

## Minutes of Lead Nurses Group

**Tuesday 11 March 2025**  
**10:00am – 12:30pm**

**Via Microsoft Teams**

### **Present:**

Linda Hunn (LH), Director/Lead Nurse, EMNODN (Chair)  
Judith Foxon (JF), Deputy Lead Nurse, EMNODN (left at 11:45)  
Wendy Copson (WC), Deputy Lead Nurse, (EMNODN)  
Cara Hobby (CH), Deputy Lead Nurse, (EMNODN) (left at 11:45)  
Anita D'Urso (AD), Lead Psychologist, (EMNODN) (left at 10:31)  
Rachel Wright (RW), Matron, United Lincolnshire Teaching Hospitals  
Zara Doubleday (ZD), Matron, Nottingham University Hospitals  
Kelly Marriott (KM), Ward Manager, Northampton General Hospital  
Michelle Hardwick (MH), Matron, Northampton General Hospital  
Elsie Kumar (EK), Matron, University Hospitals of Leicester  
Claire Inglis (CI), Lead Nurse for Homecare, University Hospitals of Leicester  
Julie Needham (JN), Matron, CenTre Neonatal Transport  
Lynn Slade (LS), Lead Nurse for Neonates, University Hospitals of Derby & Burton  
Sarah Bray (SB), Ward Manager, King's Mill Hospital (left at 11:45)  
Kelly-Marie McMinin (KM), Transitional Care Lead Nurse, King's Mill Hospital  
Adrienne Patterson (AP), Ward Manager, Kettering General Hospital

### **In Attendance:**

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

Item	Subject	Attachment	Action
1.	<b>Welcome &amp; Apologies</b> LH welcomed those in attendance.  Apologies received from Jane Lafferty, Hilliary Killer, Liz James.		
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.	<b>Matters Arising</b> <b>4.1 Car Seat Update</b> A car seat insert has been created for smaller premature babies and is currently being trialled in a hospital in the Northeast. Parent feedback so far has been positive. LH will continue to keep the group updated.		

5.	<p><b>Workforce</b></p> <p><b>5.1 Nurse Staffing SPC Charts</b> A copy of the charts was circulated within the agenda. This demonstrates where staffing sits against BAPM standards. Most units are still struggling to meet QIS staffing requirements. It was suggested that promotion days could be considered to encourage nurses to find out more about QIS training to encourage more to apply.</p> <p>QIS remains the biggest challenge, and teams need to be proactive to address it.</p> <p><b>5.2 Workforce Data Collection</b> Thanks were extended to all for completing and returning the Q3 workforce data in time for the deadline. There has been a request to provide a schedule for future workforce data returns. Once this has been received from NHSE, JF will circulate it to the group.</p> <p><b>5.3 Quality Roles Funding</b> All the funding that that was allocated for recruitment has been utilised. UHL have recruited to additional educator hours.</p> <p>This item can be removed from the next meeting's agenda.</p> <p><b>5.4 Recruitment Days</b> The EMNODN education team are attending a recruitment day in May in Lincoln. This is for school age children who are making career and further study choices.</p> <p>If any of the units are planning recruitment days and would like representation from the Network, then please contact JF.</p> <p><b>5.5 Recruitment Video</b> This was filmed last summer and is now ready to be launched. A link will be available on the website shortly and can hopefully be used to promote a career in neonates.</p> <p><b>5.6 Neonatal Nurse Standard Framework</b> The new QIS framework has been published and will be reviewed to benchmark how the current courses fit within the framework.</p>		<p>JF</p> <p>LSH/FK</p>
6.	<p><b>Education &amp; Practice Development Update</b></p> <p><b>6.1 QIS Training and Funding.</b></p> <ul style="list-style-type: none"> <li>• <b>QIS Pastoral Project</b></li> </ul> <p>This project, 'Supporting the Supporters', aims to support newly trained QIS nurses with the aim of ensuring staff retention. It also aims to improve the skills of those who are supporting the newly trained QIS nurses.</p>		

Data is being gathered from newly trained QIS nurses as well as those who are considering training across the East Midlands, East of England and the Northwest to identify what within the training is working well and what is more challenging.

Data will also be collected and compared between those nurses who have undergone QIS training during the last year and the more recent cohorts who will complete the course while the additional QIS Pastoral Project is underway.

AD is developing some workshops for those who are supporting the QIS nurses to address some of the common themes which have been identified particularly around 'psychologically informed supervision'. AD referred to those supporting the nurses as 'the supporters' and explained they will range from educators to more senior nurses on the wards.

Assisting the supporters with psychologically informed supervisions will include areas such as well-being and working in extremely busy environments.

There will be two face to face training days in the East Midlands over the next few months. The dates for these QIS 'Supporting the Supporters' Sessions will be 04 June 2025 and 10 September 2025.

AD also explained about the introduction of twenty-minute supervision sessions, which will potentially take place twice a month. This will be where newly qualified QIS nurses can spend time with their supporters thinking about some of the skills that they are developing and identifying areas where they need greater support.

The first QIS focus group is taking place shortly, and current QIS students are being asked to join the group to discuss some challenges that they have experienced.

JF hopes that as well as improving confidence and staff retention, it will also provide newly qualified QIS nurses with the skills to support other newly qualified nurses in the future.

JF would like to have individual conversations with the units to understand if these 20-minute sessions would be achievable, particularly on the larger units.

LSH will be circulating a poster with the dates and further information.

**JF**

**LSH**

LS asked about the potential of including staff who do not want to undertake QIS training in order to understand their rationale and how they could best be supported, and any barriers to overcome. AD agreed and explained that the focus groups have been made available to all nurses. She is hopeful that some feedback may become available from those who do not want to undertake the QIS course.

MH commented that more staff were willing to complete the QIS training during COVID because it was delivered online. Travel and costs associated with the course are still significant issues.

AD asked for any other comments to be emailed to ensure the course is as accessible as possible for all staff.

Additional QIS funding that has come from NHS England has been provided to support extra QIS places (in addition to that which the trusts currently support). NUH were the only trust who felt they could offer additional QIS spaces. However, there were a couple of spaces that they could not fill, and these have therefore been offered to the other units. This would need to be agreed by the end of March, before the new financial year.

There is some indication that the funding for additional QIS spaces may continue into the next financial year. JF will be speaking to the educators across the East Midlands to understand how many QIS places are needed and how many can be supported.

The third funding stream is to support the implementation of the new QIS standards. There will be a mapping process to ascertain where the current courses fit within the new QIS framework. Particular attention will be paid to the practice hours required in a NICU as part of the new framework. There will be an 'Expression of Interest' circulated shortly for a 0.8 WTE Band 7 role for 12 months to undertake this work. Please contact JF if you have any queries.

## **6.2 Foundations in Neonatal Care Course Update**

Two three-month Foundations courses were trialled following feedback that the original six-month courses were too long. Evaluations have shown that the three-month courses were too intense due to the large amount of work that needed to be completed over a short period of time, resulting in more extensions being required. Additionally, it was difficult for the EMNODN education team to deliver. The course will return to the original six-month format. The next cohort will begin in April 2025.

**ALL**

**JF**

### **6.3 Leadership in Neonates (LiNS) Training**

The first cohort for the LiNS training ran at the end of 2024 and evaluated well. Learning from the course has been utilised to modify the next cohort which is due to commence in April 2025 and is fully booked. It will include a mixture of online and face to face training. JF wanted to ensure it was accessible as possible with some online sessions, however face to face networking and sharing of experiences is really valuable.

### **6.4 Education/Training Programme**

- **Conferences**

This year the Network will be holding two conferences. The first conference is on 11 June with a focus on quality. The second will take place on 02 October with a focus on improving outcomes and mortality rates. Booking links are now live and available here:

[11 June](#)

[02 October](#)

Programmes are being finalised and will be shared once available.

- **Podcasts**

Kellie Fraser (KF), Network Practice Development Nurse has been developing the podcast 'Little Lives, Big Conversations'. Three episodes have been recorded and are currently being reviewed before they are released.

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 (kellie.fraser@nhs.net).

**7.**

### **Parents**

#### **7.1 Update on FIC Progress to Date**

In collaboration with all of the units, individual FiCare Progression Plans have been created. These are being worked on with good engagement from each of the unit's FiCare links and the Family Care teams across the region.

CH has recently interviewed for the Network Care Coordinator position. Two people have been appointed for a job-sharing role. They are currently going through pre-employment checks.

#### **7.2 Unit 360° Virtual Tours**

The LCH, PHB, KMH, NGH and KGH virtual tours have now been signed off and are ready to go live. The logistics of sharing them as a Network are currently being worked

	<p>through. The RDH tour is expected to be signed off very shortly, and discussions are underway with UHL.</p> <p>Filming for NUH is planned on 01 April. Discussions are underway with QHB to organise their filming.</p> <p><b>7.3 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 have been developed.</p> <p>Unfortunately, the Video Production Unit initially chosen is no longer operating which has caused significant delays. A contactor from the company has agreed to continue working on this project, and there are some final edits to be done completed in April.</p> <p><b>7.4 Family Transfer Prompt Document</b></p> <p>RW has volunteered ULTH to pilot the document. Some final edits are being completed and will then be provided to RW for the trial.</p> <p>Additionally, information is being created with regards to transfers which aims to help parents prepare for a potential transfer of their babies. Parent focus groups are currently underway to understand their experiences and what information they feel they would have benefited from.</p>		
8.	<p><b>Repatriation Link Nurses</b></p> <p>JF had hoped to utilise some of the current underspend within the Network to fund a repatriation link nurse for each unit for twelve months, but the money would need to leave the Network budget by the end of the financial year.</p> <p>JF emailed the units to ascertain if there was any interest. There are currently only two trusts who felt they would be able to offer this and JF needs to have further conversations with them.</p> <p>The focus of the role would be to link with families so that if their baby were moved to a different trust, they would have a contact who can ensure strong and positive communication.</p> <p>CH encouraged those units who were considering the project to pursue it further as feedback from families at the focus groups has demonstrated a real need for repatriation link nurses.</p> <p>The position would be a Band 7 0.8 WTE position, and the Network would need to be invoiced for 12 months.</p>		

<p><b>9.</b></p>	<p><b>Bliss Update</b>  <b>9.1 Accreditation</b>  NGH have recently had their gold assessment, the results are currently pending.</p> <p>KGH have submitted their silver audit and are also awaiting results.</p> <p>KMH are in the process of booking their silver assessment.</p> <p>NUH have revisited their Bliss Baby Charter and are hoping to be able to start work on their platinum assessment.</p> <p>ULTH have submitted their silver audit and are waiting results.</p> <p>QHB are already at gold and RDH are working towards their gold assessment.</p> <p>There was not an update available for UHL.</p>		
<p><b>10.</b></p>	<p><b>UNICEF Update</b>  <b>10.1 Unit Assessments</b>  KMH are currently at Stage 3 for their Baby Friendly Accreditation (BFI).</p> <p>NUH are working towards Stage 1. There have been some challenges with their infant feeding resources. An advert is currently out to increase the feeding support available at NUH.</p> <p>NGH and KGH are working on Stage 2, however this can take up to two years to complete.</p> <p>UHDB are currently working towards Stage 3. LS confirmed that use of donor milk will be starting imminently at RDH. It is still being worked upon at QHB.</p> <p>ULTH have created a job description for an infant feeding support role, it is currently still with the job matching department but is anticipated to be a Band 7 position.</p> <p>LH discussed poor interview techniques and suggested introducing interview workshops to help staff understand what is expected from them at an interview. This may be useful in helping staff who want to progress to a higher level.</p> <p>ZD explained that at NUH, they have a recruitment and retention lead nurse who works with staff who are looking to progress their careers.</p>		

11.	<p><b>National Projects</b></p> <p><b>11.1 Neonatal Critical Care Review Implementation &amp; Oversight</b></p> <p>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>LH is mindful that there is additional capacity that still needs to be opened at QMC and LRI, and the Network is working with these units to open the additional cots as soon as there is sufficient staffing to do so.</p> <p>Previously Capacity Oversight Group Meetings were held regularly which were attended by the Specialised Commissioning Team, the EMNODN, Trust finance teams, HR and general managers. The Specialised Commissioning Team are planning to reinstate the meetings which will include ICB representation.</p> <p><b>11.2 BAPM Outreach Project</b></p> <p>BAPM created a group to review neonatal outreach provision and created a framework that has been out for comment JF felt that the framework may be aspirational. However, the East Midlands may be more able to implement the recommendations compared to other parts of the country as there is already a regional team in place.</p> <p>Once it has been published, a benchmarking exercise will take place to identify the gaps. Business cases will need to be considered to increase staffing and resources where required.</p>		
12.	<p><b>Quality &amp; Governance</b></p> <p><b>12.1 Shared Learning</b></p> <p>UHDB – There has been a local MSRA outbreak at RDH. The incident has now been stood down and is being monitored through internal governance processes, however it did highlight the importance of cleaning multi baby equipment. Since implementation of an additional Healthcare Assistant to focus solely on cleaning equipment, there has only been one additional case.</p> <p>Additionally, RDH experienced sudden closure of the obstetric theatre due to failed ventilation. As a result,</p>		



	<p>business continuity was implemented for almost 72 hours necessitating the use of the gynaecological theatre which is further away. A simulation ran on the first day to identify any challenges and as a result learning was identified and will be shared. LS advised the group to consider running simulations for such scenarios as it can create useful learning.</p> <p>LS also discussed changes in delivering lipids after an incident occurred. This will also be discussed at the UHDB serious incident meeting. LH asked to see the PSII when it is available and reported that the Network do not see many reports from any of the Trusts since moving over to PSIRF.</p> <p>The new Network Pharmacist, Lucy Stachow, has now commenced in post and it would be useful if she was linked into discussions so that any learning can be disseminated across the Network to the unit pharmacists.</p> <p><b>12.2 Data</b></p> <p>WC has been meeting with all the trusts to discuss the NNAP data. CI asked if Jess Smith can also be invited to the UHL meeting to discuss early breastmilk data.</p> <p>WC explained that in the initial meeting, it is ensured that the units understand their data, how to find it and how to use the restricted dashboard. WC then goes through each unit's own data to help identify any areas for improvement and determines if they will be developing an action plan. WC will meet with the unit a few months later and see if there any support is still required and whether the data is improving, or if there are still challenges.</p> <p>WC is also asking pre-term birth leads to meet to discuss optimisation measures.</p> <p>The NNAP window closes on 14 March and WC encourages all who have access to the dashboards to ensure it is all correct.</p> <p>There is a webinar available on the RCPCH website regarding how to validate your data which could be utilised for the 2025 data.</p> <p>NNAP are also conducting data assurance surveys. Lead clinicians will have been emailed asking them to complete these surveys by 14 March.</p> <p>NNAP are seeking volunteer neonatologists, consultant neonatologists and nurses to join their methodology and data set and project groups. The group aims to look at how to develop guidance and standards relating to key elements of the NNAP measures. They will also form part</p>	
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	<p>of the process for submitting new proposals for any new measures. If anyone is interested in volunteering, the closing date is the 24 March. There are several units moving across to new EPR systems and so there may be interest from those staff who are in digital posts.</p> <p>WC discussed the restricted access dashboard. When NNAP completes the March update, there will be a new section of tabular trends in the table data.</p> <p>NNAP have sent out new resources to share with staff and families. These have been sent to the units and WC asked for a copy to be shared with her.</p> <p><b>12.3 Governance Lead Nurse Group Update</b></p> <p>A poll has been created to see if another day would be more suitable for the meeting to take place and currently, it is looking likely that the meeting will move to a Tuesday.</p> <p>WC discussed some of the topics being covered at the Governance Lead Nurse Group. BadgerNet flashcards have been sent out for trial at two units. KMH are going to trial them imminently. WC confirmed that at present, there will not be any more flashcards produced, however electronic copies can be shared.</p> <p>WC discussed the Checking and Administration of Intravenous Medication for Transitional Care Babies for Midwives' document. This is still currently in draft format and will be sent to the governance lead nurses to forward onto the HOMs.</p> <p>Additionally, QI projects have been discussed, and presentations have been useful. Other services such as TC and ROP nurse screening have been covered as well as a spotlight on data every month.</p> <p><b>12.4 Optimisation</b></p> <p>All units received their £10,000 PERIPrem grant and there is great deal of work underway to implement PERIPrem as a result</p> <p>The MatNeo event takes place on 13 May 2025 in Pride Park, Derby. It is free to attend and available for all staff in the East Midlands.</p> <p>The East Midlands PERIPrem passport has been updated recently, and the parent information leaflet is being reviewed by Amanda Pike, Parent and Families Engagement Lead.</p>		
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	<p><b>12.5 Safeguarding Audit</b> This showed that there has been some good collaborative work with social care.</p> <p><b>12.6 IV Antibiotic Audit</b> Not covered as WC needs to discuss with LH.</p> <p><b>12.7 Digital Improvement</b> There are a number of trusts in the process of moving across to full EPR. Feedback has been positive. WC will signpost those considering moving over to the system to UHL and UHDB who have already implemented it</p> <p>WC reminded those who have received iPads that they need to submit invoices to the Network as soon as possible as the window for payment will close shortly.</p> <p>CI enquired about iPad availability, LH and WC confirmed they are just for the units to utilise. WC also asked EK if UHL have requested an iPad. EK is going to check.</p>		<b>EK</b>
<b>13.</b>	<p><b>Transitional Care Implementation</b> RDH have recruited to all the advertised posts and are awaiting start dates for staff. The in-reach model will commence on 21 April. There is some education support being received in TC and midwives are being trained to undertake second checking for medications.</p> <p>There are currently no timescales for handover of the new unit at QHB. There are no interim plans for TC at present, but it will be implemented as soon as the new unit is ready.</p> <p>At KMH, KM has increased her hours to full time. TC staff are currently supporting NICU which means KM is taking on additional clinical responsibilities. Nearly all the midwives are now trained to deliver antibiotics at the cot side which has been very positive for parents and resulted in good feedback.</p> <p>NUH are moving forward with TC with Lisa Burgon leading the service.</p>		
<b>14.</b>	<p><b>Homecare Update</b> <b>14.1 Update</b> The South hub of the Network for Homecare is averaging between 65 and 90 new referrals each month – 70 of which are for UHL alone.</p> <p>Across the Network, on average, 18 tube fed babies each month have been sent home since December, mostly from UHL.</p>		

	<p>There have been approximately 700 home visits each month, again predominantly from UHL babies.</p> <p>There has been a reduction in the number of babies going home requiring oxygen with an increase in surgical babies being discharged. Whilst more babies requiring additional care are going home, there has not been an increase in the number of readmissions which is positive.</p> <p>All positions are fully recruited across the South. There has been some sickness across UHL, but service provision is not being affected.</p> <p>In Leicester, 23 home phototherapy babies are being discharged each month. This figure has fallen slightly across UHN which is thought to be as a result of new doctors starting. CI is working on additional education for new doctors to prevent this from happening in the future.</p> <p>A national study day is being planned for 19 June with interest being received from all around the UK. CI asked LSH to circulate the details across the Network.</p>		<b>LSH</b>
<b>15.</b>	<p><b>Unit/CenTre Updates</b></p> <p>UHDB – The BadgerNet EPR system has been implemented, and the optimisation phase is just beginning. The first meetings are taking place. The aim is that the monitor, events and lab results will all be integrated.</p> <p>There are now three qualified PNAs at UHDB. Rachel Cook has been leading this service. LS made the offer that Rachel could share some of the PNA work that has been taking place.</p> <p>Some of the team at UHDB are going to the House of Commons for the Baby Lifeline Awards. Maternity and neonates have been jointly nominated in three categories.</p> <p>UHL – Recruitment is ongoing, and some Band 5 and Band 6 positions have been filled. EPR implementation is going well, however some monitors still need to be integrated.</p> <p>LH asked if at UHL and UHDB if computers have to be switched on permanently at the end of the cots now that EPR has been implemented, as she had witnessed this during a peer review in another ODN. LS and EK confirmed that monitors do not always need to be on.</p> <p>NGH – One of the HSWs received a Rose award. TC are going to be trialling Dads staying overnight to offer greater support to Mums.</p>		

16.	<p><b>Network Update</b></p> <p>There have been two new part-time Care Coordinators recruited and they are currently going through pre-employment checks. Lucy Stachow has now commenced in post as the Network Pharmacist.</p> <p>The Network Team have grown exponentially over the last couple of years and so additional recruitment means that the team are now much more accessible. LH urged units to reach out if they want to discuss anything after the meeting.</p>		
17.	<p><b>AOB</b></p> <p>LS would like to discuss ANNPs – what their roles are, challenges to recruitment, and how they are fitting in with national practices, uniform etc. LSH will put this as an agenda item for the next Lead Nurses Group.</p> <p>LH is going to email the units about the potential of reinvigorating the ANNP group to determine if there is interest within that staff group to attend.</p>		<p><b>LSH</b></p> <p><b>LH</b></p>
18.	<p><b>Date &amp; Time of Next Meeting</b></p> <p>Tuesday 08 July 2025, 10:00am – 1:00pm, via Microsoft Teams</p>		