

Minutes of Lead Nurses Group

**Tuesday 15 June 2021
10.00am – 12.30pm**

Via Microsoft Teams

Present:

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN
 Barbara Linley (BL), Matron, Nottingham University Hospitals
 Jenny Machell (JM), Ward Manager, Queen’s Medical Centre, Nottingham
 Carol Walker (CWA), Practice Development Nurse, University Hospitals of Leicester
 Karen Sampson (KS), Ward Manager, Derby Royal Hospital
 Cathy Franklin (CF), Matron, United Lincolnshire Hospitals
 Nicky Davey (ND), Matron, CenTre Transport
 Loraine Collins (LC), Ward Manager, King’s Mill Hospital
 Wendy Copson (WC), Matron, Northampton General Hospital (joined at 10:30)
 Lynn Slade (LS), Matron, University Hospitals of Derby & Burton (joined at 10:40am)
 Claire Inglis (CI), Outreach Lead, University Hospitals of Leicester (joined at 10:45)

In Attendance:

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

	Subject	Attachment	Action
1.	Apologies for Absence Cara Hobby, Michelle Hardwick, Lucy Panesar, Rhian Cope, Margaret Pratt		
2.	Declarations of Interest None.		
3.	Minutes from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record. CF asked that page 2 in relation to ULHT bank shifts be amended to read that staff are reluctant to undertake bank shifts as they incur high taxation on substantive posts.	A	LSH
4.	Matters Arising 4.1 Car Seat Audit RoSPA have fed back that they have had a meeting and are currently investigating the need for smaller seats/inserts and		

	<p>how many accidents affect preterm babies. LH will continue to update as further information becomes available.</p> <p>4.2 Staff Survey All agreed that developing a staff survey is a good idea and will contribute towards recruitment and retention across the Network and can be used to inform the education and workforce strategy. JF is also exploring the possibility of running some focus groups with staff once a year on the units. All were in favour, and JF hopeful that this will have progressed by the next meeting.</p>		JF
<p>5.</p>	<p>COVID-19 Issues 5.1 Parent Testing It is now mandated nationally that all parents are offered a Covid-19 test and that units have a means of documenting the results. The ODN is required to report compliance to the regional team on weekly basis. This information is then fed up to the National Team.</p> <p>RDH – KS reported that there is a lot of reluctance from the parents with many refusing to participate. There are also issues with staff asking the parents and the nurse in charge not checking results.</p> <p>KMH – LC reported that parents are happy to take up the offer of vaccinations, however they are reluctant to undertake the LFT.</p> <p>UHL – CW reported that take-up by parents is really quite low. SOPs are in the process of being ratified. CW unsure how to move this forward.</p> <p>LH asked if a parent information leaflet for LFT testing would help to get the appropriate information about the importance of testing to the parents. CW reported that there is a generic leaflet on the government website which UHL are investigating the possibility of using. LH to speak to Cara Hobby and Haddie Borbely about the possibility of devising a network leaflet.</p> <p>NUH – BL reported that parents seem happy to do the PCR testing however the system seems to be quite complicated with IT and printing labels issues, although this is improving. BL to share NUH letter in relation to testing and will forward a copy to LH.</p> <p>ND reported that the transport service requires a negative test before allowing parents to travel in the ambulance with their baby. CH/HB to include this within Network leaflet. ND confirmed they have transferred 9 parents in ambulances,</p>		<p style="text-align: center;">LH/CH/HB</p> <p style="text-align: center;">BL</p> <p style="text-align: center;">CH/HB</p>

	<p>most of these have been from LRI, with no reported issues in terms of testing.</p> <p>ULHT – CF reported that LFT testing for parents commenced this week, and a letter for parents has been included within all the cot side FiCare folders. CF will send a copy of the letter to LH and will provide an update on how well the testing is going at the next meeting.</p> <p>NGH – WC reported that parent PCR testing is still undertaken once a week, with most parents taking it up and very few refusals. POC testing is now being introduced on labour ward, which returns quicker results.</p> <p>5.2 Roadmaps to Normal Visiting and Sibling Access Although the national opening up date has now been put back to 19 July, LH stressed the importance for all to start thinking about risk assessments and conversations with IPC teams about relaxing visiting/access, particularly in relation to siblings and grandparents.</p> <p>CH/HB will be looking at information for including siblings.</p> <p>LH would be keen to know what the barriers are in each organisation, and what if any roadmaps are in place leading up to 19 July.</p> <p>5.3 Parent Vaccinations Parents in UHL and KMH are accessing their vaccinations via the Trust vaccination hubs.</p> <p>JF asked if there is anything, we can do with regard to communication to GPs. LH felt that there has been national conversations on this and will look this out, then communicate to LMNS's who in turn can share this with GPs.</p>		<p>CF</p> <p>ALL</p> <p>LH</p>
<p>6. Nursing Issues 6.1 Nurse Staffing Audit</p>	<p>A copy of the nurse staffing audit was circulated and discussed.</p> <p>JF highlighted a few areas for discussion;</p> <p>There has been an apparent improvement on the number of UHL shifts staffed to toolkit. CWa explained that there had previously been data issues which have now been sorted out and which will have had an impact, and will improve the data in the future.</p> <p>KGH and NGH are slightly below average for the number of shifts staffed to toolkit and QIS. JF wondered if this was an</p>		

	<p>possibility. BL asked that if this were the case if it could run at a different time, in order to allow the release of more staff.</p> <p>7.2 HEE Foundation Programme Development Susan Chisela will give a presentation at the Senior Nurse Forum immediately following this meeting.</p> <p>7.3 ANNP Course JF has fed previous comments regarding the course back to HEE, but not received a response. UHL reported that they have not encountered any problems. CW confirmed that there have been no further issues. BL confirmed that NUH will have a conversation with Sheffield. JF proposed this is removed from the agenda but if further problems encountered to report to the ODN.</p>		
8.	<p>Parents</p> <p>8.1 Introduction to Deputy Lead Nurse and Care Coordinator Cara Hobby and Haddie Borbely have both now started with the Network, and have a great deal of enthusiasm for taking FIC and parent engagement forward. They are currently going on unit visits to meet all the teams.</p> <p>8.2 Outline of Plans to Date There are national requirements for the FiCare posts which includes the formation of a PAG and formation of NVP groups as part of MVPs. A meeting has already taken place with the Lincolnshire team to ascertain how the NVP group was set up and there are plans to have a meeting with all the MVPs to discuss how to implement the NVP groups.</p> <p>There is also a requirement to review Parent accommodation and to recommend improvements where required</p> <p>LH would also like them to set up a FiCare steering group to share good practice, agree on next steps and produce leaflets etc.</p> <p>CH and HB are keen to have a focus on events that are naturally occurring within the calendar. They have started this month with LGBTQ+, and a flyer has been circulated to units and shared on the ODN social pages.</p> <p>HB is also looking at updating the developmental care guidelines which will be out for comment shortly.</p> <p>CW explained about 3 parent rooms which are currently out of use in UHL and will possibly need CH help with this.</p> <p>8.3 Parent Engagement/Neonatal Voices Covered under section 8.2.</p>		

	<p>8.4 Leaflets in Different Languages The Network team are looking at producing some leaflets in different languages, and have also talked about the possibility of doing podcasts which parents who can't read or write would be able to access.</p> <p>It has been suggested that it would be a possibility to ask staff on units who speak other languages, to do some of the translation for the leaflets.</p> <p>BL suggested the possibility of using community hubs as meeting venues in future.</p> <p>8.5 Unit Slide Shows All are available and can be accessed on the network website, with the exception of KGH.</p>		KGH team
9.	<p>Bliss Update 9.1 Accreditation LH reported that the Network have provided the funding for all units to go through the accreditation process to gold standard. CH/HB will be working closely with units to achieve this.</p> <p>Chelsie Letts from Bliss will be in touch with units shortly to discuss how to progress if she has not already.</p> <p>CWa reported that UHL were recently unsuccessful in recruiting to their BFI Lead vacancy.</p> <p>9.2 Locked Out Report A copy of the report was circulated for information and consideration with regard to parental and sibling access.</p>		ALL
10.	<p>National Projects 10.1 Neonatal Critical Care Review Implementation & Oversight Network report was submitted to the National Team. The NIB is reviewing progress against this and are in the process of drawing up KLOE for the ODNs to report against.</p> <p>10.2 Transformation Funding JF has worked closely with all units and submitted nursing data to the national team. Funding for nurse staffing has been awarded to NUH and UHL. The amount of funding available for use across the country was relatively small this year in comparison to what is expected next year.</p> <p>The Network received funding for the FiCare team, which will continue substantively, and make a huge difference to the Network team.</p>		

	<p>The Network also received funding for 0.4 WTE 8a AHPs; Physio, OT, Dietetics, SALT and a Psychologist. Their roles will focus around education and ensuring consistency across the Network. Job descriptions have been written and have been submitted for banding.</p> <p>LH reported that there is no funding for unit AHPs and so business cases for AHPs will need to be written and go through normal trust channels.</p> <p>There is also Network funding for workforce and education. A job description has been written and submitted for banding.</p> <p>LH confirmed that there is no money for capital or medical staffing. LH was asked by the EMNODN Board to escalate this to national team who have now added it to the NIB risk register.</p> <p>East Midlands has been allocated £290K and an options appraisal for use of this money was circulated to the Network. All who responded were in favour of Network Education option and this has now been fed back to specialised commissioning.</p> <p>10.3 East Midlands Capacity Oversight Group There is insufficient critical care capacity in the Network which was very evident in NCCR and was also highlighted in GIRFT review. An East Midlands Neonatal Capacity Oversight Group has been formed and is made up of regional, national, ODN, and the lead centres and is held monthly.</p> <p>UHL will have a new Women’s & Children’s hospital. Work is ongoing to identify the additional £4.6 million required.</p> <p>The NUH long term plan is to have a single Women’s & Children’s hospital on the QMC site although this is not going to be achieved within the next 10 years and so interim plan required. The interim plan will consist of moving all the critical care onto the QMC site with an additional 9 cots to accommodate the lost activity. Money has been secured from the ICS to produce an outline business case and architectural plans.</p> <p>10.4 HEE QIS Project RSM were commissioned by HEE to review QIS training provision across the UK. There is a meeting scheduled in two/three weeks’ time to discuss the results. LH will circulate final report once available.</p>		
11.	<p>Governance 11.1 Shared Learning None.</p>		

	<p>11.2 Network Team Visits Network lone working process. LH asked that if visits are arranged but network staff do not arrive that the Network team are informed. In the future the team are looking at introduction of Identicom or similar systems to address the issue of lone working and ensure team safety.</p>		ALL
<p>12.</p>	<p>Transitional Care Implementation LH asked for an update from all units.</p> <p>UHL – CW reported that the team are waiting for the new Matron to start to be more accurate with the required numbers. There are audits underway, however the units are no closer to midwives giving IVs, as progress was halted due to COVID-19.</p> <p>NGH – WC reported that staffing an issue, as they are provided from the neonatal unit. WC enquired about progress with introducing tariffs for TC LH explained that at present there is no clarity as block contracts have continued.</p> <p>UHDB – LS reported that UHDB are making good progress with the plans. The Derby site have agreed a location and agreed for 8 cots There is agreement for joint staffing from neonates and maternity.</p> <p>KMH – LC reported that there have been some communication issues between neonates and maternity, however these are improving.</p> <p>ULHT – CF reported that occupancy at LCH for last year was 80% and 30% at PHB. CF asked about packs for maternity staff. JF to forward to CF.</p> <p>NUH – BL reported that they have not restarted discussions around midwife administration of antibiotics, however meetings are planned to discuss this further.</p>		
<p>13.</p>	<p>Outreach 13.1 Recruitment to Posts CI provided an update for the South Hub; The team remains fully recruited. If the 7/7 business case is successful there will be further available posts to recruit to.</p> <p>CI is progressing with a guideline for home phototherapy, but piloting has been put on hold pending the decision on 7/7 cover.</p> <p>The Jaundice clinic have also put in a business case for a 7-day service.</p>		

	<p>CF reported that UHLT have successfully recruited 3 candidates who will be starting in July. They will complete a month-long induction, two weeks of which will be spent with NUH outreach team.</p> <p>LS reported that UHDB have successfully recruited to band 5 vacancies. They will be starting in July. A Band 6 vacancy will be advertised shortly.</p> <p>BL reported that by July/Aug the NUH team should be fully recruited to.</p> <p>13.2 Business Case for 7/7 Service LH/CI/LP have produced a business case for the commissioners, which has been submitted. LH will report when she receives a response.</p>		LH
<p>14.</p>	<p>Update from Units/CenTre Since Jo Behrsin has been appointed HoS at UHL. Deepa Panjwani will replace her as transport medical lead. The new transport trollies are now in service. There have been some teething issues, however these are being worked through.</p> <p>A business case for 2.6 WTE Band 6's for transport team who will act as shift coordinators has been produced and is currently sitting with the CMG.</p> <p>It is hoped that a decision will be made shortly regarding the Ambulance re-procurement. The Contract will include CenTre, COMET, and maternity transfer. It is hoped that there will be new ambulances from April next year.</p> <p>ND retiring in three weeks and her replacement has been interviewed and offered the position.</p> <p>KMH – Rhian Cope has started as Matron. She is working to highlight the need for a dedicated education post and a band 7 breastfeeding coordinator.</p>		
<p>15.</p>	<p>Network Update LH highlighted the recent high workload for the team due to all the capacity work which has been required.</p>		
<p>16.</p>	<p>AOB LH wished ND a long happy healthy retirement and thanked her for her contribution to the group over the years.</p> <p>LH reported that there is a massive amount of work underway nationally around a potential RSV surge. The paediatric teams have been told to prepare for up to 100% rise in cases and the Neonatal Networks have been asked to work closely with paediatric ODN colleagues to ensure that there is</p>		

	<p>adequate surge planning. The JCVI are reviewing the palivizumab programme and the possibility of bringing forward the vaccination programme and also prolonging it into the Spring. CH/HB are looking to produce some parent information around the importance of keeping babies out of general public.</p> <p>WC mentioned new POC testing for RSV, with a 20 minute turnaround, so it is worth having some conversations with Trust microbiologists.</p> <p>CWa is leaving UHL to take up a Matron post in Devon. LH congratulated CWa and wished her good luck on behalf of the group.</p>		
17.	<p>Date/Time of Next Meeting Wednesday 29 September 2021, 10:00am – 12:30pm.</p>		