

Minutes of Education & Practice Development Group

Tuesday 10 June 2025
10:00am – 4:00pm

Innovation Room, Kegworth Hotel & Conference Centre, DE74 2DF

Present:

Judith Foxon (JF) Deputy Lead Nurse (Education and Workforce), EMNODN (Chair)
Susan Chisela (SMC), Practice Development Nurse, EMNODN
Kellie Fraser (KF), Practice Development Nurse, EMNODN
Lynsey Lord (LL), Practice Development Matron, KMH
Sarah Grieve (SG), Clinical Educator, NUH
Monica Ferrard (MF), Preceptorship Nurse, NUH
Denise Sewell (DS), Clinical Educator, ULTH
Fiona Golding (FG), Clinical Educator, ULTH
Shaun Edwards (SE), Neonatal Lecturer, De Montfort University
Katie Seaton (KS), Education and Practice Development Sister, UHL
Katy Powis (KP), Lead Neonatal Educator, NGH
Sindhu Sajan (SS), Practice Development Nurse, KGH
Rachel Shephard (RS), Senior Neonatal Clinical Educator, UHDB
Alison Robinson (AR), Transport Educator, CenTre Neonatal Transport Service (via MS Teams)

In Attendance:

Faye Kitcherside (FK), Administrator, EMNODN

	Subject	Attachment	Action
1.	Welcome & Apologies Apologies were received from: Sarah Walker (SW), Heather Cutts (HC), Anita Marshall (AM), Sophie Stephenson (SS), Sasha Coleman (SC).		
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	

<p>4.</p>	<p>Actions & Matters Arising</p> <p>4.1 Calculating QIS Percentages</p> <p>The QIS percentages quoted by the units at these meetings are often different to those calculated in the National Neonatal Workforce Tool. This is because the figures calculated in the workforce tool are for nursing staff providing direct patient care only, as per BAPM standards. It is the figures from the workforce tool i.e., for direct patient care only, that should be provided at these meetings as these are reported back to Regional Specialised Commissioning and NHSE every Quarter throughout the financial year. The ward/unit managers will be able to provide the educators with these figures because they have to complete a national workforce data workbook every Quarter.</p> <p>It is a requirement of GIRFT (2022) that those units not meeting BAPM staffing standards should have a workforce action plan. The action plan should be reviewed and updated quarterly by unit/ward managers and educators. All units should have at least 70% QIS trained nurses delivering direct patient care, but UHL and NUH requirements will be higher due to the higher acuity in the NICUs.</p> <p>LL asked if transitional care staffing should be included. JF confirmed Transitional Care (TC) activity is not included in the workforce calculator and therefore TC nurses should not be included in the direct patient care part of the data collection. From this year TC nursing staff will be recorded on a separate section of the workforce data sheet but not the workforce tool.</p> <p>For those units that don't meet BAPM standards, it is useful to have a trajectory for recruitment and training to QIS. Some trusts have looked at the turnover for QIS nurses and used this to predict how many will leave to help provide a realistic trajectory.</p> <p>SG commented that although NUH are increasing their QIS nurse workforce, the number of QIS nurses per shift is still generally very low.</p> <p>JF explained that the daily OPEL reports are compiled into a monthly quality report which show the level of acuity on any given day and what the QIS numbers should be on that day. Additionally, there are going to be some changes to the OPEL process; if QIS staffing on duty is less than 50% than it should be, then it will be highlighted automatically on the OPEL status.</p> <p>JF also commented that there will inevitably be peaks in activity and staff with non-clinical roles will at times be required to support direct patient care. It would be good if teams could monitor the number of times they are not able to fulfil the educator role so that this can be used to assess any gaps in the education team/direct patient care workforce. However, clinical cot side teaching is an essential, and the most important part of the educator role is working alongside staff clinically. UHDB have developed a flow chart for unit staff to follow for when to call upon the education team to support direct patient</p>		
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	<p>care. There needs to be some consideration given of how to best to utilise our current workforce and how to support junior members of staff in different ways.</p> <p>4.2 Training Needs Analysis (TNA) JF has received all TNAs from the units and will be in contact if any further information needed.</p>		
5.	<p>University/HEI Update (Please see Microsoft forms update attached)</p> <p>5.1 NTU There are 2 QIS courses being run in parallel, twice a week, with a total of 47 students participating, 35 are from NUH. This is going well.</p> <p>The first module has just finished, and feedback has been positive. The 2nd module will start in September.</p> <p>Discussions are ongoing on how best to support a student with resubmissions.</p> <p>SG is on a secondment and her current role is entirely to support QIS students. She suggested NUH need to perhaps incorporate some flexibility into her role as it is Monday to Friday so does not allow her to support those on flexible work patterns, working nights or weekends.</p> <p>6.2 UoN Not available.</p> <p>6.3 DMU The current QIS cohort has almost finished; results are going to be ratified on 02 July. SE will email educators after this to confirm results. Most are likely to have passed but a couple of resits are expected.</p> <p>SE commented that the current cohort have been a pleasure to teach and highly engaged. Overall results are looking better than last year.</p> <p>The next cohort is due to start in October. SE also asked that the units share how many students they are likely going to be enrolling. Booking is open now, but SE has not yet promoted whilst he awaits the current cohort results to be ratified.</p> <p>Additionally, DMU are in the process of trying to map the QIS course against the new standards. There is some additional funding available if any of the nurses has availability to support with this. KF will likely have more time soon to help with QIS implementation.</p> <p>SMC also confirmed that a lot of the questions around the new QIS standards will be covered in the national capability document which will hopefully be published by the end of September.</p>	<u>B</u>	ALL

	<p>SE hopes for each cohort to have around 30 students – a higher number changes the dynamics of teaching. However, more students could potentially be considered if there is enough room space.</p> <p>DS asked if the October cohort will be doing placements. SE confirmed it will be recommended, and space will be provided for students to record their hours, but it will not yet be written into the module specification.</p>		
6.	<p>Education & Practice Development Update from Areas (Please see Microsoft forms update attached)</p> <p>7.1 Units/Trusts</p> <p>NGH</p> <p>KP has just started in post and will be looking into students eligible to be enrolled on the next QIS & EMNODN Foundations in Neonatal Care cohort. KGH and NGH are planning monthly catch ups.</p> <p>KGH</p> <p>There have been some Band 4s who have completed conversion to Band 5s. There were 5 new starters in April, and a Band 6 post will be coming up at the end of June. 4 staff have completed their Band 5 pathways and received their NMC pins. There are not any staff currently on the EMNODN Foundations in Neonatal Care course but 2 are booked for the next cohort.</p> <p>There were 6 PERIPrem study days held between January and March. There are also study days planned with CenTre and some internal study days organised at KGH.</p> <p>KGH have recently participated in a GOSH student conference to encourage students to consider a career in neonates.</p> <p>A new TC lead has been recruited and is going through pre-employment checks.</p> <p>2 members of staff have completed the Network Leadership in Neonates (LiNS) course.</p> <p>KMH</p> <p>A part-time 12-month secondment Clinical Educator role has now been advertised. TC is up and running and almost fully staffed. Sickness is starting to improve. There have been 2 new Band 6s in post and 1 new Band 5.</p> <p>ULTH</p> <p>There have been some staffing issues from sickness which are gradually starting to improve. 'Neonatal Nuggets' have been introduced following inspiration from UHDB. These are short teaching sessions which run for 2-3 weeks covering a wide range of topics. DS has also introduced star charts for all staff in response to staff requests for prizes, and this is being well received.</p>	<u>C</u>	

	<p>A new student information pack has been created with updated competencies and feedback sections. This was done in collaboration with one of the students who was on placement on the unit and was created in response to their feedback.</p> <p>Student study days are being introduced on the first Monday of each month from July. DS will be available on these days for whatever students need support with.</p> <p>DS has just completed the Leadership in Neonates (LiNS) course.</p> <p>FG has recently started in the Educator role at PHB.</p> <p>Nursery Nurses have gone through a management of change from Band 4 to Band 3 which has caused some low morale. There are also some other changes coming up as the PHB Ward Manager will be retiring at the end of the year.</p> <p>FG also highlighted issues around the implementation of placement hours. Some nurses are worried about not being able to complete the placement hours as they can't drive. JF explained there may be additional funding for this year only, which can help with travel costs. Shift patterns can also be looked at, for example starting later and finishing earlier to account for travel. As long as the 150 hours are complete, it doesn't matter if the shift patterns vary. The hours can also be accrued working with CenTre.</p> <p>FG also discussed QIS nurses who have limited experience because of events such as maternity or sick leave. JF suggested that additional support needs to be given in these cases.</p> <p>NUH</p> <p>2 new educators have been appointed. SG is on secondment for 12 months to focus solely on support QIS trainees.</p> <p>NLS is gradually improving. There are 24 places a year (6 cohorts) available for nurses, but NUH could do with there being more. A 7th course has been approved but the logistics of this are still being worked out.</p> <p>There are now 10-12 GIC instructors. The internal NLS is run by the GIC instructors.</p> <p>There are some internal study days being developed, SG is trying not to repeat the content of the EMNODN Foundations in Neonatal Care course. There are 2 new starters expected in June and SG will discuss with KF regarding which Foundations in Neonatal Care course cohorts to enrol them on.</p> <p>SG also commented that they generally have a large number of new nurses start in October and queried which Foundations in Neonatal Care cohorts they should enrol on. KF confirmed it would be the</p>		
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	<p>September cohort which doesn't start until late September, and the first 2 study days can be caught up on at a later date.</p> <p>UHL 5 new Band 5s started in April and 4 Band 4s are starting in July. A Band 6 is also starting in July and 4 Band 5s are being promoted to Band 6. 8 have just started the UoN ITU course and a further 8 are planning on starting the next HDU course at DMU. The Foundations in Neonatal Care course is being made mandatory for all new starters.</p> <p>KS identified issues around NLS and getting answers from the course administrator. These issues have been escalated to one of the Matrons. JF confirmed NLS will definitely remain a requirement and will not become part of QIS training. This position has been clarified at national level.</p> <p>UHDB There have been 8 new starters since March, a mixture of ANNPs, Band 5s, Band 7s and Nursing Associates. RS is still trying to establish the nursing associate role which is new at UHDB. She asked for the other units to send over anything which may help – SS offered to send over some information. JF also confirmed that a national position statement for nursing associates is being finalised which includes an outline of their expected role and duties. JF will send these over to the group, please note they are still in draft format.</p> <p>PNA sessions are going really well and has proven positive for staff retention.</p> <p>TC has opened at RDH on Phase 1. Recruitment is nearly complete.</p> <p>6.2 CenTre There are currently no new staff, but AR is hoping for 2 new positions to be advertised.</p> <p>CenTre are coming to the end of their study days which have gone well and included well-being sessions from Anita D'Urso, Network Psychologist.</p> <p>Case reviews have gone well and had better attendance due to being a mixture of hybrid and face to face sessions.</p> <p>AR discussed their simulation suite and 'Simbulance' – a simulation ambulance. AR is planning a simulation clinical skills day for the Network and will provide information once this has been finalised.</p>		<p>SS</p> <p>JF</p>
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7.	<p>National, Regional & ODN Update</p> <p>Post meeting update:</p> <p>7.1 NHSE Funding</p> <ul style="list-style-type: none"> • Additional QIS Places. 32 additional QIS places have been funded from NHSE funding. The students started on the NTU course in March. • QIS Implementation Project. Work has begun to map the new QIS framework against existing HEI QIS provision in the East Midlands. When the educator secondment has begun KF will progress the QIS Implementation project. <p>QIS Pastoral Care Project. The first of the Supporting the Supporters study days was held on 04 June. Feedback from the day will be used to finalise the plan for the second day that will be held on 10 September. Facilitating some sessions when supporters can meet with QIS students will be key to the success of this project. There will be a very short form created on MS Teams which supporters will be asked to complete to document the date and length of the session delivered and any key themes that arose from the meeting.</p> <p>7.2 National Educators Forum Update</p> <p>Main updates from the recent NEF:</p> <ul style="list-style-type: none"> • Yorkshire and Humber have created a work-based learning page which several of the ODNs have inputted into. This is targeted at 14 to 16 year olds who are interested in a career in neonates. The page is going through its final stages and will be shared with us once it's live. • QIS Task and Finish Group – there is an active task and finish group which is meeting once a month to create the national capability document. • QIS Community of Practice - accreditation for QIS standards went out to tender and was awarded to the RCN. The accreditation of each Network course will be done in phases. Three Networks will be in the first wave of testing. They have taken into account the differences in the courses, and this will assist RCN in the next waves once completed. 		
8.	<p>Foundations in Neonatal Care (FiNC)</p> <p>8.1 Update on Current Cohort</p> <p>There are 20 students on the current Foundations in Neonatal Care course. The course has just reached the halfway point. Students have been asked to make sure they are in communication with their supervisors and assessors to make progress with their midpoint interviews and review of skills signing off. No issues have been raised within the group so far, they are just being prompted not to leave their work until the last minute.</p>		

	8.2 Future Cohorts The next cohort will be starting on 23 September 2025. Enrolment is open and the education team are in the process of checking speaker availability before the timetable can be finalised. The session on observations requires covering. If anyone is available to cover this then please contact SMC.		ALL
9.	Leadership in Neonates (LiNs) The 2 nd Level 1 cohort completed their course yesterday. The feedback has been excellent, and we look forward to running another course in the future. We will share the date for this when it has been confirmed.		
10.	Education & Recruitment Projects 9.1 Podcasts (Little Lives, Big Conversations) The recording of sessions has started, with a number of episodes currently going through the Network governance process, before they can go live. In the meantime, a library is building up. 9.2 Recruitment Video The recruitment video was launched on 30 May 2025 and is available on the Network website and x account. It has also been shared on various social media platforms and our educators WhatsApp group. The video has already achieved over 1000 views. 9.3 Conferences There are 2 Network conferences this year, the first being tomorrow, with the theme 'Driving Change: The Road to improving Quality'. The second with be on Thursday 02 October 2025.		
11.	Safety Alerts There has been a safety alert regarding using warming devices before taking blood samples. Devices not specifically created for warming, i.e. gloves filled with warm water, should not be used. Even devices intended to warm heels etc should be used with caution. The safety alert is available here .		
12.	Sharing Innovation, Good Practice & Learning Update to follow via email.		
13.	Equality, Diversity & Inclusion (EDI) SMC and KF are meeting with the Kent, Surrey and Sussex (KSS) ODN to learn how they have supported internationally trained nurses in their ODN.		
14.	AOB Anitha Robert (NGH) will be joining the Network Education Team on a 12-month secondment, hopefully allowing KF more time to map against the new QIS standards. 2 new care coordinators will also be joining the Network on secondment.		

	<p>Cara Hobby has now left and due to changes at NHSE, cannot currently be replaced. JF is retiring at the end of August and again her position cannot currently be recruited to.</p> <p>SMC asked for the units to send contact details for their tissue viability link nurses.</p> <p>There are discussions around aligning neonatal levels of care with paediatrics and introducing Level 4 for babies requiring enhanced intensive care. However, this is expected to take a long time to achieve if it happens.</p> <p>There were further discussions around the 150 placement hours for QIS training. Some of these can be done before enrolling on the QIS course but the group were cautious about this as experience is needed later down the line, not all before beginning QIS training, to ensure experience is at the appropriate level, i.e., intensive and high dependency care.</p>		ALL
15.	<p>Date & Time of Next Meeting Monday 08 September 2025, 10:00am – 4:00pm, Innovation Room, Kegworth Hotel & Conference Centre, DE74 2DF</p>		