

<b>Education &amp; Workforce Development Group Meeting</b>	
<b>Monday 28<sup>th</sup> January at 10:00</b>	
<b>Room 1, Mid Staffordshire Postgraduate Medical Centre, County Hospital, Stafford</b>	
<b>Notes and Actions</b>	
	<p><b>Present:</b>  Carol Mee, Practice Educator – Walsall Hospitals  Jo Cookson, Practice Educator – SSBCN ODN  Jo Gregory (Chair), Clinical Nurse Educator – University Hospitals of North Midlands  Julie Marks, Unit Manager – Dudley Group of Hospitals  Lisa Poston, Unit Manager – Walsall Hospitals  Lynsey Clarke, Practice Educator – SSBCN ODN  Maxine Vincent, Practice Educator Lead Nurse – Royal Wolverhampton Hospital  Robin McMahan (RMcM), ANNP – Royal Wolverhampton Hospital  Ruth Moore, Network Manager/Lead Nurse – SSBCN ODN  Sam Davies, Unit Manager – Shrewsbury and Telford Hospital</p>
<b>2.</b>	<p><b>Apologies:</b>  Gina Powell, Senior Sister – Shrewsbury and Telford Hospital  Alia Hussain, Regional Coordinator – Bliss  Charlotte Yale, Matron – Walsall Hospitals  Karen Anderson, Matron – Dudley Group of Hospitals  Julie Plant, Senior Matron – Royal Wolverhampton Hospital  Sally Haycox, Ward Manager Neonatal Unit – City Hospital, Birmingham  Heather McMaster, ANNP – University Hospitals of North Midlands  Lynn Keilty-Woolcock, Unit Manager – University Hospitals of North Midlands  Lisa Wood?</p>
	<b>ACTION</b>
<b>3.</b>	Minutes from last meeting Approved
<b>4.</b>	<p><b>Matters arising:</b></p> <p>LC reports no success on action re City, City not engaging.</p> <p>Presentation of assignments: (who): last group was a bit troublesome, not all submitted, decision to draw a line under this. Have presentations in first hour of THIS group, at Wolverhampton. Assessment rearranged to as previous.</p> <p>Sharing cars: Presumed that is up and running.</p>
<b>5.</b>	<p><b>MTI Scheme update:</b></p> <p>Asha not present to give report.</p>
<b>6.</b>	<p><b>Network Neonatal Staffing and Activity</b></p> <p>Ruth: 3 months J, A, S circulated to board. Some units struggling to be near national average, continue to monitor in the group. Increasingly requ'd to ensure services are safe. ? re safe levels? If they aren't how is</p>

	<p>this resolved as all units in same positions. Some units better staffed but not to 'standard' required. There is potential to look at contracting differently with the Commissioners.</p> <p>Asks group what they think are safe levels: if being scrutinised, how would units fare in terms of such scrutiny. What can group do to improve services.</p> <p>Man: This raises the issue of lack of step down beds.</p> <p>Ruth, this is part of the meeting. Sue Eaton is commissioner for neonates and has an understanding of why getting this right is important. She is trying to ensure we have the correct levels/types of care. Neonate report shows that it is recognised that West mids is currently under resourced. ? is &lt;20% staffing level safe? How do we resolve. Is West mids out of sync with the rest of the country?</p>	
<p>7.</p>	<p><b><u>IMPROVING FAMILY CENTRED CARE:</u></b></p> <p>Bliss – Spoke to Katy Edwards last week. Actively working on 2<sup>nd</sup> audit, delayed due to sickness, but is now working clinically therefore is taking more time.</p> <p>Sam working on 2<sup>nd</sup> audit  New Cross submitting 2<sup>nd</sup> Audit in October, feed back sent November so Erica working on the improvements on unit suggested.</p> <p>One of mandatory aspects is psychological support for parents but a lot of units don't have this. Mostly this is a financial issue. Have a Chaplain and a Bereavement Midwife however BAPM standards say that it must be a trained individual. Chelsea has put together a document. New Cross doesn't have any psychological support, Erica is looking into that, (RM) – ad hoc is available. But what is the standard required, eg. Number of times required etc.</p> <p>Erica says no psychological support at all, e.g. Burton but have merged with Derby who does 1 session per week which is deemed as appropriate, and Bham womens has 1.5. days per week and this is also deemed as enough.</p> <p>Wallsall have not responded.</p> <p>Dudley – working through currently will be available 2-4 weeks.</p> <p>There is a mental health podcast available online, there was a helpline but was closed due to lack of parental uptake, they go online or speak to</p>	

	<p>nurses on the unit. In Sept there is a baby charter conference in Leicester. MH study day in March in London and FINE delivered in Birmingham in Feb 26/27 there are approx. 5 spaces left. (to email Julie) – who should I send psych doc to – send to Sarah Carnwell.</p> <p>We have a best practice ‘bank’ on the BLISS website. ?Put STORK on there? Will send email to ask the question. (?to Lynsey?)</p> <p><b><u>Parent passport:</u></b></p> <p>Figures have slipped in last quarter. Use BLISS champions to help with this, but we are short on BLISS champions. Putting it in folder with discharge papers is causing greater uptake and feedback. The guideline is for the neonatal passport to be discussed within 48 hours and explained to parents.</p> <p>Parent app update:Julie: Only just printed this off. However does like it.</p>	
<p>8.</p>	<p><b>Training and Ed:</b></p> <p>Foundation Course: LC. Finishes 16<sup>th</sup> April with a date at New Cross with presentations from the Foundation Programme. Time to be confirmed. Current group is a positive, well-motivated group.</p> <p>Lynsey: As part of Masters evaluated the programme and will send out the report completed for this. (Gave highlights to the group). 50/50 that the programme was aiding with recruitment and retention, although a robust preceptorship course makes staff feel more supported and therefore does suggest that it does help. Other benefits have included increase in skills, knowledge and confidence.</p> <p>At what point are new starters put onto the neonate foundation programme, those on the unit &lt;6 months got the most benefit from it, &gt;12 months not much benefit at that point and would have benefitted from it earlier.</p> <p>90% of those who completed the survey stated that the course was of benefit.</p> <p>Recruitment looking towards combined recruitment, e.g. couple of days on diff network patches, ?possibility of interview on the day, recruitment events in Maternity specifically. Trust advertising generic B5s but need Neonate B5 adverts to go out. If recruit jointly this will enable sharing of staff among services.</p>	

	<p>Jo Cookson: PFNIC course is going well. 1<sup>st</sup> presentation done. First time this course has been offered at L7 as well as L6. Theory finishes March, clinical will take it to September.</p> <p>ANNP Training: (robin) : All quite quiet. Need around network is varied. Units are using several different sites. Funding bids are already in for later in the year. Not enough nurses have the correct pre-requisite, either don't have a degree or no degree level top ups. Deanery in WMids has &lt;50% uptake, fewer Doctors coming through.</p> <p>Training for QIS: Unit Eds to meet B6 competency dox rec'd. Includes development from 5-6 with competency package to support. Ongoing training for QIS staff. 3 study days planned for year, sen B5s, also b6 and 7s.</p> <p>It was agreed that there were generic competency documents around the region and need to have more specific ones to account for different levels within units.</p> <p>Lynsey asks for them to be sent to her and we can look at this on 7<sup>th</sup> February Educator Meeting.</p> <p>Ventilation Study day in May: Lynsey, this may be changing. SWM eds and LC have made a decision that anything from April will be put on as a joint venture. Unit led study days are likely to be the way forward for neonatal. Defer this element to Clinical Educators meeting to share by email or at next meeting.</p> <p>With the extra funding from HEE we need to ensure extra courses put on. (LC). QIS send 4. ? possibility of 6. Another course to run in ?May. Facilitate an extra QIS course in May ready for 4-6 (tbc). Foundation Course may be suitable for Band2/3 studying for degree.</p>	
9.	<p><b>Standardising Nursing Guidelines:</b></p> <p>No further forward. Lisa emailed the person involved (Walsall) but has not received a reply. I need to hand this back as going on maternity leave.</p>	JG
10.	<p><b>Additional funding QIS:</b></p> <p>HEE have given money to give extra provision to get staff up to speciality quals. Quick turnaround, put forward in business case that we need places for Foundation, QIS and although it is changing, cohort of staff who have not had mentorship, we need provision ofr mentorship. I need information on how many places you usually support on those courses</p>	LC

	<p>and how many are extra?</p> <p>Q: Are the units going to have capacity to support.</p> <p>LC: If we cannot fill the places we may have to give the money back. We have a lot of paperwork to complete and it all needs to be spent b4 31 March. They need to know what the uplift is from normal. Papers need to be completed every time we have a meeting to validate where we are at.</p> <p>Student Supervision and Assessment, 2 day course £195. In line with new standards for education from NMC. Extra courses can be facilitated if we can guarantee attendance. (woman with northern accent ? Manchester?)</p> <p>LC: We need to second someone to organise the training days/programme. This is a question of facilitation rather than teaching.</p> <p>1 person for May course, 1 person for QIS Foundation and PFNIC starting in May – info required by Friday/Monday</p>	
11.	<p><b>ASSESSMENT OF NEONATAL COMPETENCIES</b></p> <p>There was a question around B5/6/7 competencies. Would a b6 nurse have gone through the B5 competencies e.g tube feeding? Why don't we assess at B6 level when recruiting? There has been a standard assessment at unit since 2016. People re-assessed every 3 years. Midwives trained on post-natal wards reassesses annually as they don't do it very often as not neonate specialist.</p> <p>Decision to check competencies what they are used to doing and updating on what the unit does now. No need for full training package.</p>	SC
12	<p>X:ray: Do you routinely x-ray on receiving baby from transport. BAPM guidance is adhered to. (Robin). X-rays should be reviewed by the Consultant body whether someone senior has seen them or not.</p> <p>Sarah Carnwell has sent out the questions and has sent the responses to Gina Powell @ SATH</p>	
13	<p><b>Professional Standards:</b></p> <p>New Code looks at nursing associates and regulation around them. Is everyone aware of the code and the roles and responsibilities (attached</p>	RM

	document). Reporting safety issues: Report attached to the minutes reviewed by the group. Maxine will feed back to the next group.	
12.	<b>DATE AND TIME OF NEXT MEETING</b> <i>16<sup>th</sup> April 10:00 – 13:00 + Foundation Presentations. Gynae Teaching room, RWH</i>	