

Minutes of Lead Nurses Group

Tuesday 21 March 2022
10.00am – 12.30pm

Via Microsoft Teams

Present:

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)
 Judith Foxon (JF), Deputy Lead Nurse, EMNODN
 Cara Hobby (CH), Deputy Lead Nurse, EMNODN
 Rachel Wright (RW), Ward Manager, Lincoln County Hospital
 Rhian Cope (RC), Matron, King’s Mill Hospital, Mansfield
 Kelly Marriott (KM), Ward Manager, Northampton General Hospital
 Heather Cutts (HC, Family & Homecare Lead Nurse, Nottingham University Hospitals
 Lucy Panesar (LP), Family & Homecare Lead Nurse, Nottingham University Hospitals
 Cheryl Griffiths (CG), Matron, Nottingham University Hospitals
 Dawn Barnes (DB), Deputy Sister, Pilgrim Hospital, Boston
 Davina Bhardwaj (DB), Matron, University Hospitals of Leicester
 Julie Needham (JN), Matron, CenTre Neonatal Transport
 Lynn Slade (LS), Interim Lead Nurse for Neonates, University Hospitals of Derby & Burton

In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
 Haddie Bills (HB), Care Coordinator, EMNODN

	Subject	Attachment	Action
1.	Apologies for Absence Cathy Franklin, Claire Inglis, Lorraine Collins, Margaret Pratt, Michelle Hardwick, Wendy Copson, Zara Doubleday		
2.	Declarations of Interest None.		
3.	Minutes from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record.	A	
4.	Matters Arising 4.1 Car Seat Update No further updates available at this time.		
5.	Group TOR A copy of the revised group TOR was circulated by email. All to read through and contact LH with any comments/amendments by Tuesday 04 April 2023.		ALL

<p>5.</p>	<p>Workforce</p> <p>6.1 Nurse Staffing Audit</p> <p>A copy of the nurse staffing audit was circulated and discussed.</p> <p>Rachel Salloway has developed the new charts for nurse staffing based on the daily OPEL data which is submitted. These will give a more accurate picture than the Badger.Net data and will hopefully prove to be more useful at unit level.</p> <p>The charts demonstrate the occupied cots by care level, QIS nursing, registered nursing and the total nurse staffing against the BAPM standards. For each of those graphs there is a dotted green line which indicates what staffing levels are required to meet the BAPM standard for that particular measure. The yellow line demonstrates the number of staff on duty for the day shift and the grey line shows the staffing for night shift.</p> <p>JF explained that unit teams should be looking for trends: There will inevitably be peaks and troughs, however if the green dotted line is consistently above the yellow and grey lines then this illustrates a shortfall in the nursing workforce. In this instance there will need to be an understanding of why there is a shortfall and what actions are in place to address them.</p> <p>6.2 Nursing Workforce Data Collection</p> <p>The Network wide workforce data collection takes place in April and October to ensure that there is always an up-to-date picture of the workforce. Requests will be sent out in next couple of weeks and must be returned to JF by the end of April. JF will be asking for a little more detail this time as the Regional Commissioning Team have asked for information on banding to be included. Age profiles will also be included in the future.</p> <p>6.3 Quality Roles</p> <p>JF has met with all the units over last couple of weeks to discuss the 3rd year of the LTP funding that will be released at the beginning of the next financial year. This money was initially £9m for whole of England, however it was subsequently reduced to £5.75m due to competing priorities. The provisional allocation for the EMNDON is £410,510. The priority for this money is education and governance roles. JF has completed a gap analysis against some standards that are being developed nationally for education ratios according to the number of staff, and also against the recommendations for a governance role within neonates. The Units will be receiving an email outlining the conversations, funding and the provisional allocation for each Trust. JF stressed that those allocations are what has been agreed at ODN level but</p>		
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<p>that they have to go to Specialised Commissioning and then on to the National Team for approval.</p> <p>The money is expected to be in the Trusts by May 2023.</p> <p>6.4 Nursing Associate Job Descriptions JF is developing a suite of role outlines, illustrating the key parts of a particular role, with the aim of the units being able to incorporate them into Job Descriptions, so that there is some consistency around what these roles consist of across the Network. JF has started with the Nursing Associate role, and this has been sent out by email for comment. Please return any comments to JF by email by 11 April 2023 at the latest.</p> <p>6.5 Ockenden Posts There was some Funding from Ockenden Review to support filling some of the workforce gaps, particularly medical and AHP gaps. Each trust had a plan to recruit into the allocated posts. The ODN have to feed back to the NIB regarding the progress of recruitment into these posts. A proforma has to be completed and JF will be making contact with each trust to check on progress. Any underspend can be spent on training for the new staff coming into post. Money cannot be used for anything that is not recruitment into these posts, or any associated training. It was reiterated that the money is to increase establishment within the neonatal workforce and if it is not used for this it will have to be returned. This is the case with the Ockenden AHP and medical, and the LTP funded nursing posts.</p> <p>LH informed the group that if staff have been accessing any of the Network based HEE funded training this must not be entered onto the underspend expenditure as this was Network expenditure.</p> <p>LH enquired if any of the teams are experiencing any particular difficulties in recruiting to any AHP or Psychology posts at the moment and the group reported that they were not.</p> <p>LH reported that Specialised Commissioning are planning to prioritise neonatal services this year, particularly looking at the large AHP gaps. They have alluded to the fact that if units have not utilised all of their Ockenden allocation then they are less likely to be allocated further funding.</p> <p>LH has asked the Network AHP team to scope where the gaps are against the current activity, taking into account the original establishment and the Ockenden funding to ascertain the residual gaps.</p>		<p style="text-align: center;">ALL</p>
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	<p>JF confirmed that there will be ongoing monitoring from the National Team so that they can see that any allocated funding has been utilised for the purpose for which it was originally intended</p> <p>6.6 Recruitment Days/Video Recordings JF is aware from conversations with the PDNs that a number of trusts are involved in recruitment days, which are either trust or university hosted. All were reminded to keep in mind that the ODN can help to support these events if required.</p> <p>CH attended a maternity and neonatal workforce event for equality, Diversity and Inclusivity (EDI) where she was asked to share a survey around the EDI strategy which JF will be circulating. All were asked to compete and to share.</p> <p>The Ockenden funding spreadsheet has been circulated and everyone was reminded that it needs to be completed for the end of quarter 4.</p> <p>6.7 Neonatal Nurse Standard Framework See QIS Training section below.</p>		ALL
6.	<p>Education & Practice Development Update</p> <p>6.1 QIS Training HEE have commissioned the University of East Anglia to undertake a project to standardise QIS training across the country, possibly calling it a neonatal nursing standard framework. The project has just started and UofEA are looking at having some subgroups that will be involved in focus group conversations around QIS training. JF will email out the details. There will be three subgroups: one for Managers/PDNs, one for QIS nurses or nurses about to undertake QIS, and one for higher education institutions. Please come back to JF with any names of anyone who would like to be involved. JF stressed that it will be really important to have East Midlands representation from the services involved in these subgroups.</p> <p>JF will send any names of volunteers to the Clinical Advisor at HEE, who is working part time on this project.</p> <p>There have been some discussions around the shortfall in QIS numbers across many units, and increasing access to QIS, and/or whether they could look at an accelerated QIS course for nurses with prior neonatal experience. JF met with DMU yesterday and they felt that an accelerated QIS should not be considered at the moment due to the national QIS project. From a unit perspective it was considered this is not the solution as even if some nurses have previous neonatal experience this may not necessarily be comparable, or their academic ability may not be comparable. It was noted that some</p>		JF ALL JF

<p>nurses may be really experienced clinically but that they still need to have the knowledge and understanding of neonates. Shaun Edward's experience is that an accelerated programme is not necessarily what many nurses would like.</p> <p>JF reported that there was also discussion about whether there could be more intakes in each year, with possibly 3 intakes over the course of 2 years. High dependency (HD) would run in the autumn term, care (IC) in the spring term, HD in the summer term and IC in the autumn term and HD in the Spring and IC in the summer. If this was something the University could provide, the group were asked to think realistically about how many students they would you be able to send on each cohort. LS felt that trust support would be required to release more staff and would need to work through how that would look on the ward and what support would be needed.</p> <p>DM would be keen to support staff to attend, and currently do this twice per year, but felt that support for the students would need to be considered due the deficit in the band 6 ratios</p> <p>LS felt that the ability to support with placements for the students in the tertiary centres would need to considered.</p> <p>JF will be working with the educators and PDNs on the training needs analysis, trajectories, and how an increase in intakes might change the trajectories.</p> <p>Pre QIS Competency Charlotte Dolby has drafted a pre-QIS competency document which has gone out to the educators/PDNs for initial comment. The expectation is that it could be used to support band 5 nurses who are not yet ready or able to access the QIS course.</p> <p>6.2 Foundation Programme Update The 16 students on cohort 4 all completed last week. There were some excellent poster presentations. There have been a few challenges around issuing results to students and JF apologised for the delays.</p> <p>Overall, the feedback has been extremely good, with students requesting more face-to-face days which will be considered for future courses.</p> <p>There are 25 students currently booked for cohort 5, which will start in April 2023.</p> <p>One of the posters from Cohort 1 recently won the best poster at the NNA conference.</p>		
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	<p>6.3 Education/Training Programme</p> <p>Aspire to Inspire The first 'Aspire to Inspire' leadership day ran on 01 February and feedback was very good. The second course will be held on the 29 March and there are a number of places still available. Please contact LSH to book a place. Please note the venue for this has changed to the Hilton East Midlands Airport Hotel.</p> <p>HEE Funded Training Following a successful bid to HEE, the network have been able to provide some free training neonatal staff.</p> <p>Cardiac Day A cardiac education day in collaboration with the Cardiac Network is being held at King Power Stadium, Leicester on the 24 March 2023.</p>		
7.	<p>Parents</p> <p>7.2 Update on FIC Progress to Date The Care Coordinators have been building our presence on the various social media platforms; Instagram, Facebook and a YouTube channel. There is not currently much content, but this will grow and develop as time progresses.</p> <p>The Network will be using these platforms to raise the profile and to share pertinent FiCare information and education. They will be aimed at both families and staff. All encouraged to follow and share with families and staff.</p> <p>If anyone has any content ideas, please get in touch with Haddie Bills.</p> <p>A FiCare eLearning module on Moodle has been developed and is in the process of being tested by the Network team, with feedback due by this Friday. If there are no significant changes suggested, it is hoped that it will be ready to share in early April for all the staff to use.</p> <p>7.3 Parent Engagement/Neonatal Voices There has been increasing interest from new members for PAG, owing to the information shared across social media. Work continues on the structure of the group, involving some work with Anita D'Urso, to look at the support systems in place behind the PAG structure.</p> <p>CH is continuing work with the LMNSs to identify and shape how NVPs look. Northamptonshire is the only LMNS which does not have anyone identified to progress this piece of work. The focus of the other regions is to support the development of their NVP as a separate group to MVP, with an independent chair, and ideally with a salaried Chair.</p>		ALL

<p>There is a survey on transfer for induction of labour, which is being run by Midlands Perinatal Team, an arm of NHSE. The aim of the survey is to hear experience of families who have been transferred. This was circulated at the end of February and there have been no responses to date. All to please keep the survey in mind if any families who fit the criteria.</p> <p>7.4 Parent Information Leaflets CH is continuing to work through the existing leaflets to ensure that they are updated and translated into the top 5 languages and made available on the Network website.</p> <p>7.5 Unit Slide Shows/Virtual Tours CH thanked everyone for submitting their unit floor plans. Budget discussions are ongoing, and CH will update the group when a conclusion has been reached around possible funding.</p> <p>7.7 FiCare Link Nurses Funding for these posts ends at the end of this month. CH thanked all units for the support and engagement with these roles. Some units have been able to identify internal funding to continue the posts. CH is happy to help with any business cases to try to secure internal funding.</p> <p>RW confirmed that ULHT has secured funding to continue.</p> <p>7.9 Parent Videos (AHSN Funding) The Network Team had a successful bid for funding from the East Midlands AHSN, to produce 4 educational videos.</p> <p>Successful focus groups with staff and families have been held. Feedback is being collated and included in the revised scripts.</p> <p>The Filming schedule has been put back to April 2023.</p> <p>7.10 Family Transfer Prompt Card/Risk Assessment At previous meetings the possibility of creating a document to support the decision-making process to identify the most appropriate families for capacity transfers was discussed. CH has met with her West Midlands counterpart, and they are planning to organise some listening events. The FiCare Steering Group will work on creating the document.</p> <p>In the meantime, LH reminded all to provide the Transfer Information Leaflet to parents. This document is also available in the top 5 languages across the Network.</p>		<p>ALL</p>
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8.	<p>Bliss Update 8.1 Accreditation Bliss have a new Baby Charter programme lead, who is Giulia Bonacalza. Bliss are currently restructuring the way they allocate a contact to each unit to support their audit process and will be in touch with units to inform them shortly.</p>		
9.	<p>UNICEF Update 9.1 Unit Assessments (Initial and Level 1) The main barriers to progression have been attributed to a lack of protected time. This is something Haddie has been working with units to review. Haddie has a range of resources that can help if required, including job descriptions. Please get in touch with Haddie if this would be helpful.</p> <p>The group was reminded that the Network have funded a planning meeting with Unicef for each unit and also the stage 1 assessment. For those who have already achieved stage 1; (Derby & Burton) then the Network funding can be used for stage 2.</p>		
10.	<p>National Projects 10.1 Neonatal Critical Care Review Implementation & Oversight The original document was released when many of the group had not yet taken up their posts. LH mindful that we only now have 1.5 years left to deliver on the plan and that all need to be aware of their action plans and requirements.</p> <p>Capacity: NUH have interim plan to add 9 critical care cots on the QMC site, the plan has been approved by NHSE and work is commencing shortly. It is scheduled for completion by the end of 2024.</p> <p>Additional capacity is also required at UHL, however the Hospital Improvement Plan (HIP) funding they were awarded has been paused and it is currently unclear as to whether this is going to be recommenced. There is a great deal of work underway both regionally and nationally to try to secure the funding for a new W&C build on the LRI site.</p> <p>The Network have revised their original response, which has been circulated to the group members. This details how many cots each unit requires in order to deliver the care that is attributable to them. It is important that all have a read though the document and have an understanding of what is required. Any queries to LH.</p> <p>LH urged all to seek out their action plans, so that they have sight of them and continue to monitor them. WC is available to meet with units to review/update action plans if required.</p>		<p>ALL</p> <p>ALL</p>

	<p>The NCCTR also looked at FiCare and Staffing these were covered elsewhere in the agenda.</p> <p>The NCCR document can be viewed on the following link; Implementing-the-Recommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf (england.nhs.uk)</p> <p>10.2 Transformation Funding Covered elsewhere in the agenda.</p> <p>10.3 East Midlands Capacity Oversight Group The meeting was set up by National Team and Commissioning to look at how to increase capacity across the Network. The group was stood down in the autumn and the Commissioning Team are meeting with the two Tertiary Centres to review the current position before reinstating the meeting.</p> <p>11.4 Optimisation WC has circulated a PERIPrem passport for comment. All to review the document and send comments to WC as soon as possible.</p> <p>11.5 CNST Year 4 The submission of the completed declaration forms for year 4 should have been sent in in February. No further update on this.</p> <p>11.6 GIRFT Deep Dives The GIRFT action plans were produced by GIRFT, all group members should be working towards the requirements and should be monitoring the plans. WC is happy to support with this if required.</p>		ALL
12.	<p>Quality & Governance</p> <p>12.1 Shared Learning LS shared that UHDB have been working with manufacturers to change CPAP products due to a number of babies suffering septum damage. There have been no reported incidents of damage since. LS to ask Rachel Shepherd to present.</p> <p>KM shared a paediatric extravasation injury, which resulted in a change of practice in the neonatal service. There was a review of paperwork and fluid intake charts, and IV and canula insertion sticker were developed for the notes. The fluid charts include a box with for the VIP? score every hour and the special care charts now require the asset number.</p> <p>LH reported that since the two separate incidents of lumbar puncture procedures on the wrong babies a number of LOCCSIP documents have been shared.</p>		LS

	<p>LH encouraged the group to bring any learning points to future meetings for sharing.</p> <p>12.2 Peer Reviews The overarching Peer Review document has been published and circulated. The document identifies three areas of good practice from each unit. LH encouraged the group to read the document and thanked all for their hospitality.</p> <p>If anyone has any questions, please get in touch with LH.</p> <p>Previously units have presented some of the good practice at the clinical forums. LH to speak to LSH about identifying a time when this can take place</p> <p>12.3 Data The February data has been circulated. If anyone would like to develop further understanding regarding the new format and/or their data better please get in touch with WC.</p> <p>12.4 Identification of Trends in Sudden Deterioration CF had previously mentioned a document which had been produced by ULHT in response to the Lucy Letby trial. LH to ask CF if she is happy for this to be shared.</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>LH</p> <p>ALL</p> <p>LH</p>
13.	<p>Transitional Care Implementation Derby have been making some great progress with their TC project and NGH have been very accommodating with speaking to other units around implementing a TC service, so thanks were extended to KM.</p> <p>Implementation of TC is very much part of the GIRFT, CNST and ATAIN standards. Please contact WC for any support. This will be discussed during the peer review follow up meetings.</p>	
14.	<p>Outreach 14.1 Update HC shared the North Hub dashboard. Derby are making massive headway with NG tubes and home NG tube feeding.</p> <p>NUH are still seeing low numbers discharged home NG tube feeding. HC is doing some work with WC to produce an audit, and to capture data on missed opportunities.</p> <p>Lisa Burgon has devised a poster around home NG feeding and the benefits for display on the units.</p> <p>HC to share data with LH.</p>	<p>HC</p>

	<p>LH asked for an update on recruitment of nurses for the 7-day service. HC reported that the forms are being approved for NUH and that the advert should be out shortly.</p> <p>ULHT and RDH adverts are already out.</p> <p>HC will be catching up with the North hub team for a further update on recruitment.</p> <p>CI was not present at the meeting to provide an update for the South Hub.</p>		
<p>15.</p>	<p>Update from Units/CenTre</p> <p>UHDB – Work has commenced at QHB for the new unit.</p> <p>The Trust is relooking at clinical strategies, and neonates is one if the first to be reviewed. There will be some parent engagement events.</p> <p>Neonatal staffing has been included in a maternity safety case around TC staffing with ongoing support for FiCare. Shift coordinator banding is also being reviewed to ascertain if the banding can be uplifted to make it more appealing</p> <p>Sickness continues to be a challenge, particularly within in Outreach Team.</p> <p>RDH and QHB rotation for the nursing team, started last week, and Derby are currently sending one QIS to Burton. Huge progress has been made to align equipment across both units. There will also be alignment for intubation drugs.</p> <p>NGH The parent accommodation project has commenced and is now closed to tender from the building companies, with the bids under review. It is hoped that the project will be completed in the Spring which will enable better flow across the Network. Any suggestions for the names for the two rooms to be sent to KM.</p> <p>The Life Start trolley is now in use with engagement from maternity to run some group simulation programs to aid with delayed cord clamping. TC is fully established and as of 01 April NGT babies will be cared for on the unit.</p> <p>Sickness a constant issue but it was reported not Covid related.</p> <p>Centre The service is in the process of centralising to a central hub in Castle Donington, which will also house paediatric</p>		

	<p>transport and adult transport. The management of change consultation starts April 2023.</p> <p>KMH Sickness is also an issue with high levels of maternity leave. The service is fully established for TC although 3 staff are currently on maternity leave. A TC lead for neonates was appointed last week and it is hoped that the service will be re-established on the maternity ward in the Summer. Two ANNPS have been recruited.</p> <p>RC will chase up the missing homecare data from KMH.</p> <p>NUH There have been several challenging incidents with families recently, which are thought to be a negative effect of the Ockenden review. Recruitment for Band 5 nurses is progressing well and the team are working on a number of retention strategies. There are two new ward managers: Zara Doubleday at City, and Sarah Bray as a secondment at QMC.</p> <p>ULHT The team have achieved bronze ward accreditation. FiCare will continue with funding secured for the Link Role. The service is being supported by the LMNS for a BFI Lead. A Physiotherapist and Dietitian have been appointed with the Ockenden funding. There is a full ANNP compliment, however, one will be transferring to KMH. The team are working with the Maternity Voice Partnership to coproduce some parent feedback. There is a full improvement plan following the recommendations from Peer Review. RW will be covering for Carole at Boston for 3 months.</p> <p>At Boston there are 2 full time Band 5's currently on maternity leave.</p>		RC
16.	<p>Network Update No further updates.</p>		
17.	<p>AOB JF enquired if there have been any issues regarding the current shortage of 0.05% chlorhexidine. No issues were reported</p> <p>KA reported that UHDB had been able to purchase it in a larger volume and will check what is being used and will report back.</p> <p>Following a national request, JF asked if anyone has a guideline around how birth injury is documented, when photographs are taken. No one aware of a guideline.</p>		KA

	RC asked if anyone went to Maternity & Neonatal summit. LH reported that information regarding the event was circulated quite late so no one from the Network team was able to attend.		
18.	Date/Time of Next Meeting Tuesday 27 June 2023, 10:00am – 12:30pm, Via Microsoft Teams		