

YORKSHIRE & HUMBER NEONATAL NURSES FORUM

TUESDAY 5 FEBRUARY 2019, 9.00 AM – 11.00 AM
ANNABELLE ROOM, HATFIELD HALL, NORMANTON GOLF CLUB,
WAKEFIELD, WF3 4JP

Present		Apologies
<ul style="list-style-type: none"> Alison Davey, ANNP, Mid Yorkshire Ann-Marie Crowley, Senior Sister, Bradford Catherine Pennock, Lead Clinical Educator, Mid Yorkshire Anne Harrop, Lead Nurse, Leeds Kelly Gill, Team Leader SNB, Leeds Victoria Iggleden, ANNP, Calderdale Carol Hudson, ANNP, Bradford Kelly Young, Matron, Bradford Fiona Metcalfe, Lead Nurse Surgery, Leeds Children's Sue Wise, Acting Ward Manager, Mid Yorkshire Heather Stuart, Ward Manager, Harrogate Lesley Matthews, Outreach, Mid Yorkshire Gwynn Bissell, Lead Nurse, Leeds Louise Crabtree, Lead Nurse, ODN Siobhan Conlin, Matron, Leeds 		<ul style="list-style-type: none"> Denise Evans, ODN Sam Plets, Lead Midwife, Leeds Sarah Szpara, Senior Sister, Airedale Vicky Smith Senior sister York
No.	Item	Action
1.	<u>Welcome & Introductions</u> <ul style="list-style-type: none"> LC welcomed all attendees to the meeting and introductions were made around the table. 	For Info
2.	<u>Minutes of the Previous Meeting</u> <ul style="list-style-type: none"> Agreed as a true and accurate record. NGT returning aspirates – FM to check with dietician guideline on aspirates and volumes. Louise Armitage was going to look in to it – check on any further information. To be taken off the agenda. 	For Info FM
3.	<u>BadgerNet & Cot Notification</u> <ul style="list-style-type: none"> LC thanked units for entering data on to the Badger Cot Bureau. Asked if units could ensure they enter data for the morning shift as a minimum, but afternoon and evening shift as well ideally. Please could the comments box be used to record information such as out of network babies, impending admissions, staffing numbers and numbers of babies on PNW/TC. Discussed that some issues with cot bureau at the minute, especially around PNW babies being included in the total cot numbers. JB is currently in discussion with Clevermed around some fixes and possible changes. JB to contact Scottish network who use the cot bureau for shared learning. 	For Info
4.	<u>Parent Passport</u> <ul style="list-style-type: none"> Fine Care Training – it is important to ensure that at least one or two nurses at your unit have completed this course (Level 1 and 2) and ensure they feedback to other staff on their unit as it is part of the 	All

	<p>family involvement model of care .</p> <ul style="list-style-type: none"> • Caring Together Parent Charter – for comment. Comments already gathered from South. The poster has been produced by network parents to outline acceptable behaviours on the units. Initial feedback from North: <ul style="list-style-type: none"> ○ Potentially a bit more around the purpose. ○ Is 'ward guidelines' wording that would be understood? ○ Will become part of the Parent Passport when fully developed. ○ Some of the units feel this information is already in the 'welcome to the ward' leaflet. <p>LC explained that it will be available on the Yorkshire and Humber website for any units who wish to access it and use it – this won't be compulsory. Please feed any further comments to LC.</p>	All
5.	<p><u>Replogle Tube</u></p> <ul style="list-style-type: none"> • Fiona has written a guideline which we have sent out for comments. To be ratified at the Exec and circulated. Only one issue raised which was around flushing the large arm, this will be in as a caveat to LGI. To avoid confusing this part will not be on the network guideline for units. It is important that core people within DGHs have been trained accordingly to back up the guideline. 	For Info
6.	<p><u>Nasogastric Tubes – how often are they changed?</u></p> <ul style="list-style-type: none"> • Every 7 days was the standard agreed across the board. Consensus agreed. 	All
7.	<p><u>Education – study days and bookings</u></p> <ul style="list-style-type: none"> • There is a surgical study day on 12 March in Sheffield – this will be a repeat of Pinderfields session which proved to be very popular. • Sheffield University Neonatal course – Nursing staff on the QIS course past and present are dissatisfied with its content and organisation. They feel it does not provide them with the knowledge and skills expected following completion of the course and there are inconsistencies with marking and assessments. Comments to be discussed with Denise. • Education across the network was discussed – how do we bring this aligned across the network and support each other? Strategy needs looking at and a plan of how to move forward. All in agreement. Also nursing funding education budgets to be reviewed. LC informed the meeting there is a Network Nurse Education post currently out for advert. 	For Info LC LC
8.	<p><u>Network Nursing guidelines</u></p> <ul style="list-style-type: none"> • Would this be a useful guideline to produce Pan Network? It was felt that potentially it could be too difficult to get agreement. The idea came from the Passport Group when discussing mouth care and positioning aids, it was felt that an agreed set of standards may be useful on basic elements. Not all units were keen on this idea It was agreed that units would continue to write their own guidelines for ease and speed, 	For Info

	<p>however the passport group will continue with one set of agreed core components for each topic/cares.</p>	
9.	<p><u>Leeds Induction Package</u> GB presented an overview of a new Leeds Induction Package for new starter nurses which has been developed due to the existing process not fulfilling the needs of the staff.</p> <p>The new system is designed to provide equal training, information and mentorship over the first year of employment.</p> <p>All training and reporting is designed to move the individuals towards completing QIS. As they move through the training is documented and signed off with evidence gathered to sign off for competence.</p> <p>The responsibility for each new starter is shared between Education, Psychology, Team Leader and peers. Leeds has also changed how it recruits – recruiting to certain dates in line with programme as opposed to ad-hoc. There is also a lot of focus around staff wellbeing, support and performance management. When asked about the impact this new induction has had on retention and delivery, it was stated that there is currently no hard evidence as the scheme is still in its infancy but the early signs and feedback are encouraging.</p> <p>The pilot has run with 15 nurses and the feedback is that they feel better integrated and have a stronger peer support network. They have developed their own learning mechanisms and are taking responsibility for their own learning journey.</p> <p>From a clinician perspective it has been beneficial to know what the nurses have knowledge of making it easier to know what to expect from each individual. Any potential performance issues get managed promptly and the support network quickly is accessible quickly.</p> <p>The future: Phase 2 is planned to upskill for special care or HD. Phase 3 for ICU.</p> <p>Feedback around the table on this was very positive and a Network model of delivery was discussed. It was felt that there was huge benefit in combining talents across the patch. It was agreed that the North West model works well, particularly for DGHs who don't have the staff numbers. This model would also help standardising performance and process across the network.</p>	For Info
10.	<p><u>Bliss Update</u> To be updated at next meeting.</p>	
	<p><u>AOB</u></p> <ul style="list-style-type: none"> • Standing agenda items (the future) <ul style="list-style-type: none"> ○ Education / QIS / sharing best practice ○ Practice led developmental care – therapists and approaches ○ Improving experience and outcomes ○ Update from Lead Nurses on national matters 	For Info

	<ul style="list-style-type: none"> • Outreach meeting – no feedback as yet. Great event and felt very inclusive. Another one to be organised. • There was a Surgical Link Nurse study day on Monday with Lead Nurses to help support. All units were represented and good speakers. Bespoke to patients going back out to DGH following surgery. • A noted ‘Thank You’ to FM from Leeds for the support to the nurses and help/learning she provides. • Safeguarding – a reminder that a referral should be made for any patient who has been in for over 90 days. Child In Need. Heather Stuart to send round the information. • Anne Harrop will be leaving Leeds for a promotion to the Northern General in Manchester – we wish her all the best for the future. • Study day allowances across the patch. Each Trust will vary. Appraisal linked and dependent upon staffing levels. Charitable funds potentially to be ‘applied for’ – time, travel or training cost. • HS asked if there was anything available to help develop a Band 6? KY to share with HS. • Action Plans – been requested by the Network but this is not the ‘normal’ way and the Trust would expect this to come from NHSE. As such the plans have not been submitted. If the Networks have been asked to do this could this be communicated with the Trust? • Badger User Group days – Monday 11th February at Don Valley House 9.30am, Monday 25th February 9.30am at Embrace, Wed 27th February 12pm at Pinderfields Education Centre. • LC explained how the Forum South runs as a combined nurse and medic meeting and asked if this would be something that could potentially work in the North. Consensus of opinion was in agreement, it was felt that the nurses would be able to get more vision and clarity on the strategy of the ODN. 	<p>KY</p> <p>LC</p>
	<p><u>Date of next meeting</u></p> <ul style="list-style-type: none"> • 9 April 2019, 9.00 am – 1.00 pm • 25 June 2019, 9.00 am – 1.00 pm • 1 October 2019, 9.00 am – 1.00 pm 	<p>All</p>