Annual Report
2018-2019

Neonatal Nurses Association 'The greater the number, the louder the voice'
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2018 has proven to be a very exciting time for neonatal care, the priority to ensure safety for mothers and babies is now seen as a national priority, never before has neonatal care received so much attention.

The NNA continues to be represented at the CRG (Clinical Reference Group); our input has been invaluable with regards to neonatal nurse staffing recommendations and the future provision of QIS education. Our contribution will be evident in the Better New Born Care – Neonatal Critical Care Transformation Review that will be published later this year. Membership to CRG will enable the NNA to have continued in put into the implementation of the report ensuring the voice of the neonatal nurse is always heard.

As an organisation we continue to liaise very closely with Bliss and we have developed a strong working relationship, our priority as always ensuring the parent voice is heard and fully supported – offering advice when able.

Membership to the NNA has never been stronger; we are now approaching 500 members – an all-time high!

The recent appointment in 2018 of two new editors to the Journal of Neonatal Nursing has seen the journal go from strength to strength (please see Breidge Boyle’s report) I am sure you will agree the quality and variety of articles are fantastic. I would like to formally thank the Editors Breidge Boyle and Leslie Altimier for their incredible and dedicated hard work.

The NNA continues to work tirelessly to improve neonatal care and we have representation on many committees both nationally and internationally. Nationally we are not only represented at the CRG but we are also offering expert advice and opinion whilst reviewing the current QIS competencies alongside the RCN. We continue to assist BAPM with guidelines and are frequently asked for our expert advice; most recently we have had representation on the BAPM working group writing new guidance for the resuscitation of the extreme premature infant and are represented on a working group looking at the developing role of the ANNP.
Internationally (please read Vice Chair Julia Petty’s report) the NNA excitingly were asked to contribute to the European Foundation for the Care of Newborn Infants (EFCNI) – THE NNA logo and our endorsement clear to be seen on the final document. Julia continues to represent the NNA on the Council of International Neonatal Nurses (COINN).

Our Annual Conference last year received high praise. This year our focus will be ‘Wrapping the Care around the family’ this is in response to feedback from the National Neonatal Peer Review that reported there was a lack of Allied Health Professionals providing expertise in neonatal care. At this year’s conference we will be hearing from a number of AHP’s highlighting the need for their knowledge and skills in improving neonatal outcomes.

Finally, I am sure the year ahead will be just as busy as I anticipate more collaborative working with our maternity colleagues particularly around developing maternity core competencies, improving the care the neonate receives further still.

‘The greater the number, the louder the voice’
The NNA conference is something which many of us look forward to every year. Last year’s took place on 30th November 2018 at the Hilton East Midlands Airport Hotel. We have used this venue before and will do so again this year. Being so close to the airport means that it is extremely accessible for those of us far enough away to have to fly to the conference; while its position on the M1 motorway puts it within reach of most of the country. It is also a very pleasant place to spend time and to meet with likeminded people.

This was our largest ever turnout with 110 delegates attending; and was Claire O’Mara’s (Lead Nurse / Innovation lead East of England ODN and Chair of the NNA) first conference as Chairperson. I think that everyone would agree that it was a very good day and that she and the organising committee have every reason to be pleased. After opening the conference Claire, in a double act with Karen Mainwaring, (Quality Improvement Lead Nurse: North West Neonatal ODN) shared the work which they have being involved in which explored the variances within staffing workforce across ODNs in England. The Toolkit for High Quality Neonatal Services (Department of Health-DH 2009), the National Institute for Health and Care Excellence quality standards for Specialist Neonatal Care (NICE 2010) and the British Association of Perinatal Medicine (BAPM, 2010) have all provided guidance as to optimal staffing levels for neonatal units. Although there was variance between figures presented by different sources the take home message was that the number of neonatal nurses needing to be recruited is in the thousands, with the highest vacancy rate being in London. The majority of vacancies are in band 5 and 6 nurses. This work is ongoing and Claire and Karen will publish their results later this year.
Dr Leslie Altimier (Co Editor-in Chief of JNN), gave an interesting and somewhat surprising account of the differences in both working and recruitment practices in the United States as compared with the UK. Their nurses also train through the universities, sometimes accumulating large personal debts in the process, and have further education and training when they decide to specialise in neonatal care. Although they also experience problems in recruiting neonatal nurses, some of their hospitals have novel approaches. None of us could really envisage UK trusts offering a sports car as an incentive to come and work there; we can but dream.

Katie Oates brought us back to earth with an account of how her own unit (Derriford Hospital where she is a senior sister on the neonatal Intensive Care unit) deals with recruitment and retention. There are no extravagant presents offered, but some very good ideas on how to value and support staff were discussed.

Moving from management to clinical concerns, we heard from Marc Harder who is the National Bereavement Care Pathway Programme (NBCP) Lead for Sands (Stillbirth and Neonatal Death Charity) and Dr Lydia Bowden, a neonatal consultant in the Pennine Trust and their NBCP lead. Thirty-two sites have piloted the NBCP over the past year. Along with its partner charities, the Royal Colleges, NNA and parent groups, Sands have had an important leadership role in taking the pathway from inception to implementation. This important programme for change amongst professionals has been established in order to provide greater and more consistent care for bereaved parents and families across the five pregnancy and baby loss experiences of miscarriage, TOPFA (termination of pregnancy for foetal anomaly), stillbirth, neonatal death and SUDI (sudden unexpected infant death).

In this workshop Marc and Lydia Bowden, lead for the Pennine Acute Trust (a Wave 2 NBCP pilot site) in Oldham, talked through the successes and challenges of implementing the NBCP thus far, the impact for parents and professionals, and look at how we plan to roll the pathway out more widely across the UK.
Next we heard from Dr Inga Warren who needs little introduction to a neonatal nursing audience. Inga is a Fellow of the Royal College of Occupational Therapists and holds an honorary doctorate in nursing. She is a senior NIDCAP trainer and an honorary senior research associate at University College London; as well as acting as a consultant to BLISS. Thus busy lady explained how in recent years we have grown to appreciate the importance of Infant and Family Centred Developmental Care (IFCDC: this has been adopted as an umbrella term by the EFCNI for their about to be published standards) on the Neonatal Unit. It is longer excusable to say there is no evidence. But in spite of this there is still confusion about what we mean when we talk about Family Centred or Family Integrated or Developmental Care. Too often this means parent centred care without the voice of the baby being heard. One of the reasons why it has been difficult to change practice is the lack of education. Policies will not change unless policy makers understand the need; strong leadership makes a huge difference but all too often leaders pay lip service to IFCDC because they do not understand the principles or how to translate theory into practice; and although everyone talks about evidence based practice the variations that you will find between countries and between units within the same country, or even within the same network, show how habits and myths often prevail, another reason for needing more education. In this talk I will outline the main principles that underpin effective IFCDC and describe an educational pathway for translating theory into best practise. Inga was kind enough to extend her presentation to cover as our parent representative was unable to attend due to illness in the family. Inga published a article in JNN this year which gives a lot more information on her presentation (Warren et al, 2019)
George Brooks Neonatal Nurse Consultant at Northumbria Specialist Emergency Care Hospital

Our next speaker was George Brooks, a Neonatal Nurse Consultant at Northumbria Specialist Emergency Care Hospital. George charmed and amused this audience with an account of his own experience as a premature baby. Within George’s self-effacing and highly entertaining account of his and his parent’s journey through maternity and neonatal services was woven a cautionary tale of midwives who did not listen to a mother who told them that she was in labour and a subsequent emergency delivery. Born at 30 weeks’ gestation; George’s experience in the neonatal were positive, and his account tells of caring neonatal nurses providing extremely high standard care with so much less technology than is available to us today. Personally I loved the story of the neighbour sending his father off each evening with a bottle of expressed breast milk in his pocket to be “boiled up” for the baby, an anecdote oozing generosity and compassion.  We then fast-forwarded through a diagnosis of Cerebral Palsy at 18 months to George’s current practice. At this point the tone changed. George is now the neonatal lead professional in the most northern trust in England. He is also a midwife. His passion at work is optimal cord clamping. He is proud to be able to say they have practiced delayed cord clamping for nearly 10 years and have seen rates of resuscitation at birth drop by nearly 70%. George presented the evidence underpinning this practice.

Colm Darby Advanced Neonatal Nurse Practitioner, Craigavon Hospital and NNA’s Neonatal Nurse of the Year 2017

Colm Darby is an Advanced Neonatal Nurse Practitioner, and was awarded the NNA’s Neonatal Nurse of the Year award in 2017. Colm presented a quality improvement project which he carried out since receiving the award. Northern Ireland has traditionally had low breast feeding rates. With the removal of formula milks from the post-natal units there is potential for term babies suffering transient hypoglycaemia to be admitted to the neonatal unit. Using a deceptively simple intervention – the use of a 40% glucose gel Colm has been able to support mothers in establishing breast feeding while reducing inappropriate admissions to NICU. We are hoping to publish a fuller account of his results soon.
After an enjoyable and stimulating day, sharing good food and networking, as well as listening to the presentations, the only task left was to announce the winners. First Rachel Thrumble from Barnsley Hospital NHS Foundation Trust was awarded the poster prize which is for her very informative and well presented poster on neonatal thermoregulation. The poster competition is a great way to showcase the really great way to showcase the wonderful work going on around the country and I would urge as many people as possible to send in an abstracts for their poster this year.

Finally we announced the NNA's Neonatal Nurse of the Year 2018. The award went to Matthew Cray, recognising his work in supporting fathers on the neonatal unit. We look forward to hearing more from him about his work at this year’s conference on 22nd of November 2019, at the Hilton East Midlands Airport Hotel. Details of how to nominate a candidate for NNA’s Neonatal Nurse of the Year 2019 and how to attend the conference are included in this issue. As we said in our last editorial conferences always invigorate us. It is not simply the new knowledge we acquire, but the company of likeminded people and the passion for the care of neonates and their families which inspire us to be the best versions of ourselves. I look forward to seeing you in East Midlands in November.

References


‘Linking Education and Research in Neonates’ (LEARN).

The above ‘LEARN’ / Education & Research special interest group has met three times this year, in the period between 1st April 2018 and end of March 2019. The meetings took place on 10th May 2018 in Hatfield (via teleconference); on 6th September 2018 in Walsall (face to face) and on 28th March in Belfast (both face to face and with a teleconference link for those who could not attend in person). Attendance has been good overall for the meetings with 14 attendees at the May meeting across > 10 different parts of the UK and 12 at the Walsall meeting. Five attended the Belfast meeting, with approximately 10 more joining by teleconference. Minutes of the first two meetings have been written and disseminated. When the minutes of the Belfast meeting are completed the research-based presentations given with be uploaded to the LEARN website.

A twitter account set up in 2018 continues and is managed by member Marie Lindsay-Sutherland (NNA_Learn@LearnNna). This links in with the main NNA twitter account, Council of International Neonatal Nurses (COINN) and many other important partners for sharing and collaboration of good practice.

Activities

LEARN group activities continue to include oral presentations at the above meetings by members in both education projects and research studies and the continued sharing of ideas across the UK in light of changes to education and CPD provision / research activity. Members are also involved as NNA representatives in key areas below.

Review of qualified-in-speciality (QIS) competencies

Members of the LEARN group (Julia Petty, Breidge Boyle, Roisin McKeon-Carter and Debbie Webster) are involved in the national review of qualified-in-speciality (QIS) competencies hosted by the Royal College of Nursing (RCN). A meeting was held and attended by Julia, Breidge, Debbie and Roisin in December 2018 at the RCN HQ in London and the project is underway to be completed in 2020.
**SANDS National Bereavement Care Pathway project**

Jo Cookson, Jacqueline Johnstone and Linda McDonald represent the NNA on the above national project which is progressing well and gaining significant recognition across the UK. The project is coordinated by SANDS in conjunction with BLISS and many other relevant charities and organisations. The individuals who are attending Core group meetings will continue to be involved in 2019. The Pathway is currently being implemented and evaluated nationally. See [https://www.sands.org.uk/professionals/projects-improve-bereavement-care/national-bereavement-care-pathway](https://www.sands.org.uk/professionals/projects-improve-bereavement-care/national-bereavement-care-pathway) for details of all organisations involved in this project including the NNA. Jo Cookson has written and submitted a recent feedback report on NNA involvement in this project for the year 2018-2019.

**European Foundation for the Care of Newborn Infants (EFCNI) European Standards for Care of Newborn Health project**

Julia Petty coordinated the NNA endorsement of the EFCNI Standards project which was launched at the EU parliament in March 2018. [https://newborn-health-standards.org/project/partners/healthcare-societies/](https://newborn-health-standards.org/project/partners/healthcare-societies/) The NNA is included as one of the collaborative partners on the Standards document and on the EFCNI website. Julia is also on the Topic Expert group on this project for Education and Training and acted as an author and peer reviewer for these specific standards - [https://newborn-health-standards.org/standards/education-and-training/overview/](https://newborn-health-standards.org/standards/education-and-training/overview/) The NNA will continue to be involved in this project as a partner and Julia will act as the conduit for communication.

**Council of International Neonatal Nurses (COINN)**

Julia Petty is the UK NNA representative for COINN and has attended 6 meetings via teleconference between April 2018 and March 2019. She continues to liaise between the COINN Board and Elsevier publishers for the coordination of the COINN news pages for each edition of the Journal of Neonatal Nursing (JNN). She collects reviews and submits contributions from all COINN Board members according to the JNN schedule, in conjunction with the editing team and Co-Editors in chief.

Other COINN activities: Julia attended, on behalf of COINN, the Joint European Neonatal Society (JENS) congress in October 2018, in Bucharest, Romania. Here she spoke about innovations in education and training which are relevant across global boundaries. She is also the lead editor on a new book with Springer publishers (proposal commenced and accepted in January 2019) on behalf of COINN- named ‘Global perspectives of Neonatal Nursing’. She will represent the NNA at the COINN 2019 conference in New Zealand, on behalf of NNA Chair, Claire O’Mara. Finally, Julia is also involved in the development of COINN Nursing competencies project, is a member of the COINN Education committee and is a peer reviewer for applications for future COINN conference hosting for 2021.
Breidge Boyle represents the NNA on the NNAP as part of the project group and has recently been asked to join the NNAP Methodology & Dataset Group, giving NNA input into how these important data are gathered, handled and analysed. She also represented NNA on the NMPA sprint audit conducted in 2018. This was a special project designed to link maternal and neonatal datasets with a view to examining the maternal antecedents of neonatal outcomes and to determining the impact of aspects of maternal care on babies. The project will report in summer 2019.

Journal of Neonatal Nursing

Leslie Altimier and I took over as co-editor in chiefs of JNN in January 2018, publishing our first edition in April 2018. It was an exciting time to become involved as we moved from being a national to an international journal, which now represents COINN worldwide as well as NNA UK. Over the past year we have gone from strength to strength, doubling the number of articles submitted. We are constantly trying strike a balance between providing material which is of interest to the bedside nurse and preserving the academic quality of our out-put.

The latter has proven challenging in many ways. In order to produce a journal which truly represents neonatal nurses worldwide we would like to accept articles which reflect neonatal nursing in all the diverse cultures and environments which our organisation now represents. This means that we are often offered pieces of original research which test interventions which we accept as “normal treatment” in the UK or the USA, but which are considered innovative in less developed countries. We try to judge these submissions on their merits as pieces of research, knowing that they also remind our readers of the rationale for our basic care.
Many of our authors do not speak English as a first language, academia being a completely different dialect from spoken or normal written English. Although we insist on basically clear written English we attempt not to over correct as we like to preserve the voice of our contributors. Sadly some of those authors have trouble understanding that a “natural English speaker” may be able to help them translate their manuscript into “normal” English, but this does not always mean that it is in a form that is acceptable in an academic journal. We strive to support all those who contribute in getting their message across clearly. For this reason we are always ready to assist junior and student nurses, as well as senior nurses who have not written for publication before, to get their research as well as their ideas and reflections into print.

We are so grateful to everyone who reviews articles for us. We try to allocate each piece to an academic and a clinical reviewer. If anyone is interested in becoming a reviewer please get in touch. We are always happy to mentor you through the process the first few times.

On a personal note I would like to than NNA for allowing me the brilliant opportunity of editing the journal – I might not always think or say so at midnight when I’m trying to find a reviewer of to write an editorial, but being involved is (mostly) a labour of love.
During the past year as a NNA executive, I have continued to raise the profile of the NNA’s work.

I was invited to present ‘Sustaining the Neonatal Workforce for Improved Outcomes’ to the 6th International Achieving Improved Outcomes in Neonatology and Academic Paediatrics Association Joint Conference in Cardiff in March 2019, where I got the opportunity to speak to neonatologists about the role of neonatal nurses including advancing practice.

In May, I presented to the ANNP forum talking about the various roles within neonatal nursing and raising the profile of the NNA and espoused the benefit of joining the NNA.

I continue to progress the work around Transitional Care and ATAIN on behalf of the NNA. I am pleased that the Neonatal Transitional Care (TC) Framework that I contributed to as a NNA executive has been adopted by NHSE https://www.bapm.org/resources/framework-neonatal-transitional-care. NHS Resolutions have directed all hospital Trusts in the UK to provide TC facilities to prevent unnecessary term admissions to NNUs.
During my first year on the NNA Executive I have been invited onto Expert Reference Group for Best Practice Guidance for Mental Health in Maternity and Neonatal Settings. This is an NHS England commissioned piece of work to develop best practice guidance and a case study series relating to managing perinatal mental health in maternity and neonatal settings including supporting emotional wellbeing in relation to perinatal loss.

It is a privilege to be part of this parent and multidisciplinary group and at the initial meeting we came together to set the parameters of the project identifying priority issues ensuring that families requiring neonatal care are recognised throughout the work so that appropriate provision can be made available for them. The work will continue to September 2019 when it is expected that a document will be shared for consultation with the full release in January 2020.

In addition to the above I have deputised for Claire O’Mara on the Neonatal Critical Care Clinical Reference Group, represented the NNA in the Workforce Working Group as part of the Neonatal Critical Care Review and had opportunities to promote the NNA at NW Nursing conference.
During the year there have been some interesting developments nationally around ANNPs and ways of working, with some work being done by BAPM in collaboration with NNA, RCN and educational institutions. I am passionate that ANNPs are represented nationally, and that we are a registered specialism in our own right. I am working to survey the ANNP workforce nationally, to see where and how ANNPs are utilised. I am also interested in ANNP indemnity arrangements, knowing that we are working across boundaries and professions potentially put us at increased risk. To fully appreciate the ANNP workforce, we need to know where and how they are working, which will only come with national registration.

**ANNP Discussion Forum | May 2018**

In May 2018 Chiesi supported the third annual ANNP discussion forum, organised by me, and hosted in Birmingham city centre. This event is an exclusive small event over two days, with limited delegates. The two days were full of brief presentations with plenty of time for discussion thrown in. Topics on the programme included presentation of PhD work on vibration in transport, ETCO2 versus transcutaneous monitoring, simulation training, ANNP led services, future career prospects, ANNPs as leaders, and some case and audit work. It was a great space to talk to and network with peers, which ANNPs do not often manage to do.

**BAPM Working Party | March 2019**

In March 2019 I was invited to sit on a working party with BAPM and RCN to discuss a framework for ANNP career progression. This piece of work is on-going and has involved a survey of ANNPs and their views on their present and future careers. We aim to publish this work in 2019/2020.
NTG Conference, Liverpool. November 2018

This year the annual UK Neonatal Transport Conference was hosted in Liverpool by the GMNETs Neonatal Transport team. The event was held over two days and included some practical sessions and workshops, a comprehensive poster gallery, as well as presentations from staff involved with neonatal transfers in the UK. These covered areas such as parental experiences of in-utero and post-natal transfers and supporting team welfare and resilience.

The NTG has some newly elected positions. The new Chair, is Cath Harrison who is the Lead Neonatologist for the Embrace Transport Service; Alan Jackson, Lead Neonatologist for the ScotSTAR Service is the new Data Lead; Faith Barker, Neonatologist from London NTS, has taken on the Governance Lead role; Don Sharkey, Associate Professor of Neonatal Medicine, has taken on the Research Lead role; and Rod Kelly, Transport Fellow from ScotSTAR, the Risk Lead. Further detailed information about the Neonatal Transport Group can be found on their website www.ukntg.net

Following the Quality Surveillance Team Neonatal Peer Review programme, there is likely to be a similar review of the Neonatal Transport Services in the UK. The scope and timing of this review has not yet been confirmed.

Neonatal Transport Service Leads Forum, Nottingham. March 2019

Chiesi have again supported a two-day forum for the Neonatal Transport Team Service Leads, held this year in Nottingham. This was another excellent opportunity to have extensive discussions about various elements of neonatal transport. The agenda included:

- Identifying potential neonatal transport research priorities
- Discussing the value and impact of neonatal transport team accreditation and standards
- The use of high frequency oscillation as a ventilation strategy during neonatal transport
- Drug and infusion safety considerations during neonatal transport
- Discussion around the use of echocardiography to support decision making during neonatal transport.

Retrieval, Glasgow 2018

The Retrieval Conference is an annual event hosted in Glasgow by the Emergency Medical Retrieval Service (EMRS). It is a conference covering many elements of pre-hospital care and transport, as well as inter-hospital transport. Although focussing on adult care, the conference organisers have been working hard to incorporate a neonatal and paediatric stream. This year’s programme included fatigue management in critical care teams, reflective learning in simulation, dealing with a personal medical error, working as a Flight Nurse and Helicopter Rescue Specialist in America, a systems approach to multiple simultaneous patient transports, as well as an inspiring presentation from an endurance athlete who reflected on the logistical and physical challenges of cycling around the world in record time.
This year has been on an even keel financially and together with increased royalties from Elsevier we are in an excellent financial situation. Representation on the executive committee from around the UK means more outgoings for travel are incurred however this is considered necessary to fully represent our members. The executive expense this year encompasses the cost of sending 2 members of the executive to the COINN conference in May 19 and 2 members to Reason in July. Members continue to retire, and we continually try to attract the younger neonatal nurses at study days throughout the UK. Membership is around the 470 mark and we have seen an increase in nurses taking up the student membership and we have recruited several unit practice educators.

All new members are encouraged to pay by either direct debit, PayPal or by BACS transfer as we are trying to phase out cheque payments, and we continue to offer quarterly payments by direct debit only and £10 off membership if joining at the annual conference.
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| EDUCATION GRANT    | 2,000  | 2,000    | Bank charges and refunds  | 225    | 178.50  |
| Easy Fundraising + others | 404.95 | 271.94  | Office and admin          | 4,286.39 | 4,205.05 |
| NI CONFERENCE 2019 | 2,885  | 2,885    | Website and database      | 3,627.39 | 4,009.02 |

| JNN expenses       | 20,043 | 15,734.48 |
| COIIN + DATA PROTECTION FEE | 368.10 |

| TOTALS            | 76,513.66 | 79,163.36 | 51,630.39 | 49,769.86 |
The association in Northern Ireland is strengthening year upon year with an increase representation across all health care trusts. Within such a small region of the UK, the association is key in network development, leading on the provision of education opportunities for neonatal nurses in Northern Ireland and recently celebrated 10 years of providing our annual conference. With a small region like Northern Ireland the committee members are not just good friends but lobbyist for neonatal excellence and aware of the great work that is performed in the varying units results in excellent topics and presenters for the Neonatal Nurses Association conferences in Northern Ireland.

The association provided an education session for members on the Less invasive Surfactant Administration (LISA) procedure where consultant paediatricians presented the evidence base and the guideline development. Committee members ANNP Colm Darby and Trainee ANNP Frances McGuigan lead on the training and practice development for the procedure with the focus on the developmental care aspects of preparing the infants for the LISA procedure. This workshop was supported by Armstrong Medical Limited in providing their services and facilities to accommodate the large number of attendees.

In times of uncertainty in Northern Ireland with Brexit and a devolved government, lack of funding opportunities and regional decision making process for NHS progression in Northern Ireland, the Neonatal Nurses Association continues to provide the consistency in maintaining a cohort of neonatal nurses that have the best opportunity to show case the amazing work carried out by neonatal nurses and practitioners. With neonatal nurses valued as change leads, innovators and champions the association ensures dissemination of their achievements to other trusts resulting in the continued improvement of neonatal care across Northern Ireland.
The NI Neonatal Nurses Association conference was held once again at the Dunsilly Hotel in Antrim with 72 delegates attending - our best year ever! The day was chaired by Sharon Nurse, Chair of the NI group, ably assisted by her vice-chair and main man, Colm Darby.

Colm was the first speaker and gave us an overview of his recent study on administration of 40% glucose gel in the prevention of neonatal hypoglycaemia. Colm’s implementation of a protocol on managing hypoglycaemia in a more proactive way has reduced the risk of neonatal hypoglycaemia thereby reducing admission rates to the NNU.

Leann Richmond presented on the FINE project which incorporates education and family involvement into daily care routines in order to increase developmental progress in premature babies in her unit. Dr Sam Thompson presented a case study on a very unusual case of an extremely premature baby who was delivered in the most challenging of situations but survived due to the teamwork of the emergency department, the NISTAR transport team and the NICU staff.

There was a segment of the day devoted to a range of professionals who work in the neonatal unit in very different roles. We had presentations from Robert Mulligan, a healthcare assistant, Frances Dullaghan a band 5 staff nurse and Gemma Carter, a neonatal sister all of whom had an entertaining slant on their roles; Suzie Forbes told us about her duties as an Enhanced Neonatal Nurse Practitioner (ENNP) and Clare Boyce as an ANNP - their roles are very different but each compliments the other. Grace Luke updated us on her role as the Breastfeeding Lead in her unit and the relevance for this post in every unit. There were presentations from physiotherapist Gail Hanna and occupational therapist Catherine Glover. Clinical Psychologist Aiobhean Higgins told us a little about her role in the NNU and the growing need for this type of support, not just for parents but also for staff.
Following a lovely lunch and sufficient time to catch up with friends and do some networking as well as view the posters and stands, we reconvened to embark upon three workshops. Maria and Lynne led the workshop on baby massage while Gail and Catherine hosted a very interactive workshop on ‘Whose nest is best?’ No guesses for what that was about! Armstrong Medical provided an interesting workshop on the latest in respiratory Care equipment inviting questions and feedback from our delegates.

Eileen McEneaney (Neonatal Network Chair) gave an update on the current activities of the N.I. Neonatal Network and Alison McNulty (CEO) Tinylife also gave us an overview of current projects that the charity are involved with as well as generously providing the prize money for the best poster presentation and the N.I. Nurse of the Year award. Dr Breidge Boyle (Lecturer in Children’s Nursing, QUB) and Alison McNulty judged the posters and the nominations for Nurse of the Year and were on hand to make the awards.

Sarah Moore from the Ulster Hospital NNU won the prize for her poster on their Family Partnership project and Maureen Gill from Altnagelvin Neonatal unit won the N.I. Nurse of the Year award after being nominated by her colleague, Jayne Magee.

The conference was once again evaluated very highly by delegates and the committee felt that the day had been a resounding success. We have made tentative plans for next year’s conference already with ideas abounding on a range of topics we want to highlight as significant and essential for our nurses/midwives to develop their knowledge and broaden their outlook on all things neonatal! We will release the date of our next conference early next year - come and see us in Northern Ireland- you will be made very welcome.
Sarah Moore (Best Poster) with Tinylife CEO Alison McNulty

Jayne Magee (left) with N.I. Nurse of the Year, Maureen Gill

Developmental Care with Occupational Therapist Catherine Glover

Neonatal Nurses Association ‘The greater the number, the louder the voice’
During 2018/2019 I had the opportunity to join the Neonatal Nurses Association as an executive member alongside a team of passionate neonatal nurses from around Great Britain. I found this experience immensely rewarding particularly to have the opportunity to help drive the neonatal specialty forward and advocate for our hardworking neonatal nurses. The experience has allowed me to gain awareness of issues within the neonatal nursing, assist within national policy, contribute to national guidelines and helped develop my own clinical practice within my role as a Sister. I had the opportunity to assist with the Neonatal Nurses Association Conference in November 2018; the conference hosted a range of passionate speakers who delivered their interesting topics to a range of neonatal nurses from various neonatal nursing backgrounds around Great Britain. Additionally I had the opportunity to attend the Child Bereavement UK 9th Neonatal palliative and end of life care conference in London in February 2019, this study day provided excellent support and resources for professionals and allowed the Neonatal Nurses Association to demonstrate their support and welcomed participants to gain membership within our association. Overall, I am grateful for the opportunity to become an executive member of the Neonatal Nurses Association and will continue to advocate, support and highlight the great work of the NNA.