

Minutes of Education & Practice Development Group

Monday 10 June 2024
10:00am – 4:00pm

**Kegworth Hotel & Conference Centre,
Packington Hill, Kegworth, DE74 2DF**

Present:

Judith Foxon (JF), Deputy Lead Nurse (Education and Workforce), EMNODN
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Susan Chisela (SC), Practice Development Nurse, EMNODN
Kellie Fraser (KF), Practice Development Nurse, EMNODN
Heather Cutts (HC), Practice Development Nurse, NUH and QIS Lead, NTU
Stephanie McGarry (SG), Practice Development Nurse, NUH
Karen Coe (KC), Neonatal Educator, UHDB
Sindhu Sajan (SSa), Practice Development Nurse, KGH
Lynsey Lord (LL), Practice Development Matron, KMH
Rebecca Lambdon (RL), Lead Neonatal Educator, NGH
Katie Seaton (KS), Practice Development Nurse, UHL
Sasha Coleman (SCo), Neonatal Educator, NGH
Sophie Stephenson (SSt), CenTre Transport Educator
Rachel Shephard (RS), Senior Educator, UHDB
David Speck (DS), Clinical Educator, ULHT

	Subject	Attachment	Action
1.	Welcome, Introductions & Apologies Apologies were received from Alison Robinson (AR), Shaun Edwards (SE) and Anjali Sood (AS)		
2.	Declarations of Interest There were no declarations of interest.		
3.	Minutes from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	
4.	Actions & Matters Arising 4.1 Crib Sheet for Meeting Proforma A crib sheet has not been developed however, the MS form has been adapted to provide more guidance and those completing the form can download the completed form for their own records should they wish to do so. This has been done in response to providing more guidance to completing the pro forma. 4.2 Contact NLS Leads re Notification of Results CD contacted the admin for NUH resus and was informed that NLS results of those who have failed are sent to the educators. This		

	<p>prompted discussion within the group and highlighted that some areas receive feedback of all candidates, and some only get notified about those that were not successful. KF, will link with Resus admin at NGH and Educators to investigate a smoother feedback mechanism of outcomes post NLS days. RS to do the same for UHDB for days when she is not on the course.</p> <p>Questions raised:</p> <ul style="list-style-type: none"> - Is NLS MCQ available in different languages? - Could there be an option for the NLS manual to be available online with a 'Read Aloud' option? - Could presentations be made available ahead of the day so that staff had opportunity to study them? - Is there any support available for neuro-diverse candidates? - What support is available post failed attempts at NLS and are there any recommendations for how many time staff can fail / retake? <p>JF to contact Resus Council rep to ask these questions.</p> <p>4.3 Ask National Education Team re QIS & NLS for TC Staff CD raised the question at national educators meeting and the response was TC staff don't have to be QIS. Discussions within the group highlighted that some units have ensured NLS for TC staff.</p> <p>4.4 Dates for Transport Study Days SSt confirmed that most of the dates for transport study days are set and a big thank you to everyone.</p> <p>4.5 Terminology for ANNP The training for Advanced Neonatal Nurse Practitioners is now generic training as an ACP (Advanced Clinical Practitioner). During the course, ACP's can then specialise into neonates, ED, cardiology etc. Neonatal Advanced Nurse Practitioners have continued with the role title of ANNP, although other specialists will be titled ACP.</p>		JF
<p>5.</p>	<p>Bridging the Gap Competency Document Feedback & Launch The document has been piloted in a few units and will be presented for ratification at the next EMNODN Clinical Governance Group meeting. Any comments or changes to the document can still be forwarded to CD so that the document can still be edited to be fit for use.</p> <p>We are also planning on a document for non-registered staff. This may be a revamp a historic network document.</p>		ALL
<p>6.</p>	<p>Career Pathway Page The Network education team are in the process of developing a careers page on the Network website. Contributions have been made from individuals in various roles across the Network. The hope is that this can be used by those seeking to start a career in neonates, as a point of reference for those looking at career</p>		

	<p>progression, and those looking to understand other roles better.</p> <p>The online resource will also add links to unit recruitment leads email addresses for those actively looking for jobs.</p>		
7.	<p>University/HEI Update</p> <p>7.1 NTU Current course started in March with 28 students. Poster presentations have been submitted and presented for the HDU component of the course. A new session on Leadership has been added to the curriculum and the interactive sessions have been received really well. HC is also looking at getting the teaching on the students' platform to be more interactive, this will not be immediate, but she hopes to get the process going.</p> <p>7.2 UoN No representative or update available.</p> <p>7.3 DMU 23/24 (18) cohort about to qualify 02 July (1 x student has a deferral in place and will sit ITU exam in July to qualify September) Pleasingly all students who sat ITU exam in May have passed and will graduate after the exam board 02 July. Results will have been released to the 23/24 QIS students for this update.</p> <p>Feedback has been positive, around the ITU module, although there was increased anxiety around the exam this year (SE provided constructive feedback for the mock exam).</p> <p>Currently there are 25 students planned pending application submissions and trust funding being agreed for the 24/25 cohort.</p>	<u>B</u>	
8.	<p>Education & Practice Development Update from Areas</p> <p>8.1 Units/Trusts Please see update forms for detailed information.</p> <p>ULHT Two new starters inducted recently; one has returned to practice from a community role. D.R.E.A.M.S. mandatory training is going well. With regards mandatory training, by the end of 2024, all staff should be 100% - this includes BFI, BLISS etc.</p> <p>Peer review is on 24 June.</p> <p>JF asked whether DS can develop a poster for conference on the 02 October showcasing their mandatory training programme success.</p> <p>Foundations: Boston is at 100 % of staff eligible to do the course have completed. At Lincoln, the % is at 83%.</p> <p>Uplift of non-registered staff from Band 2 to 3 happening in Boston Band 4's will move to band 3 if they have no formal training. This</p>	<u>C</u>	DS

<p>will only affect a small number of staff - approx. 2.</p> <p>A vacancy remains for the Governance nurse role. Educator hours will also be available in due course.</p> <p>KMH Current Matron is leaving, a new one will be appointed soon.</p> <p>Fully established staffing on LNU.</p> <p>Stage 3 BFI assessment unsuccessful but feedback was outstanding, will reassess in 2 months. Staff engaged in training.</p> <p>Ward manager settling into her role.</p> <p>KGH SSa updated the group that one member of the team is leaving. A new ward manager is in post and 3 new band 6's have started.</p> <p>2 of the band 6s were internal appointments and career progression and 1 external band 6.</p> <p>The Governance post has been appointed to, however awaiting confirmation on hours.</p> <p>Weekly Simulations going well.</p> <p>1 x Band 3 going to do Nurse Associate Course.</p> <p>2 NA who both completed foundations are now on RN course. Band 7 clinical job vacancy to go out.</p> <p>UHDB KC updated TC recruitment day and educator 0.61 WTE post is out-interviews are next week for this.</p> <p>NUH There will be 19 new starters from July - August. NUH are short by 13 band 6s.</p> <p>A band 6 pathway with a competency framework book has been developed to support those new in role this will include leadership and 6 classroom study days that cover clinical skills, quality and comms, bereavement. The transition period is over 3 months (not supernumerary). Pack is awaiting approval. SM will send these documents to the EMNODN Education team.</p> <p>New starters are due in September, dates TBC.</p> <p>Vacancies - education team 8A to go out soon and a band 7 PDN.</p>		<p>SM</p>
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NGH

2 New TC nurses both enrolled onto next foundation course.

1 new clinical band 7.

3 members of staff have been nominated to be NLS instructors - waiting for availability on instructor courses.

3 PNAs in place and aiming for 1 more for NGH to comply with quota. Looking at the uplift for band 2 to 3 for non-registered nursing staff. RL asked if other units are affected by this and how are they managing it.

DS shared that Boston are also affected however the two band 2s it will impact will remain the same band in adjusted roles. Lincoln will be downgrading band 4's to band 3 in alignment.

The team won a local trust award – Best team with all round contributions to students and their development.

JF asked if a poster about the nurse led ROP screening initiative could be produced for the Network conference in October.

UHL

1 new educator has been appointed at band 6.

Between 5 and 8 band 5s will be joining the unit soon. Actual number to be confirmed.

Planning for two more PNAs to be trained.

Educators made a plea for some consideration when staff seeking placement for QIS not to drop at the last minute, as the honorary contracts can be time consuming to sort and it's a shame when they don't turn up.

The team remain interested in supporting placements for future QIS students from other units.

8.2 CenTre

SSt updated on recent CenTre team simulation day which covered several incidents. With the benefit of a full team now they hope to make full use of their immersive suite for their team building exercises. The session had very good feedback.

SSt had a plea for the teams to have clearer communications with families having babies needing surgical review or drive through contrasts. Babies transferred for these, may not always return to the referring unit for reasons such as intervention required at surgical centre, transport team called away and unable to return the same day.

There is a leaflet being finalised by CenTre team to provide better

	<p>guidance for families which can support information given by the teams. Once available this will be shared with the EMNODN and units.</p> <p>Drug monographs and process for making up medications may vary between trusts. This presents a risk when babies are transferred between different units. Please share any near misses or situations that cause anxiety when drawing up medications that may not necessarily be documented as datix, to be shared with Sophie so that they can be highlighted to the network pharmacy group.</p>		
9.	<p>TNA QIS, NLS and ANNP To review the TNA template to refresh for September 2024.</p>		JF
10.	<p>National, Regional & ODN Update 10.1 NHSE WTE Update Neonatal Shift Coordinator Framework This has been published and will be discussed in more detail in the CPD session.</p> <p>Paediatric nurse scoping National conversation about reduction in Paediatric nurses. Any information on data within our region would be useful to understand.</p> <p>Undergraduate sub-group Starting phase 2 of the Childrens & Young people (CYP) project. Undergraduate placements for paediatric nurses with the midwifery teams have been piloted creating career peer support. Neonatal and practice educators report a very positive experience. Awaiting next phase of the pilot. Awaiting the coaching model pilot.</p> <p>Outreach NNOG & BAPM BAPM are just starting out on producing a framework for neonatal outreach, predicted draft completion within 12 months. The current estimation in national cost for the service is £65 million.</p> <p>10.2 QIS Standard Framework Neonatal Nurse Standard (QIS) Framework to be launched soon.</p> <p>There will be some money (amount not yet known) to support implementation when it is introduced.</p> <p>10.3 ODN Update New ODN posts:</p> <ul style="list-style-type: none"> • Psychology assistant, Laura Delaney has started. • Parent Engagement Lead, Amanda Pike appointed. • ODN Pharmacy post is being job matched and then will go to advert. • Additional Admin post to be advertised. 		

10.4 Update from National Educators Forum

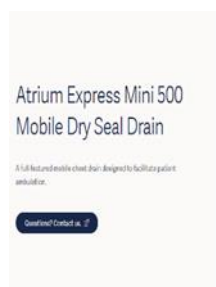
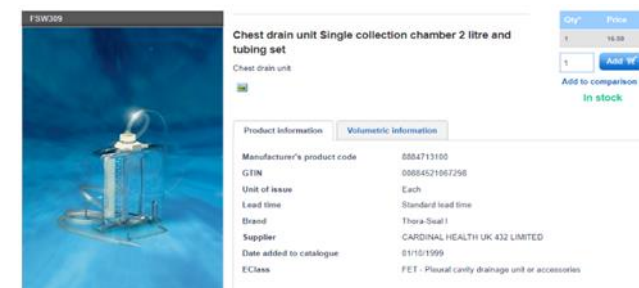
Last meeting was held in April, updates include:

Surgical skills training - the national educators will meet with the national surgical group to develop a training package with part online and practical day that can be delivered anywhere in the country with a supported teaching pack with learning points. This is under development and will be communicated as it progresses.

Chest drain alternatives - with the supply issues around the neonatal chest drain kit, alternatives being used in Yorkshire and Humber networks as shown below;

- The Transport Team plan to use the Atrium Express Mini in most cases but will occasionally use a flutter valve too due to cost.
- One of the large NICU's and the cardiac and surgical centre is going to trial the Atrium Oasis Infant/Paediatric
- Another large NICU is going to trial a 2-litre single collection chamber for a pneumothorax but for a complex hydrops etc where they are more concerned with close monitoring of drainage, they will use the remainder of their Argyle bottles as they find an alternative.

Pictures of these are below. The single unit drainage system isn't approved for use in neonates or paediatrics. Unaware of brands for the single drainage unit- however should further information be required please contact a member of the EMNODN education team.



Psychology eLearning - the national group of neonatal psychologists have developed an eLearning training package on Psychologically Informed Neonatal Care (PINC). The package is for all staff working on the neonatal unit and is accessible from the eLearning for Health page. This eLearning has been added to the Network FiNC from April 2024 and all on the course have completed it. Taught sessions to support the eLearning remain in place.

The eLearning will be useful to add to mandatory training for all staff who are currently not on a programme that includes this.

Elements of Psychologically informed care are being added to QIS and ACP- neonatal curriculums to ensure that staff at all levels are better informed.

Educators at the meeting were encouraged to add this eLearning as well as taught sessions to local Foundation programmes.

11. Education & Recruitment Events

11.1 Podcasts

KF updated everyone that the Network has acquired a podcast platform which the Network education team will be receiving training for in the next few weeks. We aim to prepare a bank of topics that will be available to listeners then arrange a steady pace of recording. The Network team will be reaching out to you to discuss different topics.

11.2 Roadshows

KF informed the group about the Roadshows that Network education team will be running. A poster was put up for all to select which topics were essential to them. This will help guide our choice of topics to prioritise based on the needs of the services.

11.3 International Recruits

With growing numbers of international recruits within our workforce, it has become important for us to ensure that we know how to adequately support these staff to integrate with their peers.

Please see attached presentations from the Northwest ODN. The first one highlights the challenges shared by their international recruits and how they were addressed in one ODN.

The second presentation has some useful hints and tips that can be useful to international recruits.

With the Network Psychologists we are planning some support for the existing international recruits. This is still in development, but details will be shared soon.

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12.	<p>Foundations Programme</p> <p>12.1 Update on Current Cohort</p> <p>April 24 cohort is currently going well. We have 19 students on the course and as we approach the halfway point, we have had good interaction in sessions, and we have some already completed reflections. Which is great!!</p> <p>For the September 24 cohort we already have 19 enrolled. We will be sending the eLearning earlier for these enrolled on the 3-month cohorts. As the turn around between sessions will be quicker. We just want to make sure that they are able to complete all the pre learning.</p> <p>We have found that the completion of the pre learning has made the group more interactive during the sessions.</p>		
13.	<p>Safety Alerts</p> <p>None reported.</p>		
14.	<p>Sharing Innovation, Good Practice & Learning</p> <p>SSa updated that KGH has introduced a towel warming trolley on delivery suite that has improved rates of normothermia of term babies having skin to skin.</p>		
15.	<p>Equality, Diversity & Inclusion (EDI)</p> <p>The NHS learning hub has released a lot of information for managers on supporting neurodivergent staff; raising awareness, improving knowledge, and understanding of neuro divergence and therefore supporting colleagues and patients that are neurodivergent.</p>		
16.	<p>AOB</p> <p>The first EMNODN PNA Forum was held recently, it aims to be a safe and non-judgemental support forum for PNA's. Discussion held on a safe space agreement and then what other units are doing to support staff. Good peer to peer discussion.</p> <p>The next forum will be held on 02 July 2024.</p>		
17.	<p>Date & Time of Next Meeting</p> <p>Tuesday 10 September 2024, 10:00am – 4:00pm, Seminar Rooms 2 & 3, Education Centre, Glenfield Hospital</p>		

Professional Development Session

<p>18.</p>	<p>Tabletop Exercise</p> <p>SC shared a brief presentation on Safe Learning Environment Charter (SLEC) that was published earlier this year by the Workforce, Training and Education directorate of NHS England. The aim of this document is to share what a good learning environment looks like.</p> <p>Every unit was asked to do an assessment of their clinical area and see if they have a safe learning environment covering all the priorities within the charter and if there are areas for improvement required, they can use the tool to help implement solutions within the missing theme.</p> <p>Activity:</p> <p>The group split into two for a table to top exercise.</p> <p>Each group was given a scenario of potential issues that occur, and they were asked to look at what solutions they could use to ensure.</p> <ol style="list-style-type: none"> 1. that allocation of staff and students was safe and met learning needs. 2. looked at which themes of the SLEC were essential in that situation and took measures to ensure that the staff and students were supported in spite of being a busy shift. 		
<p>19.</p>	<p>Group Discussion</p> <p>The Group discussion brought out some useful suggestions.</p> <ol style="list-style-type: none"> 1. Carefully looking at the staff allocation to ensure all staff and students are working safely. 2. Consideration of mixed acuity to help balance out the workload within the team. 3. Passing on the nurse in charge duties to a junior member of staff with the support of the manager/PDN to ensure the staff with the right skills are in. It was acknowledged this would be dependent on the band 5 individual as it may not work well with some. 4. Being mindful of the wellbeing of the team in the face of medication errors, reduced confidence from prolonged time off. 5. SLEC themes key on a busy shift, communication, wellbeing, raising concerns, positive identity, supervision. 6. Hot and debriefs that include all staff involved on the shift. 7. Educators keeping a clear log of when they a pulled to work clinically. 8. how educators can work with the allocation to support upskilling of staff whilst they remain supernumerary. 9. maintaining safety after hours when all the office staff who 10. are QIS have left for the day. Understanding escalation process, support from other areas. 		

	<p>Note: do all your Nurse's in Charge know how to do this? how best can you support them to be aware of this?</p> <p>SC has shared via email the resources used from the Safe learning Charter. Further information and be found on NHS England website: NHS England » Safe Learning Environment Charter – what good looks like</p>		
<p>20.</p>	<p>NUH Role Development Days</p> <p>HC shared with the group the role development days which NUH ANNP's Louise Crabtree developed and delivers. The study days run over two days which cover varying skills for staff.</p> <p>Day 1 supports the staff who have completed the Local Foundations course with cannulation, blood gases taking and analysis. Once learners have been signed off on the day one competencies, they can attend Day 2 (if role appropriate) which covers extubation and removal of central lines etc.</p> <p>These days can also be accessed by staff that require a refresher, e.g., they may have not used the skill much since training and would like to maintain the skill.</p>		