



Minutes of FiCare Steering Group

**Tuesday 14 December 2021
10.00am – 12.00pm**

Via Microsoft Teams

Present:

Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN (Chair)
Haddie Borbely (HB), Care Coordinator, EMNODN
Cathryn Chadwick (CC), Consultant, Northampton General Hospital
Lorraine Collins (LC), Ward Manager, King's Mill Hospital, Mansfield
Dawn Davies (DD), FiCare Link Nurse, Lincoln County Hospital
Kimberley Hastings (KH), Infant Feeding Lead, King's Mill Hospital, Mansfield
Kerry Jeffrey (KJ), Pilgrim Hospital, Boston
Kyra Winstanley (KW), FiCare Link Nurse, University Hospitals of Leicester
Sarah Roberts (SR), Band 5 & FiCare Link Nurse, King's Mill Hospital
Camila Benouli (CB), Registrar, University Hospitals of Leicester
Tilly Pillay (TP), Neonatal Consultant & FiCare Medical Lead, University Hospitals of Leicester

In Attendance:

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	Apologies for Absence Teresa Hurst, Linda Hunn, Judith Foxon, Rachel Wright, Dally Holait-Bhogal		
2.	Declaration of Interest None.		
3.	Previous Minutes & Actions The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	
4.	Matters Arising 4.1 TOR CH shared a copy of the TOR. The FiCare SG are a subgroup of the PAG, have created and included the governance structure which gives a visual representation in terms of Network PPI governance. The TOR have been agreed with the PAG and the Network Director/Lead Nurse		

<p>5.</p>	<p>Unit Presentation - KMH Each unit will take a meeting to give a brief presentation about the FiCare offerings on their unit, what is going well, barriers etc</p> <p>SR had previously volunteered to give today's presentation on behalf of King's Mill Hospital, Mansfield.</p> <p>CH to provide some written feedback for SR revalidation.</p>		<p>CH</p>
<p>6.</p>	<p>Parent Discharge Tool Discussed at the last meeting with some units reporting this was something they were working on. CH asked for a progress update;</p> <p>KW provided an update on behalf of UHL; A caterpillar discharge tool has been implemented. At the moment it is being used more in special care and the nursery than in ITU. The main challenges to its implementation have been around getting people to take it on and remember to do it. A display has been put up in the parent room, in the hope that this encourages parents to take ownership of. CB really liked the KMH train to discharge board idea as paperwork tends to get filed and sometimes forgotten.</p> <p>DD provided an update for ULHT; only just taken on the role of FiCare Link Nurse. DD loves the 'read, grow and know' idea from KMH and would love to take this forward. A submarine discharge tool has been implemented but there have been issues with paperwork going missing and so will be looking at ways to improve this. Also focussing on ensuring the same service/information is provided across sites. Staffing has been challenging of late which has added to the struggles of implementation.</p> <p>CC provided an update for NGH; there is a discharge plan, covering all the right things but this is more of a list rather than a visual discharge tool, CC will take this idea back to the team to further discuss.</p> <p>CH highlighted the importance of pathways/discharge planning being looked at as soon as possible.</p>		<p>CC</p>
<p>7.</p>	<p>Neonatal Voices 7.1 Parent Feedback At the last meeting CH mentioned the regional event. The event went ahead and was very successful, with a couple of counties going on to start recruitment to their own neonatal voices partnerships (NVPs).</p> <p>CH asked how units are currently collecting parent feedback specifically in relation to neonates, what is done with any feedback and how it is used in service;</p>		

	<p>ULHT – cards/book written in. In November only 2 feedback forms were completed. Will be implementing a system whereby forms are given out to parents every Monday to see if this improves the feedback rates. Feedback is on display in the parent sitting room, staff room and also goes to governance.</p> <p>TP gave an update; UHL structure for FiCare at LRI – multi prong approach; FiCare Link Nurse, Consultants, Play Therapists, stork App facility, PAG, multi-language component. Currently working on a multilingual welcome banner for the NNU as a starting point. Anyone who is interested in getting involved to contact CH. CH can pick up points with TP at their meeting later this week. TP would like to be linked in to contacts in PAG. Talked about getting a parent group set up in UHL but on hold whilst the NVP for Leicestershire is established. The feedback on the unit is just a generic form.</p> <p>KMH have a carers survey which is neonatal specific. Feedback is anonymous and goes to the governance group, is shared with consultants, and then included on the unit display boards. Real good fortnightly feedback.</p> <p>In NGH there is a ‘you said we did’ display at the entrance to the unit, and this is updated quite frequently.</p> <p>UHL are exploring a ‘you said we did’ board, and other ways of collecting more regular parent feedback.</p>		CH
8.	<p>Transferring Families</p> <p>Discussed at last meeting, the current capacity issues, and the increasing the need to transfer families. All were tasked with going back to teams to see what is considered when identifying a baby’s suitability for transfer out for capacity reasons.</p> <p>CB in UHL the nurse in charge and consultant will stand at the board to identify the most appropriate babies at the beginning of each shift. Factors considered are location, whether multiples, previous transfers, lack of parent accommodation, but above all the clinical status.</p> <p>CC in NGH generally the only transfers out are on clinical grounds, it is rare to transfer out because of capacity. As the receiving hospital it is an issue because often have babies transferred in that often turn out have difficult social situations, parents unable to drive, new delivery and mum breastfeeding and can’t be transferred, all of which it would be good to factor in when consider most appropriate transfer out.</p> <p>DD in ULHT usually transfers in, would consider suitability of baby, geography, transport etc.</p> <p>All would like this item to remain on the agenda for discussion.</p>		ALL

	CH to contact the units not represented here today to an update.		CH
9.	<p>Update from PAG</p> <p>Lynsey Jones the PAG Chair was unable to make today's meeting but asked;</p> <ul style="list-style-type: none"> • that the TOR and governance/reporting structure was discussed to ensure everyone understands how the two groups will interact. • moving forward a copy of the FICSG minutes are to be shared with LJ by way of update to PAG. <p>Lynsey also said "The PAG is really supportive of all the work CH & HB have been getting underway with. It's great to see the family care work continuing to move forward at a time when resource is understandably constrained. It's a pretty rubbish time to be a parent on the unit with so many restrictions in place but any small differences we can make to help the families are much appreciated"</p>		CH LSH
10.	<p>Bliss Baby Charter</p> <p>The Network have funded all units to go for Gold accreditation. HB/CH have been working with FiCare links in each of the units and liaising with Hollie Sullivan from Bliss to support units with the accreditation process.</p> <p>Each unit has a baby charter contact who will get to know their unit and work with them closely where needed. There are a few helpful pages on the Bliss website for units undergoing their audits. Best Practice and also a beginner's guide for those who haven't used the online tool before or those struggling to navigate it.</p> <p>Feedback has been that lots of units are struggling with the psychology support services aspect. A document Clarifying Bliss Baby Charter Standard 2.3 Psychosocial Support may help where this is the case.</p> <p>If anyone needs further advice/support they can reach out to their Bliss baby charter contact.</p>		
11.	<p>UNICEF Baby Friendly</p> <p>Working to support BFI accreditation. Some funding allocated to support one person from each unit, likely infant feeding leads to attend the Unicef 5-day training course. Also allocated funding for 1 paediatrician from each unit to have access to the baby friendly eLearning tool.</p> <p>The Network recently funded places for Unicef BFI conference.</p>		

	<p>Unicef have announced that applications have opened for the qualification's framework, which is a 6-month programme designed to increase knowledge and capacity in relation to infant feeding and very early child development. All information is available on the Unicef website. Not something currently, the Network have the capacity to fund.</p>		
12.	<p>Neonatal Critical Care Review</p> <p>The Network have now recruited to 4 of the 5 Network AHP roles. This includes; 0.2 WTE physio, 0.4 WTE Psychologist, 0.2 WTE Occupational Therapist, 0.2 WTE Dietician. The Speech & Language Therapist role has not yet been recruited to.</p> <p>The AHPs are due to start in next couple of months. CH envisages that they will become a key part of this group moving forward.</p>		
13.	<p>Update from NNCG</p> <p>The national neonatal care coordinators group (NNCG) meet from around the UK to discuss what has been implemented with regards to the CC metrics that came from the NCCR.</p>		
14.	<p>Education</p> <p>Trying to establish as much support as possible, a few things the Network are doing are;</p> <p>FiCare teaching packages; bathing, oral meds, mouth care, nappy changes, tube feeding, saturation probes, temperature taking. HB has a list of others being worked on in the background however if anyone has any further ideas/suggestions to contact HB.</p> <p>Been supporting to get involved in conferences, webinars etc. Next one is BAPM FiCare Implementing the new framework, on Thursday 16 December. Places for FiCare Link Nurse and Lead Nurses have been funded and a couple of individuals have taken up this offer.</p> <p>Also been working on minority group posters, with 2 really good responses so far for LGBTQ and genetics, will be included in December newsletter which should be out soon. The newsletter is aimed at both parents and staff, please all put them on display in parent and staff spaces. Plea for all to share any areas of excellence to be showcased in the Newsletter to contact HB.</p>		<p>ALL</p> <p>ALL</p>
15.	<p>AOB</p> <p>CH asked for a volunteer to give a presentation at the next meeting. KF offered to go next for ULHT.</p> <p>HB confirmed that the updated Network posters and now been sent out to the FiCare Link Nurses and Ward Managers. Any</p>		<p>KF</p>

	further feedback on these to be sent to HB.		ALL
16.	Date and time of next meeting Tuesday 08 March 2022, 10.00am – 12.00pm, via Microsoft Teams		