

## Minutes of Lead Nurses Group

**Tuesday 08 July 2025**  
**10:00am – 1:00pm**

**Via Microsoft Teams**

### **Present:**

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)  
Judith Foxon (JF), Deputy Lead Nurse, EMNODN  
Elsie Kumar (EK), Matron, University Hospitals of Leicester (Left at 11:05)  
Claire Inglis (CI), Lead Nurse for Homecare, University Hospitals of Leicester (Joined at 10:55)  
Chelsea Larn (CL), Ward Manger, Leicester Royal Infirmary (Joined at 10:35)  
Rachel McCoy (RM), Ward Manager, University Hospitals of Leicester (Joined at 10:16)  
Julie Needham (JN), Matron, CenTre Neonatal Transport  
Hilliary Killer (HK), General Manager, CenTre (Left at 11:05)  
Kelly Marriott (KM), Ward Manager, Northampton General Hospital  
Vicki Harris (VH), Transitional Care Lead Nurse, Northampton General Hospital  
Lynn Slade (LS), Lead Nurse for Neonates, University Hospitals of Derby & Burton  
Rachel Wright (RW), Matron, United Lincolnshire Teaching Hospitals  
David Speck (DS), Practice Development Nurse, United Lincolnshire Teaching Hospitals  
Dawn Barnes (DB), Ward Sister, United Lincolnshire Teaching Hospitals  
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital  
Frances Kilgannon (FK), Quality Matron for Neonates, Nottingham University Hospitals (Left at 11:45)  
Ellen Cutler (EC), Matron, Nottingham University Hospitals  
Sarah Jenkins (SJ), Matron, King's Mill Hospital

### **In Attendance:**

Faye Kitcherside (FLK), Administrator, EMNODN (Minutes)  
Linsay Hill (LSH), Office Manager, EMNODN

Item	Subject	Attachment	Action
1.	<b>Welcome &amp; Apologies</b> LH welcomed those in attendance.  Apologies received from Wendy Copson, Jane Lafferty, Michelle Hardwick, Cheryl Griffiths, Adrienne Patterson, Sarah Bray.		
2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes from the Previous Meeting</b> The previous minutes were agreed as a true record of proceedings.	<a href="#">A</a>	

4.	<p><b>Matters Arising</b>  <b>4.1 Car Seat Update</b>  LH provided a brief overview:  It was identified a number of years ago that current infant car seats are not appropriate for babies weighing less than 3.5kg. This was raised with the Department of Transport, Secretary of State for Transport and car seat manufacturers. Since then, there has been a working party who have been collaborating to resolve the issue.</p> <p>There is an international car seat safety meeting planned in December where Germany and Holland will be proposing a change to international legislation regarding the size and fit of the seats. This would ensure that babies who weigh less than 3.5kgs will fit more securely in a car seat. Meanwhile, a car seat insert for babies weighing less than 3.5kg has been trialled in Newcastle with very good results.</p>		
5.	<p><b>ANNPs</b>  This was added as an agenda item at the request of LS who wanted to understand other trusts' positions regarding ANNPs.</p> <p>The group all confirmed what type of uniform their ANNPs wear, and this showed discrepancies across the Network. LH commented that this could be confusing for families who are transferred between different units.</p> <p>Further conversations also identified discrepancies in job titles with some ANNPs being referred to as ACPs (Advanced Clinical Practitioners).</p> <p>JF confirmed that there are no national recommendations regarding the ANNP workforce and therefore it is difficult to identify shortfalls or compare against a national standard. The national workforce tool still uses the term ANNPs which is different to some trusts, and roles vary greatly at each hospital. JF plans to take this discussion back to the National Education and Workforce Leads Group to try ascertain what the national approach is, which will then be shared with the group.</p> <p>JF also confirmed that there is a BAPM document (available <a href="#">here</a>) which is extensive and outlines the ANNP role, but this will likely need reviewing and updating.</p>		JF
6.	<p><b>Workforce</b>  <b>6.1 Nurse Staffing SPC Charts</b>  A copy of the charts was circulated within the agenda.</p> <p>The SPC charts identified that there are still shortfalls between the number of QIS nurses needed and how many</p>		

	<p>are actually in post. This shortfall is consistent at some units whereas other fluctuate depending on levels of activity or staff sickness. JF confirmed that she is working with those units with persistent shortfalls to ensure they have action plans in place.</p> <p>JF also confirmed that the staffing data input into NNAP only measures the number of registered nurses which has significantly improved over the last year. Against this measure, the East Midlands is generally performing better than the national average.</p> <p>JF is compiling an annual summary report from 2024/25 which will be presented at the EMNODN Board meeting and then shared with each unit summarising their position.</p> <p><b>6.2 Workforce Data Collection</b></p> <p>JF thanked those who have already sent in their workforce returns. A schedule has been circulated detailing when the workforce returns need completing by which is hopefully helping with planning. All were asked to cc Rachel Salloway (<a href="mailto:rachel.salloway@nhs.net">rachel.salloway@nhs.net</a>) into the emails as she will be collating and checking the data before it is returned to Specialised Commissioning.</p> <p><b>6.3 Recruitment Days</b></p> <p>JF reminded the group that if they are holding any local recruitment events or are aware of university events and would like Network involvement, to get in touch with the Network Education Team who will provide support where possible.</p> <p><b>6.4 Recruitment Video</b></p> <p>This has now been launched and is available on the Network website and YouTube channel. Since going live, it has been identified that there are no closed captions and so when viewed on YouTube, the generated subtitles do not make sense. The Education team are currently exploring whether closed captions can be added to the video.</p> <p><b>6.5 Neonatal Nurse Standard Framework</b></p> <p>The new QIS standards were published at the end of last year. The Network Education Team will be working with QIS providers to ensure their courses align with the new framework. They are also going to be mapping the new standards against the EMNODN Foundations in Neonatal Care (FiNC) course.</p> <p>One of the biggest challenges from the new QIS standards will be the requirement of 150 hours clinical practice. JF confirmed that these hours can be accrued throughout the whole of the QIS programme and potentially even during</p>		<p><b>ALL</b></p>
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	<p>the FiNC course. The Network Education Team will be in touch with the universities and the educators to review this in greater depth.</p>		
7.	<p><b>Education &amp; Practice Development Update</b></p> <p><b>7.1 QIS Training and Funding.</b> More funding is being offered from the national team for the next year, and the Network Team are submitting Expressions of Interest following conversations with individual units to ascertain what support is needed across the region. These will be submitted on 09 July, and JF will hopefully have received a response by the end of next week.</p> <p><b>7.2 Foundations in Neonatal Care (FiNC) Course Update</b> Evaluations from the FiNC course have generally been very positive and amendments to the course continue to be made based upon the feedback received.</p> <p><b>7.3 Leadership in Neonates (LiNS) Update</b> The second LiNS course has just been completed and has evaluated well. The Network Education Team are planning to introduce a level 2 LiNS course aimed at Band 7/8's. This will continue to be developed over the next 6 months. The intention will be to run 2 x level 1 courses (aimed at Band 6/7's) and 1 x level 2 course per annum. However, this depends on Network Team capacity and availability.</p> <p><b>7.4 Education/Training Programme</b></p> <ul style="list-style-type: none"> <li>• <b>Conferences</b> The Network conference in June was well attended and feedback was generally positive. Evaluations will be reviewed and utilised to improve the next conference in October. The programme for the October conference is currently being finalised.</li> </ul> <p>LH and JF reminded the group to ensure that non-attendance is communicated with the Network Team. Each space on the conference comes at a cost. There is also generally a waiting list and if a staff member cannot attend, their space can be offered to someone else. Additionally, if someone does arrive, this can cause concern for their safety as the Network Team do not know where they are. Those who frequently reserve a place and do not attend without letting the Network Team know may not be allowed to book onto future conferences.</p> <p>JN commented that some team members attended on their days off and CenTre were not aware that they planned to go. JF suggested sending a list to managers of those staff attending or units asking staff to complete study leave forms, even if it is for when they are not on shift.</p>		

	<ul style="list-style-type: none"> <li>• <b>Podcasts</b></li> </ul> <p>Kellie Fraser (KF), Network Practice Development Nurse has been developing the podcast 'Little Lives, Big Conversations'. Three episodes have been recorded so far and are currently being reviewed by the Network Team.</p> <p>KF has created a list of future episodes with those who have volunteered for specific subjects. If anyone else would like to be involved, then please email KF (<a href="mailto:kellie.fraser@nhs.net">kellie.fraser@nhs.net</a>).</p>		
8.	<p><b>Parents</b></p> <p><b>8.1 Update on FiC Progress to Date</b></p> <p>As Cara Hobby has now left the Network, Harriet Leyland (HL), Care Coordinator, provided a FiCare update via email.</p> <p>The FiCare survey has now closed and there has been a greater response than in 2024. HL is currently collating the results and will be in touch with units individually to share the feedback.</p> <p>FiCare protected time and education remains inconsistent across the Network. LH asked that if there is any available funding that the units should consider offering FiCare roles to team members.</p> <p><b>8.2 Unit 360° Virtual Tours</b></p> <p>Eight out of eleven tours are now live and available on the Network website. NUH tours are awaiting sign off from the Trust Communications Team. QHB's tour will be filmed once the new unit has opened.</p> <p>Please ensure you are signposting families to the videos particularly if they are being transferred; <a href="#">Our Units   EMNODN</a></p> <p><b>Post meeting note: The Nottingham City and Queen's Medical Centre tours are now live.</b></p> <p><b>8.3 Parent Videos (HIEM Funded)</b></p> <p>Four educational videos for families with regards to early maternal breastmilk, skin to skin, introduction to FiCare and introduction to Neonatal Operational Delivery Networks, had been developed but unfortunately, the video production unit initially chosen is no longer operating which has caused significant delays. The Network is currently seeking another company to edit and finalise the videos.</p> <p><b>8.4 Family Transfer Prompt Document</b></p> <p>The documents were initially going to be trialled at NUH and ULTH, but following discussion it was agreed that all the units would trial the use of the document.</p>		ALL

	<p>JF asked the group how they would prefer to evaluate the transfer prompt document, i.e. QR codes, or paper forms. LS suggested the best way may be a mixture of methods and perhaps having a nominated person at each unit to be in charge of collating paper/anecdotal feedback.</p> <p>LH suggested that the trial start at the beginning of September and will discuss how to collect evaluations with Rachel Salloway (RS), Network Project Manager.</p>		<b>LH/RS</b>
<b>9.</b>	<p><b>Bliss Update</b>  <b>9.1 Accreditation</b>  HL provided the following updates via email:</p> <p>KMH has received a silver award, they hope to achieve gold status by the end of the year.</p> <p>RDH are close to silver and are awaiting an audit submission.</p> <p>NUH are still in discussions about how they will fund their platinum audits.</p> <p>Bliss are going to be making some changes to the audit. LH will circulate further information to the group.</p>		<b>LH</b>
<b>10.</b>	<p><b>UNICEF Update</b>  <b>10.1 Unit Assessments</b>  RDH, KGH and NGH are all aiming for stage 2/3 by the end of the year. NUH are still working on their action plan prior to stage 1. Recruitment to a Band 7 Infant Feeding Lead post has been unsuccessful over the past year.</p>		
<b>11.</b>	<p><b>National Projects</b>  <b>11.1 Neonatal Transformation Progress</b>  The date has passed for when the Neonatal Critical Care Review recommendations should have been delivered. As a Network, the recommendations have not been fulfilled due to a lack of capacity, with gaps in nursing, AHP and medical staffing.</p> <p>From a family perspective, there has been significant progress, however there are still improvements to be made regarding parent accommodation in some of the units. This will continue to be monitored as part of the Network work plan and within the peer review visits/peer review follow up meetings.</p> <p>Previously Capacity Oversight Group meetings were held regularly which were attended by the Specialised Commissioning Team, the Network, Trust finance teams, HR and general managers. The Specialised</p>		

	<p>Commissioning Team plan to reinstate these meetings which will include ICB representation.</p> <p>There are recruitment freezes in place across the country due to lack of funding. LH encouraged those units with vacancies to recruit as soon as possible.</p> <p><b>11.2 BAPM Outreach Project</b> BAPM created a group to review neonatal outreach provision and produced a framework that has been out for comment. Currently, a benchmarking exercise is being carried out to review what different levels of care mean with regards to workload and staffing.</p>		
12.	<p><b>Quality &amp; Governance</b> <b>12.1 Shared Learning</b> LH encouraged learning from incidents to be shared with this group in an attempt to avoid similar incidents occurring in other units</p> <p>LS asked if any of the group have been having issues with lines for TPN delivery as UHDB have experienced problems over the last week with air getting into the lines. No one in the group reported experiencing any similar problems. LS confirmed that UHDB have reported the issue and will share the outcome.</p> <p>SJ asked if any of the group have particular policies related to violence and aggression specifically for neonatal families. She felt that the normal violence and aggression trust policy is not suitable for parents. LS confirmed that UHDB do not have anything specific for neonates but within the policy there is the option of including a parent/visitor contract which they have found helpful. This sets out the expectations from both parents and hospital staff. LS is happy to share.</p> <p><b>12.2 Data</b> WC was unavailable to provide an update. LH informed the group that the Network Team are considering hosting monthly drop-in meetings for trusts to attend. This would enable Trusts who are performing well to showcase areas where they are positive outliers so that others can learn from them.</p> <p><b>12.3 Governance Lead Nurse Group Update</b> WC was unavailable to provide an update, but the group continues to meet on a monthly basis.</p> <p><b>12.4 PERIPrem</b> There are various regional meetings ongoing. The PERIPrem passports are available for use and parent information leaflets are currently being updated. LH</p>		LS

	<p>encouraged the group to use the documents and reported that there will be an audit undertaken shortly to ascertain how well the documents are being used.</p> <p><b>12.5 Safeguarding Audit</b> A safeguarding audit was carried out a while ago and the results were relatively inconclusive. A reaudit is being planned, and hopefully more details will be available after the next Safeguarding Group meeting.</p> <p><b>12.6 IV Antibiotic Audit</b> A draft competency document has been created for midwifery staff and is being sent to the HOMs and DOMs for comment/review. LH agreed to copy RW into the email to the HOMs and DOMs as ULTH are undertaking a QI project around IV antibiotic administration.</p> <p>LS reported that over the last two weeks, midwives at UHDB have been undertaking second checking of antibiotics for TC babies. This is evaluating very positively. Midwives watch a training video and then are signed off for their competencies. LS agreed to share the training video with the group.</p>		<p><b>LH</b></p> <p><b>LS</b></p>
<b>13.</b>	<p><b>Transitional Care Implementation</b> According to the Maternity Incentive Scheme [MIS] (year 7), any units who do not provide transitional care which meets the BAPM standards, should produce an action plan detailing how they will implement the service in order to meet the standards. These actions plans must be signed off by the Network Team. LH requested that any such action plans are shared promptly to enable the Network Team time to ask questions/make suggestions before submission.</p> <p>UHDB – The in-reach model has started over the last two weeks. The 24/7 in reach services will hopefully be underway by the beginning of September.</p> <p>NUH – A Band 7 Neonatal Lead Nurse for TC, and a Band 5 position will be advertised later in the year.</p> <p>KMH – TC was launched on 02 June and is now fully established. There have been a few issues, and some staff are still supernumerary, however SJ hopes that by the end of July, all staff will have completed their competency packages and be out of their supernumerary period.</p>		



14.	<p><b>Homecare Update</b></p> <p><b>14.1 Update</b></p> <p>LCH and RDH hope to implement home phototherapy later this year.</p> <p>SJ has met with Lucy Panesar and hopes that KMH will also be implementing home phototherapy this year.</p> <p>The Homecare Steering Group is not very well attended at present and LH encouraged the group to attend if possible. The next meeting is on 10 September. Lucy Panesar (LP), Lead Homecare Nurse at NUH, is leaving her current role on 14 August. LH requested that thanks be passed on to LP for all her hard work.</p>		
15.	<p><b>Unit/CenTre Updates</b></p> <p>CenTre - JN discussed transferring expressed breast milk. Although CenTre are happy to do so, there is a limit to how much can be transferred safely as there are no freezers on the ambulances. CenTre are suggesting a maximum of 24-48 hours' worth of milk can be transported and requested that unit teams should have these conversations with families prior to transfer.</p> <p>JF suggested that JN contacts transfusion services to ask if there is anything they can suggest for transporting the expressed breastmilk safely.</p> <p>UHDB – The new unit at QHB is being commissioned this week and should hopefully be ready to open by the end of next week. A dietitian has recently been recruited and is linking in with Katie Hay (KH), Network dietitian</p> <p>UHL – A Band 6 post is being advertised today and will remain open for two weeks. The renovation of a breastfeeding room and milk kitchen has now been completed at LGH.</p>		
16.	<p><b>Network Update</b></p> <p>Cara Hobby has now left her post as Deputy Lead Nurse for FiCare. The role is not currently being replaced due to changes to NHSE, and a lack of clarity regarding the ODN function within the new landscape. LH is going to be speaking to Specialised Commissioning about a potential secondment.</p> <p>Due to changes in staffing and capacity, the Network Team have had to deprioritise some aspects of the work plan. LH encouraged the group to continue reaching out for help but to be aware that responses may take longer especially as JF is retiring at the end of August 2025.</p>		

	LH and the rest of the group thanked JF for all of the work she has undertaken on behalf the Network.		
17.	<b>AOB</b> DS commented that getting guidelines approved is a lengthy process and asked for advice/suggestions from the group. LS advised to see if there are trust level meetings in relation to guidelines that DS can escalate to.		
18.	<b>Date &amp; Time of Next Meeting</b> Tuesday 23 September 2025, 10:00am – 1:00pm, via Microsoft Teams		