

## Minutes of Neonatal Homecare Steering Group

**Monday 17 April 2023**  
**10:00am – 12:30pm**  
**via Microsoft Teams**

**Present:**

Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNDON  
 Anneli Wynn-Davies (AWD), Clinical Lead, North Hub, EMNODN  
 Jane Gill (JG), Clinical Lead, South Hub, EMNODN  
 Linda Hunn (LH), Director/Lead Nurse, EMNODN  
 Sumit Mittal (SM), Consultant Neonatologist & Outreach Lead, UHL (Chair)  
 Claire Inglis (CI), Outreach Lead Nurse, UHL  
 Lucy Panesar (LP), Outreach Lead Nurse, NUH  
 Cathy Franklin (CF), Matron, ULHT  
 Gemma Manning (GM), Quality Improvement for Homecare & Transitional Care, UHDB  
 Michelle Hardwick (MH), Matron, NGH  
 Rhian Cope (RC), Matron, KMH

**In Attendance:**

Lindsay Hill (LSH), Office Manager, EMNDON (Minutes)

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Carrie Young, Davina Bhardwaj, Lynne Slade, Sue Flaherty		
2.	<b>Declarations of Interest</b> None		
3.	<b>Minutes from the Previous Meeting</b> The minutes from the previous meeting were agreed as an accurate record of proceedings.		
3.	<b>Actions/Matters Arising</b> A number of actions were detailed in the previous minutes but were not address during the meeting: <ul style="list-style-type: none"> <li>• CI and HC to establish a regular recurring meeting, to liaise with LSH to get WC and RS to attend.</li> <li>• HC to meet with CI and leads as a working party to progress service model discussions.</li> <li>• HC have further offline conversations with CF and LS about moving service model discussions forward and contact the Network if support required.</li> <li>• HC to feed back to the NUH team to increase homecare attendance at ward rounds.</li> </ul>		

	<ul style="list-style-type: none"> <li>• SM to share data around increased breastfeeding rates, etc.</li> <li>• CI to share a copy of their daily neonatal worksheet where visits are recorded, calls etc and these are cross reference.</li> <li>• HC and CI need to meet regularly between these meeting to look at content of dashboard and perhaps WC and RS can support in how the data is presented and what needs to be included in the trimmed version for CGG.</li> <li>• CI to forward a copy of home phototherapy guideline to WC</li> <li>• CH suggested looking at what are paediatrics doing, do they do pre-home home checks. CH will check with the national care coordinators groups around what happens nationally</li> </ul> <p>An update on each of these actions should be provided at the next meeting.</p>		
5.	<p><b>Amended Group TOR</b> The TOR have been amended following discussions at the previous meeting and a copy was shared.</p> <p>CI asked whether to include homecare teams. LH responded that homecare staff can attend for development purposes, however it is imperative that the Matrons attend to enable decision making and that responsibility for attending the meeting should not be devolved to non-decision-making staff</p>		
6.	<p><b>Service Model Update</b> LP reported that SFHT are undergoing a workforce change process so that the SFHT homecare team will be employed by NUH. This model may be replicated across the North hub and LP has meetings planned with UHDB and ULHT.</p> <p>JG reported that more babies could be discharged tube feeding and that there should be an increased emphasis on promoting this. LP agreed and is working on unit staff education and is preparing some information posters to be displayed on the unit.</p>		
5.	<p><b>Dashboards</b> CI shared the South dashboard. A meeting is booked with Rachel Salloway and Wendy Copson, LP and CI for early next month to look at how this data is presented in future.</p> <p>LP also shared the North hub dashboard.</p>		

<p><b>6.</b></p>	<p><b>7-Day Service</b></p> <p><b>6.1 Recruitment</b></p> <p>Adverts have just gone out to recruit the additional staff for the 7-day home phototherapy service at NUH. These posts are for longer days than the current homecare staff are contracted to undertake, so a workforce change process is about to commence for the for the existing homecare staff.</p> <p>ULHT are now fully recruited, with the new staff starting in post in a couple of weeks. The 7-day service has already commenced, and CF reported that this is working really well.</p> <p>SFHT posts were on hold following conversations with HC and LP about where the posts will be held. A workforce change request has been submitted and a response is awaited. RC hopes that when once this has been dealt with NUH will advertise for the additional SFHT posts. The two existing staff are supportive of the proposed change to NUH holding the posts.</p> <p>UHDB has submitted an organisational change form and are looking towards the changes being implemented in the July. Some staff have expressed a desire to increase their hours.</p> <p>The UHL team is now fully recruited, and the staff are all now in post. For KGH &amp; NGH the remaining staff came into post on the morning of the homecare meeting. The Home Phototherapy Service started on 16 January in Leicester and CI reported that it is going really well, and no major issues have been identified.</p> <p><b>6.2 Home Phototherapy</b></p> <p>CI shared a presentation of the data from the UHL home phototherapy to date. CI to share a copy of the presentation with the group.</p> <p>JG enquired why one of the babies went home for phototherapy before the treatment line. CI confirmed that baby went home to finish off the treatment and then completed the rebound at home which reduced the length of stay on the postnatal ward. JG felt that the data probably needs a bit of a narrative to explain it.</p> <p>It was identified that the number of babies receiving bottle top ups, seems to be very high. JG enquired if there are any actions to address this. CI confirmed that the practice of introducing bottle top ups usually occurs before they are referred to the homecare team. JG enquired if an infant feeding specialist nurse should be part of the homecare team. CI explained that a teaching programme is being put together by Amanda Smith and there is work ongoing.</p>		<p>CI</p>
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LP wondered whether the homecare team should be asking the midwives/community for breast feeding support.

LP enquired if data is captured for those families who decline home phototherapy. CI reported that out of the 46 eligible babies there has not been anyone excluded, or who has declined the service.

LP enquired if there have been any families who have not been offered the service due to their home circumstances. CI confirmed there have not been any instances of this.

CH posed the following questions:

Is there any cohort of babies that are discharged directly from NNU for home phototherapy?

On average, how long do home phototherapy babies require treatment?

If there are no other medical conditions requiring a stay in hospital should jaundiced babies migrate to the postnatal ward or home?

How many babies require treatment who present to A&E out of hours and end up in paediatrics and do not go through the ANNP jaundice clinic?

CI responded as follows:

In terms of length of treatment time, this ranges from 9 to 44 hours. Repeat visits take place after treatment has stopped to check bilirubin levels for a potential rebound

CH enquired if are there any paediatric services considering home phototherapy, and if so, how are they working together with the neonatal homecare team. CI responded that she has not heard of any instances of this.

The bulk of work appears to be 37-week gestation and breastfeeding babies. LH enquired if there is a need for some work with maternity services, and how they target feeding support for these babies particularly thinking about whether these babies remain in hospital a little longer to ensure that they are feeding well before they are discharged, or should they be targeting more midwifery home visits. LH enquired if the weight of these babies indicates that they are on the lower percentiles. CI confirmed that there is a variation, and that they generally fit into the 2.7 to 3.9kg range. JG suggested that a further 3 months of data is required and stressed the importance of including ethnicity. CI agreed and will add this as a data point.

CI flagged that the cost of the consumables was not covered in the allocated funding which was granted from the business case. LH explained that the cost of these items would have already been coming into the trusts and suggested some work

	<p>is required within the trusts to ensure that it is placed in the correct budget lines.</p> <p>NUH are planning how to implement the phototherapy service and are waiting for the South Hub data.</p>		
7.	<p><b>Pre-Discharge Home Visits</b></p> <p>Discussion focused on the best place for a pre-discharge visit and whether this should take place on the unit to avoid the parents taking time away from their babies which would better fit with the Family Integrated Care principles. It was highlighted that there are inequities across the Network as the North hub do not routinely undertake pre-discharge visits, instead using a checklist to flag if there are any significant concerns.</p> <p>All present were in agreement that pre discharge visits need to be completed for home oxygen babies.</p> <p>Regarding the non-oxygen babies, the group were not in total agreement regarding the need for a pre-discharge home visit, and the importance of looking at babies on an individual basis was discussed to determine whether a visit would be required or not.</p> <p>LH felt that as there are currently differing practices across the Network there will need to be an agreement to standardise practice and it was agreed that an SOP should be created for the Network.</p>		CI/LP
8.	<p><b>Translation Services</b></p> <p>The group discussed how the homecare teams support non-English-speaking families. This is especially important in the light that the Care coordinator metrics have been refreshed with an increased focus on equality, diversity and inclusion.</p> <p>Bliss have conducted an Inequity in neonatal care project and released a communication webinar <a href="#">Inequity in neonatal care webinar</a></p> <p>UHL frequently use interpretation services a lot, and CI reported that an interpreter would attend for pre-discharge visits if that's what parents' wishes were. On the neonatal unit interpreters are not used as often as they should be.</p> <p>Also translating information into different languages alongside STORK project that Dr Tilly Pillay is working on.</p> <p>CI confirmed that they do have non English speaking families who have gone home on home oxygen and interpreters have been used.</p>		
9.	<p><b>AOB</b></p> <p>JG felt that the issue of cross-border babies discussed earlier in the meeting should remain on the agenda. AWD, LP, and</p>		

	<p>CI need to meet to work out what the best solutions are. LH understood that the agreement was that the community teams would cross the borders and that any issues experienced should be referred to the Network Team so that they can liaise appropriately.</p> <p>Agreed that this agreement should be tabled at the next EMNODN CGG.</p>		<p><b>AWD/LP/CI</b></p> <p><b>LH</b></p>
<p><b>10.</b></p>	<p><b>Date/Time of Next Meeting</b>  Monday 11 September 2023, 10:00am – 11:30am, via Microsoft Teams</p>		