

EOE ODN Newsletter

Directors Update - Liz Langham

Despite it having been holiday season the network has continued to be busy. Over the summer we have continue to attend the 6 LMS groups, supporting them with their plans to deliver better births. As an ODN we have taken the decision to provide all 6 LMS(local maternity systems) groups with the same action plan to address the neonatal work-streams. It is hoped that this will then be included into their work plans and that neonatal will be a thread through all of their work. The plans include :

ATAIN

TC Provision – meeting the BAPM guidance

PReCePT

Place of delivery

PMRT

Outreach

Workforce

Patient flow

ATAIN, TC and PReCePT form a large part of these work programmes and over the summer we have met with a few of you to look at your action plans to deliver these in your units

ATAIN and TC will continue to be a major focus in the coming months with work focussing on meeting the TC BAPM criteria and continuing to reduce avoidable term admissions.

Governance

The governance group are continuing to meet although we are still struggling to have enough representation to be quorate at each meeting. I am open to suggestions as to how we can improve this. We could maybe try to have dial in details if anyone thinks this would help. The dashboards continue to be developed and everyone's input has been great. We are really starting to understand our data and the stories behind it.

PReCePT

The national roll out of PReCePT is now underway and in the EOE we have recruited a consultant to support the project. She will support units to improve the administration of MgSO4 across the region and in turn improve outcomes for our babies < 30 weeks.

Annual Report 2017

The annual report is now complete and due to go to the printers shortly it is great to see all the positive work across the network.

Directors Update - Liz Langham

Patient flow

We hope to undertake a patient flow review with maternity in the coming months and we are currently working up the details, this will look jointly at the reasons for refusal across the network and hopefully improve the number of times we can keep mothers and babies within the EOE. The new patient flow guideline is now completed and will be out for consultation shortly, please ask your lead nurses for copies as comments from the staff who will use it are invaluable. I continue to work with the transport team to support capacity across the network. As part of the new guideline we will aim to clarify the statement 'closed' and ensure that a clear escalation policy is in place.

We are currently looking at two new projects, one to offer support for surgical babies who are transferred back to their home units whilst waiting for surgery and the second looking at a nurse led screening programme for ROP. These projects are both currently in their infancy so I hope to have more details as they progress.



Mark Dyke - Lead Clinician

The National Peer Review Report for Neonatal Critical Care Services for 2017/8 has recently been made available. It has taken a little longer than we had hoped but, given the scope of the task, perhaps that is not surprising. 157 Neonatal Units across England have been reviewed against multiple standards. That's a lot of data! So the fact that the document runs to only 9 pages means that it is, inevitably, rather a high level overview of the national picture of compliance [with some detail by "super region" - we are part of Midlands and East for this purpose]. It does not really provide an opportunity to benchmark one's own unit against peers of a similar size or level of service provision. However, when combined with one's own local data, it does give each unit a chance to see where we each sit in comparison to the country as a whole.



So what can we learn? Compliance figures are expressed as percentages and our region scored slightly better than the national average [70 vs 65%]. The highest scoring 8 units nationally scored 88% and they included 2 from the EoE so congratulations to Colchester and West Suffolk. Several issues of concern in the national picture have local resonance. For example, it will not be a surprise to learn that nurse staffing compliance was low [24%] nor that concerns about securing ongoing funding for postgraduate "non-medical" training was a common theme [eg QiS]. Support from Allied Health Professionals was low [20%] so it is timely that the theme of the 12th Annual Perinatal Network Conference which we are hosting in Hinchingsbrooke on 30th January 2019 will promote the work of our colleagues in these important disciplines. Facilities for families remain sub-optimal, scoring only 26% nationally and many of us will recognise the gaps locally too.

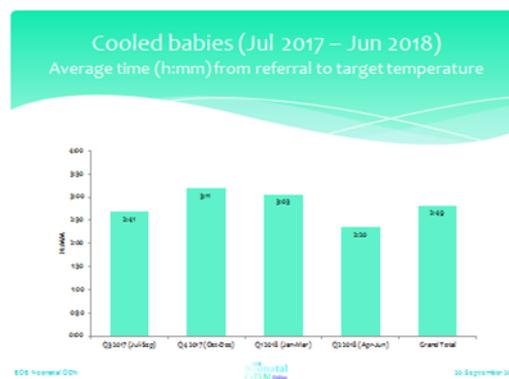
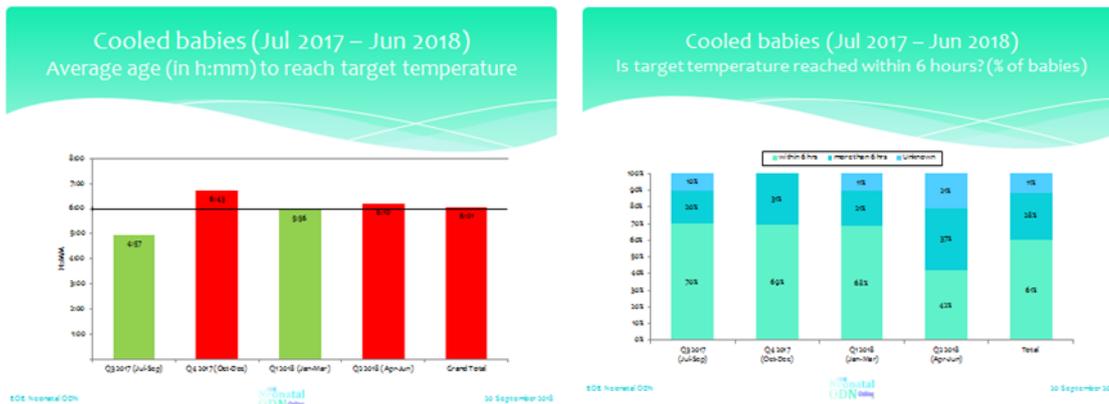
On the other hand, there were many areas of good practice noted, of which 18 different examples were listed in the report – my sense is that there must have been considerably more than that overall as our own region generated quite a number and I wonder that this wasn't given a bit greater focus. But simply from the table of statistics, we can take some pride in the compliance scores in our region across several areas. Engagement with the ODN [100%] and, specifically, the governance group [98%] was almost universal. And our scores for "network agreed pathways in place" [83%] and "clinical guidelines for the care of babies on the unit" [98%] were notably higher than other regions. This, combined with the very positive comments made about the ODN by individual units and the review teams, reflects the robust health of our collaborative working practices across EoE.

And perhaps best of all were those matters directly relating to our relationships with our service users. "Parent/carer feedback is reflected in service development" [90%], "information is available for parents" [65%] and "the NNU undertakes an audit of family-centred care" [85%] all scored higher than the national average.

So, this report doesn't give us the whole picture – but it is a useful snapshot of England's neonatal services at this point in time. Nationally, regionally and locally, whilst there is still much to do in order to bring our standards up to where we would like to see them, there are also areas of good practice which we should celebrate. Let's take moment to do so and then redouble our efforts to address the gaps which remain.

Neuroprotection update—Erica Everett

Data for Q2 is presented below



Upcoming study days for the remainder of 2018 are:

- Ventilation 2nd October. This course is now full
- Train the trainer BLS 01 November. Places available
- Nursing skills day 4th December. Places available
- Non registered clinical staff 17th October. Places available
- Medical skills day 16th November. Places are still available for this date.

There remains a £50 fee for this course

Dates are currently being planned for the 2019 educational events and these dates will be circulated in November.

The neuroprotection link nurse meeting will be held on 20/09/18. The group are currently working on a CFM guide and competency which will be completed for circulation soon. Look out for these via your PDN or on the website.

Link Nurse forums:

- The dates for upcoming link forums are:
- Neuroprotection 20 September
 - Bereavement 11 October
 - Infection control 13 November
 - Stoma 20 November
 - Developmental care 7 December
- If you are a link nurse and plan to attend any link nurse forum. Please contact Erica Everett

Neonatal alert trigger and track:

This guideline has been uploaded onto the ODN website.

Training packages will be with the PDN team at the end of September and this will be implemented in all units by the end of the year.



I have recently been fortunate enough to complete generic Instructor Course (GIC) training for NLS after gaining instructor potential at NLS in November.

The course is up there as one of the most challenging and rewarding achievements of my career so far. There was a lot of work involved in the pre-course reading, virtual learning and the two-day face-to-face training, but I learnt an immense amount!!! As with these type of courses, the preparation builds up the anticipation and nerves to the point you wonder why you're putting yourself through such punishment (actual words I uttered to my husband a couple of days before GIC)?! However, on the first morning, all fears were alleviated when we received the warmest of welcomes from the Course Director. The next two days passed in a bit of a blur, but the learning continued along with a great opportunity to network with healthcare professionals from all backgrounds and incredible mentoring from the faculty.

I am grateful to have been fully supported by my manager and the ODN to undertake this training. I am already applying my learning to my practice as the unit Clinical Educator and can now locally teach NLS refreshers and assess PBLs, something we previously relied on someone else from the ODN to undertake. My confidence has also increased to participate more in the extensive training programme the ODN currently offers.

For anyone else considering the GIC after receiving instructor potential, I'd highly recommend it.

By Amie Thorpe



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Claire O'Mara— Lead Nurse Update

Here's hoping you all enjoyed the summer and all of you had the opportunity to relax and enjoy the glorious weather.

It has been a busy summer with various reports coming to fruition the Maternity Workforce Strategy, overarching Peer Review report and of course the long awaited Neonatal Critical Care Review.

We were grateful to Marie Cummins speaking at our most recent COG meeting which highlighted how well the East of England ODN had performed compared to some of our neighbouring ODN's. Everyone had the opportunity to question and discuss the report with Marie and interesting discussions followed. Concerns were raised regarding both nursing and medical staffing/recruitment and retention.

'Excellence is a habit' – Aristotle.

By now all of you would have received a copy of the 'draft' NNCCR and hopefully you would have seen that there are indeed clear actions aimed at nursing and medical staffing. Those of you who have been invited to the forthcoming Stakeholder event on 23rd October will have the opportunity to discuss and put forth your opinions and I would strongly encourage you to attend. If you have not yet received an invitation you still may be able to register for a place by contacting Daniel.eve@nhs.net directly.

Nursing workforce in the future will be monitored much more closely both at an ODN level and on a National level. Thank you to all of you who have been completing the Badgernet nursing workforce tool monthly, if you are experiencing any difficulties please contact ian.long@nhs.net who will be more than happy to offer assistance. In December the ODN will be circulating the Dining nursing workforce Tool for you all to complete and return by 30th January 2019 – your activity will be populated by Ian to ensure accuracy and consistency.

I hope you would agree it has been fantastic having parent representation at COG. I will be working closely with Emily and Kirsty in the New Year looking at how we can promote Family Integrated Care into all of our 17 units. We plan to visit units who have achieved this successfully and how we can use this to achieve success in our own units. Initially we will focus on, access to free parking, equality in accessibility for parents to NGT their baby on the NICU and at home on discharge, parent attendance on ward rounds and the opportunity to 'present' their own baby and finally meal vouchers for parents whose baby is on the NICU. We will work closely with Bliss and the Bliss Baby Charter requirements at our next Lead Nurse meeting we will have representation from Bliss. It will be great to hear from you all regarding the progress you are making with the Charter and is there any shared learning to be had – which I am sure there will be!





If you would like me to attend any of your team meetings, Senior Sister or otherwise please do not hesitate to contact me, it is always a pleasure to visit units and meet the wider team.

If you have not already done so please register your place for the 12th Annual Perinatal Conference which will be held on January 30th, contact Kelly5hart@nhs.net for details or click on the link [Eventbrite](#)



And finally..... Neonatal Nurse of the Year Award! I am sure within our ODN we have some fabulous nurses worthy of this award (please note this award is also open to Nursery Nurses). Please go to the Neonatal Nurses Association (NNA) website to nominate, the prize is £1000 to be used for education purposes and a years free [NNA](#) membership.

NEONATAL NURSES ASSOCIATION
NEONATAL NURSE OF THE YEAR AWARD
TWENTY EIGHTEEN
NOW OPEN TO NON MEMBERS!

The Neonatal Nurse of the Year award will be awarded to an inspirational neonatal nurse who has made an extraordinary difference to the lives of the infants in their care. Candidates will be assessed by a panel of clinical experts, including a parent.

Inclusion criteria may reflect one or more of the following:

- Development and/or leadership of innovation in neonatal nursing which has led to change in practice
- Neonatal nursing research which has impacted upon clinical practice
- Successful translation of research into practice
- Service improvements which have led to improved evaluations

DEADLINE: 31 OCTOBER 2018

*Prize: £1000 + 1 year free NNA membership
Word count: 1000
Please send your applications to claire.omara@nhs.net

***TO BE ELIGIBLE FOR THE PRIZE, THE WINNER WILL NEED TO ATTEND THE NNA CONFERENCE ON THE 30TH OF NOVEMBER 2018.**

All nominations will be expected to attend the annual conference. Nominees can either apply personally or be nominated by their line manager / colleagues / parents. All applications must include rationale behind why the candidate should be awarded this prestigious award. The prize for the winning application will be £1000 to be used to implement something to impact on practice or for education or travel associated with either of these as well as a years membership with the NNA. The winner will be announced and awarded on the 30th of November at the NNA National Conference, and will be asked to write a small article on their achievements for the Journal of Neonatal Nursing and present at the next conference.

 **NEONATAL NURSES ASSOCIATION**
"THE SILENTER, THE NUMBER, THE LOUDER, THE VOICE"

P: 07 578 251 460 | E: admin@nna.org.uk | W: www.nna.org.uk

Dates for your diary's

Tuesday	16 October	Neuroprotection Study Day	Hexagon Room, Frank Lee	0830-1700
Wednesday	17 October	Nursery Nurse/Pre-QIS	Hexagon Room, Frank Lee	08:30-17:00
Tuesday	23 October	Link Nurse Bereavement	Rosie Seminar 4	10-1400
Tuesday	30 October	PDN Meeting	Rosie Seminar 2B	10-1500
Thursday	1 November	Train The Trainer	Rosie Seminar Room 4	08:00-16:00
Tuesday	6 November	Governance meeting	Seminar Room 17 Clinical School	1330-1630
Friday	16 November	Medical Skills Day	Kings Lynn	
Thursday	22 November	Benchmarking	Rosie Seminar 2B	0930-1600
Monday	26 November	Lead Nurse Forum	Rosie Seminar 2B	0900-1530
Tuesday	4 December	Nursing Skills Day	CPDC	08:00-16:30
Thursday	13 December	COG	Hexagon Room, Frank Lee	10-1600