

Minutes of Lead Nurses Group

**Tuesday 15 September 2020
10.00am – 12.30pm**

Via Microsoft Teams

Present:

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN (Minutes)
 Zara Doubleday (ZD), Service Improvement Lead (FiC) EMNODN
 Lorraine Collins (LC), Ward Manager, Nottingham
 Rachel Barker (RB), Matron, Kings Mill Hospital
 Caroline Nyawira (CN), Matron, Kettering General Hospital
 Susan Chisela (SC), Practice Development Nurse, Kettering General Hospital
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals
 Carol Walker (CW), Practice Development Nurse, University Hospitals of Leicester
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Karen Sampson (KS), Ward Manager, Derby Royal Hospital, University Hospitals of Derby
 Michelle Hardwick (MH), Ward Manager, Northampton General Hospital

	Subject	Attachment	Action
1.	Apologies for Absence Wendy Copson, Nicky Davey, Cara Hobby, Marie Hoy, Margaret Pratt		
2.	Declarations of Interest None.		
3.	Minutes and Actions from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record.	A	
4.	Revised Terms of Reference A copy of the revised terms of reference was circulated. Any comments on revised terms of reference to be sent to LH by 29 September 2020.		ALL
5.	Matters Arising 5.1 Virtual Tours/Slide Shows Some photos remain outstanding and some need updating because of staff changes. Please check the photos of your unit on the ODN website and email Linsay Hill with the updates and outstanding photos by 01 October 2020.		ALL

	<p>5.2 TNA Spreadsheet JF thanked all units for submitting the projections for the number of QIS places they require. However, each units position re QIS will have changed since the data was collected a year ago. JF will circulate a spread sheet to be completed with up to date staffing figures to include QIS and this will be included in the TNA before it is sent to HEE.</p>		JF
6.	<p>COVID-19 Issues and Recovery</p> <p>6.1 2m Cot Spacing The issue of 2 metre cot spacing has been reviewed by the regional teams. Although an NHSE documents states all patients should be spaced 2m apart it has been agreed that this will not be implemented in neonates but the mitigation as indicated in each individual Trusts' risk assessment must be in place. A letter has been sent to Trusts listing what assurance should be in place and ensure that Trusts are able to provide evidence for if requested.</p> <p>6.2 Parent Access LH asked for an update from each unit regarding parent access;</p> <p style="padding-left: 20px;">KMH - Both parents have access and there is a parent bubble whereby parents can remove masks whilst providing care/cuddles.</p> <p style="padding-left: 20px;">KGH – Both parents have access and can remove masks for skin to skin. This seems to be working well - feedback from Band 6s has been good.</p> <p style="padding-left: 20px;">ULHT – Both parents have access but not yet had permission form IPC about taking masks off for cares / skin to skin.</p> <p style="padding-left: 20px;">UHL – Both parents now have access. No issues.</p> <p style="padding-left: 20px;">NUH – Parents have access together. No parent bubbles established yet due to lack of space at QMC and need to do the same things across both NUH sites. Exploring the use of clear masks.</p> <p style="padding-left: 20px;">UHDB – Both parents have access but once in the hospital are not allowed to leave and come back the same day. Food is provided to parents. Masks are worn at all times.</p> <p>6.3 COVID Guidance JF is updating the regional COVID guidance and that will be circulated when approved. JF is reviewing the regional surge plan to try to combine/align it with the Network escalation policy.</p>		JF

	<p>6.4 Staffing Issues</p> <p>LH asked whether units were experiencing staffing issues as the rate of COVID infection increases and now children are back at school.</p> <p>All units reported they had some issues with staff having to take time off either to self-isolate or care for children pending swab results. The length of time taken for results to be reported varied across Trusts.</p> <p>The RCPCH guidance on testing children had been adopted in the Trusts.</p>		
<p>7.</p>	<p>Nursing Issues</p> <p>7.1 Nurse Staffing Audit</p> <p>A copy of the nurse staffing audit was circulated and discussed.</p> <p>The data shows very variable performance in staffing to Toolkit standards and QIS standards. Dips in April and May were mainly Covid related. Several units have also seen dips in August. Units reported that some of this is due to annual leave and some to sick leave.</p> <p>NICUs;</p> <p>UHL - CW reported that there is a very high level of maternity leave at the moment, especially amongst Band 6 staff and therefore meeting QIS standards is difficult. Work is in progress to address the QIS issues.</p> <p>NUH - BL confirmed that agency usage is mainly staff working bank or overtime hours. BL will discuss with the Network data analyst why QIS numbers appear low although performance to Toolkit standards is good although this is most likely because whilst recruitment has been successful there are staff waiting to undertake the QIS and there have been a number of new starters which will also dilute QIS numbers.</p> <p>LNUs;</p> <p>KMH - QIS figures are down because of QIS staff who have left replaced by new starters who are not yet QIS.</p> <p>KGH - The fall in the figures for July are mainly due to an exceptionally busy month with lots of critical care, in addition to sickness. Recruitment is ongoing and new starters beginning soon.</p> <p>ULHT - Meeting QIS standards is an ongoing challenge as staff leave and new starters, not yet QIS start. Several staff going to start QIS this term.</p> <p>UHDB – Don't have a supernumerary nurse in charge on a night shift.</p>		

	<p>SCUs; ULHT PHB - Are almost at 70% QIS</p> <p>UHDB QHB - No-one present to provide an update.</p> <p>7.2 Nurse Staffing Tool The most recent version of the Nursing Workforce calculator was discussed by a small group from the CRG and National Lead Nurses group. Some narrative is to be added to describe how the tool is used and explain some of the outputs generated. As soon as the narrative has been agreed, the CRG are proposing that the calculator is trialled by all units to check the validity before being formally endorsed.</p> <p>7.3 Recruitment Days/Video Recordings No response from units about which staff might be interested in being involved in a video about a career in neonates for recruitment days. LH has been invited to participate in a virtual open day with Nottingham University in November and will need some recordings for then.</p> <p>All to send details of staff who could take part by 29 September 2020.</p>		ALL
8.	<p>Projects</p> <p>8.1 Outreach A business case for recurrent funding for a Network wide outreach service was approved in December 2019.</p> <p>Initial meeting to be arranged between the 2 tertiary centres to discuss plans for progress of project since COVID and changes in staff appointments.</p> <p>LH asked for an update on recruitment to Outreach posts from each service;</p> <p>ULHT - Still awaiting approval from Trust. Job description ready so recruitment can start as soon approval given.</p> <p>KGH - SC reported that both KGH and NGH have fully recruited to posts.</p> <p>KMH - The project is going extremely well at SFH. 2 staff in post. They have good links with NUH and meet regularly. There is a good programme of training and supervision and staff have discussed gaining tertiary level experience at NUH.</p> <p>UHDB - There has been no progress as the Trust has decided not to participate in the project.</p> <p>NUH - There has been successful recruitment to most posts. The B8a starts in post later this month. B7 is in</p>		

	<p>post. B 6 posts appointed. B5 posts have been advertised and shortlisting is in progress.</p> <p>UHL CW did not have an update and would ask for one to be circulated.</p>		
<p>9.</p>	<p>Education & Practice Development Update</p> <p>9.1 QIS Training</p> <p>There has been disruption to the spring and summer term courses at all universities due to COVID-19.</p> <p>Confirmation has been received from Nottingham University that their courses will go ahead as planned. There will be a mix of online and face-to-face teaching.</p> <p>Shaun Edwards has been appointed as course lead at DMU. We look forward to working with Shaun in his new role.</p> <p>DMU has not confirmed when their QIS will restart, although it is expected to be January/February 2021.</p> <p>Courses are also being accessed at Sheffield and Bedford Universities.</p> <p>The company undertaking the National project group looking at QIS training started in September and will be linking with the National Lead Nurses Group for clinical input. The group has 6 months to review existing training provision</p> <p>9.2 ANNP training</p> <p>CF asked what funding stream was accessed for ANNP training and whether any ANNP courses were available other than Sheffield. Southampton still run a course but it was thought that the Sheffield programme was the most local to the EMNODN. BL reported that NUH had accessed LBR funding but this was changing. UHDB have also accessed funding from LBR. Sheffield do have a route through the Apprenticeship programme and funding can be accessed through this route. BL confirmed that the ANNP course runs once per year in Sheffield.</p> <p>9.3 HEE Foundation Programme</p> <p>Money was secured from HEE and the planned project to look at a Network wide foundation programme will go ahead. Interviews for the post are taking place this week.</p> <p>9.3 Car Seat Challenges</p> <p>Further to the discussions about car seat usage for pre-term infants reported at the last meeting there has been a national meeting with RoSPA, car seat safety experts and car seat manufacturers. A working group has been set up to look at how this issue can be progressed.</p>		

	<p>It is proposed that the issue is ‘owned’ by RoSPA and the Department of Transport as they are in a position to influence. RoSPA would need information on measurements, such as weights, head circumference, shoulder to shoulder, hips, length. RoSPA will be expected to formally request this information. It won’t be feasible to collect this data on all babies but an audit of preterm babies discharged home, possibly undertaken by the Outreach Team, is one option proposed.</p> <p>LH asked that any known incidents relating to preterm babies in car seats are reported to her for information; or any parent story about baby not coping in car seat.</p>		ALL
<p>10.</p>	<p>National Projects</p> <p>10. Transitional Care Implementation</p> <p>LH asked for an update on TC implementation from each service;</p> <p>UHL - CW will ask Cara Hobby to send an update</p> <p>KMH - Phase 3 has been rolled out. There is a designated 6 bed bay for TC which is staffed by a neonatal nurse and midwives. Data on TC activity is being captured on Badger.</p> <p>KGH - 4 virtual TC beds on the postnatal ward. Antibiotics are still being given on the ward. TC meetings have restarted and the work stream has been resumed</p> <p>ULHT - TC continues to be delivered on 8 cot TC unit. 2 staff per shift are sent from NNU to TC. About to undertake audit for CNST but it is unclear exactly what is required. BL reported that NUH are currently writing their audit and have structured it around the model of TC that is being delivered.</p> <p>UHDB - Started implementation but progress has been slow. A bay has been identified for TC.</p> <p>NGH – Business case has been turned down again by maternity. Band 7 neonatal nurse for TC was withdrawn during COVID but hoping to appoint Band 7 for 3 days per week to work with midwifery. Currently NNU send a Band 5 nurse on each shift but this is impacting on NNU staff.</p> <p>NUH - TC is being delivered on both campuses. It is maternity lead. The neonatal outreach team are trying to link with TC.</p>		CW

	<p>9.3 Neonatal Critical Care Transformation Review The EMNODN response to the NCCTR has been signed off by the ODN Board, the LMNSs and the Regional Maternity Transformation Board.</p> <p>The response is to be updated to include;</p> <ul style="list-style-type: none"> - Risks to the delivery of the plan and a quality impact assessment - 2m cot spacing - GIRFT Data - PPI Strategy <p>Submission of the final version is due in November.</p> <p>All units to continue work on their individual unit action plans, as these will need to be submitted in the November alongside the final version of the Network response document. If possible the plans should be signed off by Trusts. If they can't be signed off (e.g. because of cost implications) some text can be added to explain this. We need to have information ready to support applications as/when money is made available nationally e.g. for nurse staffing</p> <p>Trust action plans to be submitted to LH by the end of October.</p> <p>9.4 GIRFT The GIRFT event was held on 10 March 2020. The Network has now received the report from GIRFT but there are a number of discrepancies in the report which need to be queried with GIRFT before the report is circulated.</p> <p>The main issues identified were the lack of critical care capacity and delivery of <27/40 in a hospital with a NICU.</p> <p>Individual Trust GIRFT visits will resume soon.</p>		<p>ALL</p> <p>LH</p>
<p>11. Parents</p>	<p>11.1 Parent Engagement/Neonatal Voices PAG has been very successful in the North but less so in the South. Remote access via MS Teams is now available and this proved popular at the last PAG meeting and more parents were able to participate. The North and South PAGs are therefore going to be merged into a single Network PAG. LH asked that units in the South encourage more parents to participate.</p> <p>The Maternity Voices Partnership (MVP) in Lincolnshire have a Neonatal Voices Partnership (NVP) as well. It is hoped that other LMNSs within the Network will establish similar groups.</p> <p>11.2 FIC Project ZD was welcomed back following the temporary pause to the project due to COVID-19. Zara will be contacting and/or</p>		<p>ALL</p>

visiting units and FiCare Link Nurses. Names of link nurses for UHL and NUH are still required. The link nurse at NGH will also be changing. Funding will continue as agreed previously, which is for a total of 6 months funding for 0.2WTE in each unit i.e. those units which have already had 3 months funding will receive a further 3 months whilst those who had not had any funding because of delays in appointment to post will get 6 months from the link nurses' start date.

11.3 Care Coordinators

There will be National funding for each Network to employ Care Coordinators but it is not clear how much money this will be or when it will be made available yet. Job descriptions for the posts are ready so that posts can be advertised as soon as funding is available.

11.4 vCreate

LH asked for an update on the use vCreate or alternatives from each unit;

UHDB - diaries are working well

KGH - Not using vCreate but are using FaceTime

NGH - Not using vCreate but are using Zoom, FaceTime and Baby diaries

UHL - Use Badger diaries and this is working well

NUH - Still trying to pursue vCreate but challenges from IT department. Trying to move the project forward again.

ULHT Use Badger diaries and this is working well

KMH - Use vCreate very successfully

11.5 Babies in Lockdown Report

The Babies in Lockdown report which was recently published report was circulation. The report includes information on the impact of having a baby during lockdown and includes neonatal services.

12. Bliss Update

Chelsie with BLISS sent an email update for the Network. See below;



Sept Bliss Email
Update.msg

12.1 Accreditation

Congratulations to NUH units who are the first in the Network to achieve Bliss Accreditation.

LH

<p>13.</p>	<p>Governance</p> <p>13.1 Shared Learning</p> <p>One case of a misplaced NGT. The NGT was passed into the lungs. Continued attempts to aspirate. The baby collapsed but recovered. The NGT was passed by a Band 3 HCA. The group were asked whether this was considered a responsibility of Band 3s elsewhere.</p> <p>UHL - Band 4s have to have NGT tested by RN</p> <p>ULHT - Robust competences were developed for Band 4s inserting NGTs following a never event in adults in the Trust. CF agreed to share the competences</p> <p>KGH - Currently recruiting to Band 3 posts and JD does include NGT passing. Would appreciate sight of ULHT competences</p> <p>LH proposed the findings are shared at the Network Clinical Governance meeting when the full investigation is complete</p> <p>Discussion about Band 2 Healthcare Support Worker (HSW) role. At KMH there are no Band 2 HSWs. Band 2 roles are non-clinical such as housekeepers, data clerk. At NGH band 2s do provide clinical care and can give NG feed once the tube has been tested. Band 3s do pass NGTs.</p> <p>ULHT reported an SI but the report hasn't been signed off yet so the details couldn't be shared.</p> <p>NUH reported there has been a review after a number of fractures in paediatrics and neonates. All were infants vulnerable to fractures but there will be some teaching to raise awareness of risk factors for fractures in neonates and children</p>		<p>CF</p>
<p>13.</p>	<p>Update from Units/CenTre</p> <p>CenTre No update available</p> <p>ULHT Two new trainee ANNPs starting. Will also be advertising for qualified ANNPs as 1 is re-locating. No nursing vacancies – at full establishment except for one Band 6 vacancy which is to be used for TC. Current work on scoping how to staff TC. Recent Peer review update was positive.</p> <p>KGH Welcome to the new neonatal Matron Caroline Nyawira.</p> <p>Currently reviewing ways of working to see how activity and acuity can be increased.</p>		

2 staff started on QIS and 1 to start in January 2021. Gaps in staffing due to sickness.

Recruiting Band 5 nurses. Aspirant nurses waiting for PINs. 1 Trainee NA completing training.

NUH

NUH has achieved Pathway to Excellence across the Children's Hospital – the only 1 in Europe!

Guideline on observations has been developed and will be going to the Clinical Governance Group in October.

Employing 6 Nurse Associates. Aiming for 1 per shift on one of the NUH sites.

NGH

Recruiting to Band 5 vacancies. Intending to over recruit if possible to help support TC.

4 staff undertaking QIS at Bedford.

3 QIS staff on maternity leave which is causing challenges in staffing to QIS.

UHDB

Vacancies at Matron, Band 6 and Band 5 levels.

Applications for 2 ANNPs.

3 staff undertaking QIS.

UHL

Band 5 recruitment ongoing.

8 staff will be undertaking the QIS at DMU in January 2021.

High levels of maternity leave especially amongst more senior roles.

Aspirant nurses have been brilliant.

Electronic patient records on Badger has been introduced and has audited well so far.

KMH

All but 1 Band 5 vacancy filled.

1 TNA is doing training.

Department has just started on Pathway to Excellence.

	<p>Have developed an SOP for shared working between NNU and Paediatric Ward. It has been written in conjunction with staff.</p> <p>Rachel Barker is retiring in February 2021!</p>		
14.	<p>Network Update</p> <p>Hosting of the Network (HR, Finance, IT etc.) has now moved to Northampton General Hospital. A new office is being rented in Derby but the team is still expected to work from home most of the time.</p> <p>Proposal to establish a Regional Perinatal Board has been approved by the Regional Commissioning Group and will now be submitted to the Quality Oversight Group.</p>		
15.	<p>LMNS Meetings</p> <p>As the LMNSs are responsible for realisation of the NCCTR implementation it is really important that neonatal units are represented at their local LMNSs as decisions may be made there which impact on them.</p> <p>Anyone wishing to get details on when their local LMNS take place to contact LH.</p>		ALL
16.	<p>AOB</p> <p>None raised.</p>		
17.	<p>Date/Time of Next Meeting</p> <p>Tuesday 15 September 2020, 10:00am – 12:30pm, via Microsoft Teams</p>		