



East of England ODN Neonatal Stoma and Surgical Link Nurse Group

Terms of reference

Purpose of the group:

The purpose of the group is to:

1. Share knowledge and best practice relating to stoma care in the neonatal setting
2. Collaborative working in order that a network approach to neonatal stoma care can be identified and implemented.
3. Identify where there are gaps in available education for neonatal stoma care for the nursing population and address these gaps with development and delivery of local unit and network study days.
4. Identify where there are gaps in available nursing resources relating to neonatal stoma care and surgery and address these gaps with development of network resources

Group objectives:

The objectives of the group are:

1. To act as a conduit for information relating to neonatal surgery and stoma care
2. To develop tools that will be used in the local setting to assist with caring for infants with a stoma
3. To assist with development and delivery of network nursing and multidisciplinary stoma and surgical care educational events throughout the year
4. To produce an annual report to reflect the work undertaken. This will be presented by the chair at the clinical oversight group (COG).

Membership:

All trusts across the East of England are invited to be represented by the lead for neonatal education / practice development where this post is filled. Where the post is not filled the local lead nurse will be invited to send a representative.

Trusts represented: Basildon, Bedford, Cambridge, Chelmsford, Colchester, Harlow, Hinchingsbrooke, Ipswich, James Paget, Kings Lynn, Lister, Luton, Norwich, Peterborough, Southend, Watford and West Suffolk, ANTS.

Chair: TBC

Secretary: TBC

Resources lead: TBC



Meeting arrangements and frequency:

- The group will meet twice per year at regular intervals. Each member should attend a minimum of 1 meeting per year.
- Meetings will be held in different locations across the network.
- The agenda for the meeting will be circulated 3 weeks prior to the meeting and attendance should be confirmed at least 2 weeks prior to the meeting.
- The group will be quorate if there is a representative from each level of unit (1/2/3). If there is not representation from each level of unit at the meeting decisions should be deferred until the next meeting.
- One person will chair the meeting.
- A minute taker will also be present.
- Minutes will be produced within 2 weeks of the meeting to be in draft format until accuracy agreed at the subsequent meeting.
- The meeting structure will be
 - Agree previous minutes
 - Business / on-going work
 - Invited speaker(s)
 - Journal club
 - Case reviews
 - Sharing challenges
 - Sharing success
 - Any other business

Responsibilities of the group:

- To ensure high quality and consistent standards in relation to neonatal stoma care are delivered effectively across all units in the East of England
- To discuss, develop and agree a cohesive approach to issues relating to neonatal stoma care rather than individual trust solutions where possible
- To ensure that network nursing and multidisciplinary educational events are delivered to a high standard and are evaluated following each delivery
- To ensure that an action plan is developed in the event of consistent poor evaluation of educational events

Reporting and accountability:

Group members will report directly to their local lead nurse and ultimately agree implementation of any work within their own trusts. The group will also be accountable to the East of England ODN and clinical oversight group (COG).



East of England Neonatal ODN

(Hosted by Cambridge University Hospitals)

Governance and review arrangements:

- The terms of reference and purpose of the group will be reviewed annually.
- Final agreement of work to be implemented will only be agreed at meetings which are quorate. Should any unit not be able to attend, comments should be forwarded to the chair who will speak on their behalf.
- Non communication will be seen as agreement to the document as it stands.
- Each group member will respect and value the contributions of others in the group to enable freedom of speech and constructive conversations.
- Any matter discussed but not minuted will be deemed as strictly confidential and will not be discussed outside of the meeting without the express consent of the group member supplying the information
- Any comments, aspects of clinical practice and variance in professional views held by members of the group should be exchanged at the meeting forums.