data for improvement and inform decision making, and identify learning and Implement tests of change using QI methodology.</p> <p>11.3 Governance Lead Nurse Group Update WC thanked all of the Governance Lead Nurses who attend and contribute to the monthly meeting. All posts have been recruited to and will hopefully be in post by the Autumn 2024. An update was given regards to what is discussed at the meeting including Martha's Rule, Patient Safety Incident reporting, Guidelines, TC, PERIPrem, data and Unit QI updates. WC shared data on Thermoregulation performance and explained how the group were scrutinizing the data to inform improvement.</p>		

11.4 Optimisation

Trusts will have completed a survey, sent out by the Midlands Perinatal Team, regarding PERIPrem roll out, and this will be reviewed shortly. Results of this will inform actions required across the Midlands to embed PERIPrem. There may be a small amount of funding to support this so teams are encouraged to engage with the process. An email has also been sent to Trusts from Health Innovation East Midlands to set up meetings to look at Optimisation metrics. WC stressed the importance of working as part of the 'Quad' in Perinatal teams.

WC asked for comments from those who are using the PERIPrem Passport currently to inform any changes that may need to be made as the passport has now been in circulation for a year.

11.5 Safeguarding Audit

Audit has been developed by the Safeguarding Group, designed to monitor impact of preterm birth where risk of harm to unborn child has been identified, all to complete for a period of 6 months.

Suggested that maybe homecare teams would be best placed to complete the audit.

Document will be circulated to all after the meeting.

Post meeting note: having been provided with greater context surrounding the form from the Safeguarding group it is requested that one audit form is completed per baby and the request is for 5 babies to be audited per unit. These babies can be current inpatients, or you can complete the audit retrospectively using previous case notes for babies that fit the criteria. The criteria is that the baby must have been born prematurely, with a potential risk of harm to the baby identified antenatally.

11.6 IV Antibiotic

There will be a repeat of the antibiotic audit coming out to units in the near future. This audit was completed a couple of years ago and will be looking at activity on units and the impact on separation of baby and parents. The Governance Lead Nurses should be in a position to support with this audit.

11.7 Social Care Admissions

When considering babies for transfer social care elements should be included in the discussions. The family transfer prompt should help this.

ALL

	<p>11.8 OPEL and Escalation Policy</p> <p>There is a Network escalation policy, which is Midland's wide that was developed during covid There is also a unit level escalation policy based on the one used in NUH, which includes how you assess acuity. This is due for review and JF asked whether all felt it necessary to hold this sort of policy at ODN level or whether all Trusts have their own escalation policy.</p> <p>It was agreed that a trust level policy wasn't needed at ODN level and we archive the local level policy.</p> <p>Some changes are required to the Midlands Regional policy, for example the addition of HoM to HoM conversations around IUT are not currently explicit.</p>		<p><u>LSH</u></p> <p>JF</p>
12.	<p>Transitional Care Implementation</p> <p>Some work going on around interviewing for a new lead at NUH and work going on at UHDB. Thanks to all those who completed the TC survey, WC and Charlotte Dolby will be going through the responses and offering support where required.</p>		
13.	<p>Homecare</p> <p>13.1 Update</p> <p>LP updated that work on implementation of home phototherapy in the North Hub continues and pathways are being developed.</p> <p>Derby started weekend service and are progressing with their home NG feeding policy and Kirsty Adcock has been working hard on getting this through.</p> <p>Looking at starting home phototherapy in NUH in October/November.</p>		
14.	<p>Update from Units/CenTre</p> <p>Move this section earlier- on the agenda for future.</p> <ul style="list-style-type: none"> • NUH – continue to be busy on both sites, over capacity at QMC at the moment, the capacity huddles have been really useful. <p>Recruitment and retention – specialist roles recruitment is ongoing.</p> <p>MNR on schedule with opening planned for December which will be a really big change.</p> <ul style="list-style-type: none"> • KGH – delighted to report they will be returning to level 2 status in September. 		

	<p>69.2 % QIS compliance and in the process of recruiting further. Recruited to governance post, awaiting start date. DA starting June, NNAP data has improved, and this has given a much better focus on improvements required.</p> <ul style="list-style-type: none"> • UHL – been really busy with ITU and HDU capacity and found huddles really helpful. <p>8 new QIS have qualified recently, which has been a massive boost, although still not where need to be but a massive improvement.</p> <p>Just recruited 5.6 WTE new B5's who have varying levels of neonatal experience.</p> <p>Rina Chauhan, Quality Improvement Matron is now in post, and has already undertaken a number of projects, work around storage of breastmilk, bereavement service etc.</p> <ul style="list-style-type: none"> • UHDB – New build at QHB is almost ready to open, and hopefully be able to confirm an opening date by end of September. <p>2 extra cots open at Derby making it a 26 cot unit.</p> <p>TC at both units on trajectory for opening at the end of this year, with a recruitment open day planned for September.</p> <p>Recently recruited a Quality Improvement Facilitator, who is working on various projects; PERIPrem, ATAIN, TC etc.</p> <ul style="list-style-type: none"> • ULHT – No longer present to provide an update. • NGH – No longer present to provide an update. 		
<p>15.</p>	<p>Network Update Julia Edwards, has joined the Network Team as Medical Education Lead.</p> <p>Advert currently out for a part time Administrator.</p> <p>The Pharmacist job description is being revised and will go for re-banding shortly.</p>		
<p>16.</p>	<p>AOB Peer Review Reports There has been some delay in getting reports out to all. The team plan to review all of the reports in Linda's absence and make sure that they are complete, they will then be sent out to trusts for factual accuracy by beginning of September.</p>		

	<p>Conscious that a number of people are waiting for these reports, in a conversation with Liz in KGH suggestion that perhaps it would be useful in future peer reviews to formalise the high-level feedback given verbally so that this can be worked on in the period pending the final report. LJ something jointly agreed in real time would be really helpful, sometimes the perception from the day differs to what the full report feels like. MH agreed this would be really helpful for the trusts. JF to take forward and look to introduce for the next round of peer reviews.</p>		
<p>17.</p>	<p>Date/Time of Next Meeting Tuesday 22 October 2024, 10:00am – 12:30pm, via Microsoft Teams</p>		