

**Minutes of Lead Nurses Group**

**Tuesday 21 December 2021  
10.00am – 1.00pm**

**Via Microsoft Teams**

**Present:**

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)  
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN  
 Carole Chapman (CC), Ward Manager, Pilgrim Hospital, Boston  
 Rachel Wright (RW), Ward Manager, Lincoln County Hospital  
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals  
 Loraine Collins (LC), Ward Manager, King’s Mill Hospital  
 Wendy Copson (WC), Matron, Northampton General Hospital  
 Michelle Hardwick (MH), Ward Manager, Northampton General Hospital  
 Lynn Slade (LS), Matron, University Hospitals of Derby & Burton

**In Attendance:**

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Margaret Pratt, Davina Bhardwaj, Emma Birkin		
2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes from the Previous Meeting</b> The minutes from the previous meeting were accepted as an accurate record.	<a href="#">A</a>	
4.	<b>Matters Arising</b> <b>4.1 Car Seat Audit</b> LH reported that this topic has recently been reignited. The data has been reviewed and compared to measurements that are used to manufacture car seats and when displayed on a graph there is a huge discrepancy between them both. The data is being shared with the regulators in the new year to see if the law can be changed, or if inserts can be manufactured to ensure that the straps can be moved down to secure the babies better. In tandem with this there will be a letter going from Bliss and BAPM to the DoT which outlines the issues.		

	<p>Car seat measurements which are used at the moment are for 3.5k babies as the smallest.</p> <p><b>4.2 Staff Survey</b>  JF was going to develop a staff survey and some focus groups to talk to staff about what is going well and what the Network can do to support recruitment and retention. The survey is in draft format at the moment and needs further work. It will be progressed when the workload starts to improve clinically.</p>		
<p><b>5.</b></p>	<p><b>COVID-19 Issues</b></p> <p><b>5.1 Parent Access</b>  Open access for parents is a national requirement. We know that there are issues specifically in NGH because of the estate there.</p> <p>LH asked for an update from units which is provided below:</p> <p>QHB – reported that there have been issues due to the estate however this has been resolved  UHL – Open, unrestricted access for parents  KMH – Open, unrestricted access for parents  PHB – pen, unrestricted access for parents, however on rare occasions this may be restricted should the nursery become full.  LCH – Open, unrestricted access for parents</p> <p>CH stated that she is aware that there are a couple of units reporting unrestricted access, however when drilled down to detail the parents can actually only attend once within a 24-hour period. The Network are linking in with the regional IPC team to how the units’ facing barriers with local IPC teams can be supported.</p> <p>WC asked how units who using LFTs are managing to order them. PC mentioned that staff are having issues getting LFTs and is therefore concerned this is going to become an issue for parents.</p> <p><b>5.2 Roadmaps to Normal Visiting and Sibling Access</b>  The group have been talking about a roadmap to normal access for siblings and visitors over the last few meetings. However, given the Omicron variant this work has been halted.</p> <p>LH explained that at the last national meeting it was reported that RSV numbers appear to be reducing across the country. WC agreed this is the picture that is being seen in paediatric services, however staff absences are high due to children testing positive for COVID. These are generally primary school age children.</p>		

<p><b>6. Nursing Issues</b>  <b>6.1 Nurse Staffing Audit</b>  A copy of the nurse staffing audit was circulated and discussed.</p> <p>The data clearly shows that the last 6 months has seen a drop off of the number of shifts staffed to BAPM and to QIS, which has been a particular issue for the NICUs. The LNUs seem to have been able to meet BAPM standards better, with the exception of KGH, but have struggled to meet the QIS ratios. The Special Care units have generally been able to meet the national average staffing ratios to BAPM but there have also been some periods where there have been drops in QIS ratios which has resulted in having no supernumerary nurse in charge.</p> <p>Although NICUs particularly have struggled with meeting BAPM and QIS standards it is evident that the national average has shown a clear drop in the last few months, so the issues appear to be reflected across the whole of the country.</p> <p>WC explained that it is possible that a false picture was given yesterday because NGH do not allow annual leave during Christmas week. LH will raise on the National call this afternoon.</p> <p><b>6.3 Recruitment Days/Video Recordings</b>  The education team are planning to record a recruitment video. There is a nice video from the NANN. The team would like to produce something similar for the East Midlands.</p> <p>JF has started conversations around the filming, editing etc, and she is looking to film in one NICU, and one LNU, and including soundbites from staff on what it is like to work in neonates. She also hopes to include parent voices. The plan is to film at the end of January. Consent is required from the Trusts, including patient confidentiality so there is quite a lot of work to do, in order to progress with the project.</p> <p>The refreshed Network website launched today which has been designed by Haddie Borbely to be more family friendly. Thanks were extended to Haddie for undertaking this piece of work</p>			<p style="text-align: center;"><b>LH</b></p>
<p><b>7. Education &amp; Practice Development Update</b>  <b>7.1 QIS Training</b>  Courses at DMU and NTU are continuing, and feedback is good however, if anyone is hearing anything different from their students, please let JF know. There are currently neonatal nurses leading both programmes.</p>			<p style="text-align: center;"><b>ALL</b></p>

	<p>Registration for NTU course is now open and JF sent out the link yesterday for enrolment. Anyone wishing to register for the DMU course to contact Shaun Edwards; <a href="mailto:shaun.edwards@dmu.ac.uk">shaun.edwards@dmu.ac.uk</a></p> <p><b>7.2 Foundation Programme</b>  The Network Foundation Programme launched in October, running two cohorts on alternate weeks. The course started with 14 students however 1 has accelerated onto the QIS more quickly and 2 others have chosen not to complete it. Feedback is mainly good/excellent which is encouraging. The team have been holding 1:1s with each of the students, a couple of students are struggling to get competencies signed off and so SC and KF are working with the educators in local units to resolve the issues. There has been some really good input from speakers from across the Network, which has been appreciated given the current clinical demands.</p> <p>The course is now halfway through, with the final week being in March 2022. The students will do an online poster presentation, and PDN's/Lead Nurses will be invited to attend those sessions.</p> <p>SC emailed out yesterday to provide the dates for the next programme. It will commence on 12 April with just one cohort this time.</p> <p>There is no maximum number of students at the moment.</p> <p>PC enquired if staff could start two or three sessions in to avoid waiting if they start at a trust just after the course has commenced JF confirmed that this would be possible but to contact JF in the first instance.</p> <p>LC to contact Susan Chisela to start conversations around getting staff booked onto the course.</p>		<b>LC</b>
8.	<p><b>Parents</b></p> <p><b>8.1 Update on Progress to Date</b>  The care coordinators have been reviewing parent accommodation available across the region and alongside this reviewing some of the evidence to parent accommodation requirements at Trusts to support those who are planning any rebuilds or expansion.</p> <p>The team are reviewing the evidence for use of clear masks on units for parents. Once this is pulled together it will be shared with all to help with procurement.</p>		

The developmental care guidelines are being reviewed. The team are currently looking at Light and Noise, and then next on the list will be ROP and developmental care.

FiCare Steering Group has commenced. CH extended thanks all for their support and engagement with the formation of the group. The meetings are attended by the FiCare Links and Infant Feeding Leads

The team are continuing to link in to naturally occurring calendar events to engage with families from various communities to hear their experiences of neonatal care across the region.

### **8.2 Parent Engagement/Neonatal Voices**

There have been some very good responses to social media requests for family experiences, and one has been featured in each of the Family Matters newsletters. The second edition of the newsletter will be shared today. This is designed to be shared between staff and families, and it will be shared on the parent Facebook groups. There were no objections from the group to sharing this information on the EMNODN Twitter platform.

An email contact group has been devised to be used in production of leaflets etc, to ensure parent input and coproduction and format of them.

A scoping exercise has been started to look at, and understand better, how parent feedback is currently gained and used in the units, with an end goal of potentially devising a Network approach to parent feedback mechanisms.

A Regional event was held in September to promote the Lincolnshire NVP model. Following this there are 2 additional counties who have taken the next steps to develop their own NVP groups.

### **8.3 Parent Information Leaflets**

Updated network information posters for parent information boards have been developed and shared on email, and are available on the Network website. The Extreme preterm leaflet being developed and will hopefully be ready to share shortly.

### **8.4 Translation of Leaflets**

The group previously discussed the trial of the ReciteMe toolbar on the website however, it has been decided that the Network will not be progressing with purchase of the system as the feedback was that translations were not accurate. CH is working with translation services in NGH who are going to

	<p>translate Network leaflets into the top 5 most used languages across the region. These will be shared electronically.</p> <p><b>8.5 Unit Slide Shows</b>  Photographs of units are currently on the website. The team are looking at updating this with 360 video tours of each of the units. In order to do those, the team require a floor plan from each unit. If members of the group have not already sent these to Haddie please do so asap so can start progressing this. CH confirmed this would be Network funded.</p> <p>LC is in the process of compiling a twin story which is coming out 20 January, LC to share with CH.</p> <p>LS reported that the footprint for Burton, includes the whole of maternity. LS enquired what level of detail is needed. CH confirmed that the plan does need to indicate rooms. LS to send to HB initially so she can review it and report if it is adequate.</p> <p>PC mentioned some drone filming being done on 07 January at UHL. PC will share once completed.</p> <p>LH explained that we were asked by the National team to produce an underspend plan, plan went in yesterday evening and has already been approved by the national team. Part of this will be units bidding for funding, not exceeding £5,000 for items which will assist with FIC. LH reported that multiple bids can be submitted. LH will email all after Christmas with quick turnaround and requested that the group start to give the topic some consideration.</p>		<p><b>LC</b></p> <p><b>LS</b></p> <p><b>PC</b></p> <p><b>LH</b></p>
<p><b>9.</b></p>	<p><b>Bliss Update</b>  <b>9.1 Accreditation</b>  The Network have funded all units for assessment to gold accreditation. CH/HB have been working with FiCare Link nurses and liaising with Hollie Sullivan at Bliss. Each unit has a Baby Charter contact who will get to know their unit and work closely with them particularly around the review of evidence on the audits. There are a few helpful pages on the Bliss website, including best practice and a beginner's guide.</p> <p>CH/HB have received feedback that a lot of units are struggling with the psychological support services aspect. Bliss have shared a document called clarifying bliss baby charter standards and have circulated this. This was included in the Family Matters newsletters.</p> <p>CH gave an overview of the units' progress to date:</p> <p>2 X Gold Accredited units; QMC &amp; NCH</p>		

	<p>7 x Bronze Accredited and working towards silver accreditation: KMH, KGH, LRI, RDH, QHB, PHB, LCH</p> <p>1 x working towards Bronze Accreditation: NGH who have achieved their Pledge of Improvement</p> <p>1 x working towards Pledge of Improvement: LGH</p>		
	<p><b>UNICEF Update</b></p> <p><b>10.1 Course</b></p> <p>Some funding been allocated to support 1 member of staff from each unit to attend the Unicef 5-day course. The Network Team have suggested that these should be infant feeding leads where in post and available. If they have already undertaken training then CH/HB are happy to have discussions around next most appropriate people to attend. The team are waiting for the dates for next course, which is likely to be in the next financial year.</p> <p>The Network are also supporting 1 paediatrician from each unit for the eLearning course.</p> <p><b>10.2 Unit Assessments (Initial and Level 1)</b></p> <p>As previously mentioned there has been some slippage monies and some of this has been assigned to funding units to achieve their first assessment with Unicef Baby Friendly Initiative towards the neonatal standards.</p> <p>CH provided a progress update:</p> <p>1 unit has submitted their certificate of commitment: NGH whose stage 1 assessment was due in October 2021. MH will speak to Claire about this and will email an update to CH.</p> <p>1 unit has achieved stage 1: QHB</p> <p>All other units have registered their intent to work towards stage 1 of the neonatal specific standards.</p>		
<p><b>10.</b></p>	<p><b>National Projects</b></p> <p><b>10.1 Neonatal Critical Care Review Implementation &amp; Oversight</b></p> <p>Critical care capacity is the most significant issue in the East Midlands. There is a great deal of work underway with NUH and UHL to increase this capacity and funding was received from national team for increasing staffing in both of these units. Progress has been rather slow, and the additional 2 cots due to be opened in UHL in March are now not likely to be opened until end of June 2022.</p> <p>Staffing was another area identified within the NCCR and JF has been working with each of the units to ascertain what</p>		

	<p>nurse staffing numbers are within establishments and what is required. This data has all been submitted to the national team. There will be further funding flowing down to the East Midlands in the new year for 2022-23.</p> <p>With regard to FIC, The Network have recruited CH and HB, who started in May. The team have also recruited an OT who will start in January 2022, a dietician who will start in January. The Psychologist and physiotherapist posts have also been recruited to but there is no start date agreed yet. The SLT post has been advertised three times, however there have been no suitable applicants</p> <p>The Deputy Lead Nurse post for Quality &amp; Service Improvement will be starting on 14 February, this will enable additional concentration on the mat neo sip, temp on admission, early care guidance, dashboards etc.</p> <p>LH confirmed that the National team have not allocated any funding for the AHPs or Medical staff which are required in the units and this has been escalated through the EMNODN Board to the National Team as an area of serious concern which could impact upon the units' abilities to deliver on the NCCR recommendations.</p> <p><b>10.2 Transformation Funding</b> There may be some additional capital funding flowing down from the National Team NUH and UHL have been asked for their business cases to be submitted to the National Team. Network have also highlighted the need for capital funding in NGH, QHB and KGH for new builds.</p> <p><b>10.3 East Midlands Capacity Oversight Group</b> The capacity oversight group for the East Midlands continues to meet monthly</p>		
11.	<p><b>Governance</b></p> <p><b>11.1 Shared Learning</b> None.</p> <p><b>11.2 Peer Reviews</b> The EMNON Peer review process is undertaken every two years generally, and would have been due in 2021, however this was delayed due to COVID restrictions. The plan is to undertake the reviews next year and some units have already received their invitations. The Network plan to include external reviewers from other Networks as has been the case previously.</p> <p><b>12.3 Fresh Eyes</b> LH explained the concept of the fresh eyes process of reviewing CTGs which can pick up subtle deterioration by a</p>		



	<p>second reviewer. LH wondered whether this approach may be worth considering for ITU charts. PC reported that it works well in Maternity, and does make a difference. MH agreed that it would be a good idea.</p> <p>LH asked all to go away and have a conversation with teams and bring back thoughts to next meeting for further discussions.</p> <p><b>12.4 Out of Network/Unit Babies</b></p> <p>LH enquired how babies are identified during ward rounds and within conversations about which babies can be moved. MH reported that a dot is placed on the board to identify babies from other hospitals. PC confirmed that there is a similar system in UHL. All to consider implementing similar processes.</p> <p>LH asked if all units could contact her is if they have a baby from out of network which they are struggling to repatriate. LH will then contact the appropriate Network Lead Nurse to facilitate getting them back as this is a process the other Networks use frequently.</p> <p>LH to investigate issues raised by PC of a baby being discharged without any knowledge of the UHL team. CH reported that in NUH they have an outlier folder the outreach nurse will use this and ring to get an update and this might be worth exploring in UHL.</p> <p>LH suggested getting parents contact numbers and making contact with them directly, which would make them feel that they are important to their home unit.</p>		<p><b>ALL</b></p> <p><b>ALL</b></p> <p><b>ALL</b></p> <p><b>LH</b></p> <p><b>ALL</b></p>
<p><b>12.</b></p>	<p><b>Transitional Care Implementation</b></p> <p>In Lincolnshire TC has been established for a number of years and works very well.</p> <p>KMH work is ongoing around TC, LC confirmed that they have put in for 6 nurses for TC, recruited 3 and gone back out to advert for the remaining 3. 1 will start January, and new starters are staggered but there is positive progress.</p> <p>LS reported that UHDB are struggling, and that it has been hard to get any support for the additional investment. In the interim the team are trying to progress getting mums back with babies to minimise separation.</p> <p>NGH doing really well and are taking babies from 34 week and 1.6kg. Business case is being submitted soon.</p> <p>LH summarised the issues across the Network and the CNST funding based upon the action plans. There may need to be</p>		

	some discussion at Executive level within the trusts about what the CNST funding was intended for.		
<b>13.</b>	<p><b>Outreach</b></p> <p><b>13.1 Update</b></p> <p>Posts have all been recruited to and running well. From a network perspective one of the mitigations for capacity issues was a 7-day service and home phototherapy which has not been implemented due to the lack of funding. Specialised commissioning asked all networks what could be implemented to improve flows across Network, requesting a plan on a page. This has been submitted for the 7/7 service with phototherapy along with a revised business case. There has been no feedback yet, however but Dom Tolley is very supportive.</p> <p>CF enquired what others are doing around QIS ratios and if they are including outreach nurses. JF confirmed if they are not providing direct patient care they should not be included in the numbers.</p> <p><b>13.2 Business Case for 7/7 Service</b></p> <p>Covered under item 13.1</p>		
<b>14.</b>	<p><b>Update from Units/CenTre</b></p> <p>CF reported that she is planning to set up a neonatal afterthoughts service at ULHT. She is also looking to implement an 8b ANNP and would be interested to hear from anyone who has this already. CF will contact PC after Christmas to discuss.</p> <p>UHL – new drone video being filmed on 04 January. Following discussing with the FiCare Link nurses a ‘you said we did’ board for parents’ feedback is being implemented. Continue to push forward with ongoing recruitment.</p> <p>KMH – implemented milk bank, which has started today. New PDM interviewed and accepted. The service is suffering with large numbers of staff sickness at the moment.</p> <p>NGH – 1 x band 5 vacancy but finding difficult to get applicants. 4 x new band 5 starting January 2022, they are either overseas or newly qualified. Now have Psychology input on a trial, 3 hours on Friday which is a good starting point. New band 7 TC lead starts mid-January 2022.</p>		<b>CF</b>
<b>15.</b>	<p><b>Network Update</b></p> <p>LH sent letter out to all units yesterday, please share widely with teams so that they know what work is going on within the Network.</p>		<b>ALL</b>

16.	<b>AOB</b> None.		
17.	<b>Date/Time of Next Meeting</b> Tuesday 29 March 2022, 10:00am – 12:30pm.		