ANNUAL REPORT 2025

East of England Neonatal Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families

ODN ACHEIVEMENTS

AHP Team

- AHPP Webinars,
- Teaching on Neonatal
- Nursing QIS training,
- Teaching on ODN study days, Supporting recruitment into unit posts,
- Supporting AHPP engagement in Peer Reviews, Peer support and Communities of Practice,
- Support competency and skill development of unit staff

SLT

- Feeding Readiness Assessment Tool,
- Reading on Neonatal Units Project

Pharmacist

- Creation of a regional standard drug pump library for each make of pump used.
- Development of Network Guideline for use of drug infusions
- Development of drug infusion calculator to support use of the new drug infusions concentrations
- Support for implementation of standardised drug infusions
- Training event for EoE neonatal pharmacists
- Continued review of EOE neonatal IV monographs and support for movement of these monographs to the new national Medusa website

Neuroprotection

- Supporting trust training
- Neonatal QIS training
- Supporting BAPM/BANNFU national webinars
- Produced and co-produced ODN guidelines
- Reducing IVH webinars
- Supporting benchmarking group
- Support with PaNDR simulation training.

ODN ACHEIVEMENTS

Care Coordinator Team

- Launch of Parent Portal
- Regional leaflet for Care of the lactation breast after baby loss and support guide
- Webinars for Care of the lactation breast after baby loss
- Collaboration on the NeWTS Advisory Board Wi-Fi monitoring project
- Collaboration on the Reading Project
- Collaboration on the Feeding Readiness Tool
- Food provision surveys and Report
- Accommodation surveys for use and barriers
- National conference presentation showcasing EoE initiatives
- QIS and Foundation Course Training
- PAG support and shared learning
- Engagement with service users in the Listening Events
- Supporting units to move towards Bliss and BFI full accreditation
- Collaboration with Bliss on new Bliss Baby Charter
- Outreach group Network established
- Outreach forums for networking, support and shared learning
- FIC/Feeding forums for networking, support and shared learning
- Infant Feeding Study Day

ODN ACHEIVEMENTS

Care Coordinator Team

- Repatriation forums for networking, support and shared learning
- MDT Repatriation Study Day - An opportunity to explore everyone's role in the process of repatriation
- Webinars on Repatriation for Medical Teams, Nursing Teams, Maternity Teams, AHPPs & LMNS
- Guideline updates
- Neonatal support for Maternity Safety Visits
- Neonatal ODN Representation at LMNS & Board Meetings for Unit Support
- Peer reviews
- Collaboration with National Outreach and Care Coordinator Groups
- Maternity Awareness project stakeholder group set up
- Parent Empowerment in Ward Rounds and Care Decision Making

Education

- Run mulitple MDT study days with great feedback from delegates
- Provided support to the regional PDNs to ensure collaborative working and sharing
- Successfully recruited into the PDN roles to help support QIS learners across the region

ODN ACHEIVEMENTS

Admin Team

- Launched FYI Friday
- ODN joined social media

OT & Physio

- Developmental Care Toolkit update & Babywearing/Sling - Leaflet and poster on babywearing following a neonatal experience produced in collaboration with PAG. Both are available as resources on the ODN website. Infant massage guideline.

Psychologist

Increase in staffing - 16/17 units have some input from a psychological professional

Staffing recommendations along with the evidence -base for these has been published by NeoLeaP (ODN Psychology leads) https://acpuk.org.uk/wp-content/uploads/2022/09/Outpatient-staffing-standards_psych_April2025-final.pdf

Wellbeing project - scoping the needs of allied health professionals on neonatal units and taking this into action with a range of interventions and support - presented this work at national conferences

Regular contributions to the palliative care programme, antenatal counselling teaching in Cambridge and Oxford, input to multiple events and teaching days in region as well as bringing the psychological perspective to national conferences and events such a neonatal transport, NNA and NHSE events.

Contributions to nursing and neonatal psychological books and textbooks and academic papers in the field (listed in psychological professionals section)

ODN ACHEIVEMENTS

Quality Improvement & Innovation

- Led our network face to face Neonatal Nurse Governance Event which brought Neonatal Nursing Governance Leads from across the network to share learning, discuss the Perinatal Quality Oversight Model and strengthen floor to board governance across maternity and neonatal services.
- Introduced the Standard Operating Procedure for Wrong Expressed Breast Milk incidents and updated the UVC, UAC and Exchange Transfusion guidelines to reflect current evidence and practice.
- Supported Local Maternity and Neonatal System Programme Boards and Safety Assurance Meetings, strengthening maternity and neonatal governance across the region.
- Supported regional assurance reviews by participating in both the Sixty Steps to Safety reviews with the Regional Maternity Team and East of England Neonatal ODN peer reviews.
- Delivered governance, safety and quality improvement training across the East of England through regional study days and teaching sessions at local universities.
- Established a multidisciplinary working group to implement the Eat, Sleep, Console approach across the network, replacing Finnegan scoring.
- Successfully rolled out the OPEL guideline, training programme and reporting process, alongside embedding monthly Exception Process reporting across the network.
- Continued multidisciplinary mortality meetings with themed discussions on enterovirus, neonatal HSV and hydrocortisone, supporting PMRT and CNST requirements.
- Contributed to the development of the BAPM Neonatal Mortality Governance Framework and took on the role of BAPM Safety Lead, bringing national learning back into the network. Continued as a member of the NHS England Maternity and Neonatal Stakeholder Council and as a Florence Nightingale Foundation Champion

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LIZ LANGHAM
DIRECTOR

CLAIRE O'MARA
DEPUTY DIRECTOR/SENIOR LEAD NURSE

2025 saw a prolonged focus around the country on neonatal services. Multiple reviews and reports highlighting where improvements are needed. It also saw the ending of the 3-year delivery plan and the release of the new 10-year delivery plan which will focus on analogue to digital, hospital to community and sickness to prevention. Huge changes within the NHS are also set to influence health services and how we work. The merging of ICB's has started and the abolition of NHSE by April 2027.

From an ODN perspective we have tried to continue with business as usual to support during this period of transition. We have undertaken successful peer reviews and continue to see all of the EOE services progress through the accreditation programmes from BLISS and BFI. Parents and families have continued to be a focus for the ODN and thanks to the work being undertaken by the ODN team we continue to move this forward. We would like to thank the engagement from our PAG members who give up their time to support improving neonatal services and for when they share experiences with us as a team and region.

Our team has continued to develop a more MDT approach, which whilst takes more organising has been beneficial to improvements. We are aware of the extreme pressure on services and staff, and we have had a number of wellbeing sessions across the last 12 months, ensuring that we recognise that staff remain one of our most valuable resources within health care.

At the beginning of 2025 we said goodbye to Dr Matthew James, and we would like to thank him for his time and energy, and we have been pleased to welcome Dr Sajeev Job, who is a consultant with the Pandr team. He has fitted into the ODN team and is working closely with many across the region.

We have looked to new exciting opportunities and will have a Roald Dahl nurse for children with complex medical needs starting soon. This has taken a while to get through but we are delighted to say that this role will now commence in 2026. Other achievements have been the funding for the ROP cameras; I am delighted that the cameras are now arriving in region as we move to the next stage of this process.

DIRECTOR & DEPUTY DIRECTOR/SENIOR LEAD NURSE

We have also been fortunate to receive funding allocations from NHSE that have enabled us to support an additional 24 QIS learners across the region. Additionally, we also received funding to recruit a PDN 1 WTE to the ODN team. Amy and Emma joined us in December 2025 and have become very much valued members of the ODN team. Both offer simulation training/ OSCE preparation and support nursing and medical skills days, their aim is to ensure QIS learners have additional support and access to high quality training.

January 2026 saw us launch our first Foundation Module (formally SCBU module) a huge achievement thanks to Teresa. We plan to run further modules towards the end of the year with a view to developing a 'Speciality' Module (ITU/HDU) early 2027 – all very exciting.

Another piece of work which I have been embedded in over the last 12 months is the long-awaited capacity review. This piece of work is now nearing its end with a published report being available from April 2026. This will demonstrate based on modelling and some assumptions what capacity the region will need in 2035. This piece of work has been challenging in places, but we hope this will support us building our services for the future.
2026 will continue to build on the work so far, we are expecting the outcomes from the Thirlwall report and the national rapid review into maternity and neonatal services. Outreach will also be a focus supporting the aim of the 10-year plan.

As an ODN we are here to support all of the local units in delivering high quality care but could not do this without the huge amount of engagement we receive from units within the region. This time and effort is greatly appreciated and you should all be congratulated on the amount of work you undertake to support families and babies through what is often an unexpected challenging time in their lives. Thank you for all your support and I hope as an ODN we can continue to support you in your journeys.

SAJEEV JOB
LEAD CLINICIAN

I, Sajeev Job, joined the ODN as Clinical Lead in 2025. For me, this role represents a valuable opportunity to work closely with clinical and nursing leads across the East of England, a region in which I have worked for over 20 years.

Working collaboratively with the ODN Director, Deputy Director and our Allied Health Professional (AHP) leads, our shared vision has been to support the region in delivering the highest standards of care for babies and their families. Through partnership, engagement and a focus on continuous improvement, we aim to strengthen services and ensure equitable, high quality neonatal care across the East of England.
This has included continued engagement and support through the quarterly regional Clinical Oversight Group meetings, which have provided an important forum to identify areas requiring attention while recognising and sustaining the ongoing excellent work delivered through ODN supported services across the region.

As a group, we have led both direct and virtual peer reviews, which continue to form an integral component of service evaluation and quality improvement within neonatal services across the East of England. I have also met with clinical leads across the region to explore how we can further strengthen collaborative medical workforce support through the ODN and towards continuing to develop a cohesive regional approach to service delivery.

Alongside this, we have continued to review the workforce provision across Special Care Units (SCUs), Local Neonatal Units (LNUs), tertiary Neonatal Intensive Care Units (NICUs) and PaNDR services. Our aim has been to support services through recommendations aligned with BAPM workforce standards while identifying opportunities to strengthen resilience and sustainability across the network. Within SCUs and LNUs, this has included supporting ODN delivered study days and educational programmes that provide ongoing medical, nursing and AHP professional development.

Over the past 12 months, I have also been closely involved with the team leading the regional neonatal cot capacity review. This long awaited review is now approaching completion, with the report expected later in 2026. Using modelling and agreed assumptions around maternity and projected birth rate. The review will outline projected neonatal capacity requirements for the region through to 2035 and is intended to support future neonatal service planning and development across the East of England.

LEAD CLINICIAN

I have continued to work closely with the neonatal education nursing and medical leads, Ms Teresa B and Dr S Narayanan, supporting the development and delivery of regional educational programmes. This has included the neonatal airway skills and competency course, aligned with the BAPM Airway Framework and designed to support the development and maintenance of airway skills and competence across the neonatal workforce.

As a wider perinatal community, we look forward to learning from both the outcomes of the Thirlwall Report and the national rapid review into maternity and neonatal services and to using these insights to strengthen the quality and safety of care across our region.

As ODN Medical Clinical Lead, I remain committed to supporting all local units in delivering high quality care. This would not be possible without the ongoing engagement, commitment and collaboration we receive from the wider perinatal, maternity and neonatal teams across the East of England.

Thank you for your continued support. I look forward to continuing to work together as an ODN to strengthen our services and support each of you in delivering outstanding neonatal care for babies and families across the East of England.

Kind regards
Sajeev

KATIE CULLUM
INNOVATION & QUALITY IMPROVEMENT LEAD NURSE

As we come to the end of another year, I wanted to share some of the governance work that's taken place across the network and thank everyone who has contributed. It's been a busy year with a number of new pieces of work, updated guidance and opportunities to learn together.

Our face-to-face Neonatal Nurse Governance Event was a real highlight of the year and it was great to see colleagues from across the network come together. One of the key discussions focused on the Perinatal Quality Oversight Model and how we continue to develop governance across the maternity and neonatal pathway and ensure floor to board oversight. The event also gave us the opportunity to share learning, discuss challenges and hear different perspectives.

Alongside this, we've continued to review and develop our governance processes and clinical guidance. We introduced the Standard Operating Procedure for wrong expressed breast milk incidents, and I'd like to thank everyone who contributed to its development. We also reviewed and updated the UVC, UAC and Exchange Transfusion guidelines to ensure they reflect current evidence and practice. This year we've also established a working group to implement the Eat, Sleep, Console approach across the network, replacing Finnegan scoring, and I look forward to seeing this work progress over the coming year.

The rollout of the OPEL guideline, alongside the associated training and reporting process, has been another significant achievement. Thank you to everyone who completed the training and to those who continue to submit reports. Together with our monthly Exception Process reporting, which is now well established, this is helping us build a clearer picture of operational pressures across the network and identify themes for shared learning.

Our Network Mortality Meetings continue to provide valuable opportunities for multidisciplinary learning. This year's themed discussions have included enterovirus, neonatal HSV and the use of hydrocortisone. I'd also like to thank our external reviewer for their ongoing support and challenge. We continue to support the national Perinatal Mortality Review Tool guidance while aligning our work with the CNST Maternity Incentive Scheme requirements.

On a personal note, I've had the opportunity this year to support the development of the BAPM Neonatal Mortality Governance Framework and have recently taken on the role of BAPM Safety Lead. I hope to bring that national perspective back into the network to support our ongoing governance and safety work.

TERESA BERRY
SENIOR PRACTICE DEVELOPMENT LEAD NURSE

I'm seeing a pattern emerge in my annual reports!.....I always start by saying "Wow what a busy year it's been" and this year was no exception, in fact I think it may have been my busiest to date!

2025 has thrown multiple challenges my way and brought changes to my role within the ODN.

The biggest challenge was (as many of you will know!) the implementation of the QIS Standardisation at the end of 2024, which ultimately led the ODN to take the decision to set up a Foundations in Neonatal Care (FiNC) to ensure QIS training remained accessible to all in this region.

The FiNC demanded a lot of my time throughout the year, but I was incredibly pleased to announce that all the hard work meant we would be ready to launch in January 2026 and would be running the pilot module for free. The ODN FiNC has been fully mapped to the QIS standards which will help us to ensure a high-quality standard for the education and curriculum we deliver.

We have also continued to offer some fantastic study days to the region, both in person and virtually, all of which have been well attended. The feedback from those who have attended an ODN study day this year has been amazing. Please take the opportunity to read and share some of these comments. I review all feedback and we use this to shape the study days going forward.

100% of delegates across all study days would reccommend to a colleague

100% of delegates agreed that study day's were the right length

Did you learn something today that will change your practice?

Medical Skills- I feel more confident in assisting and performing chest drains

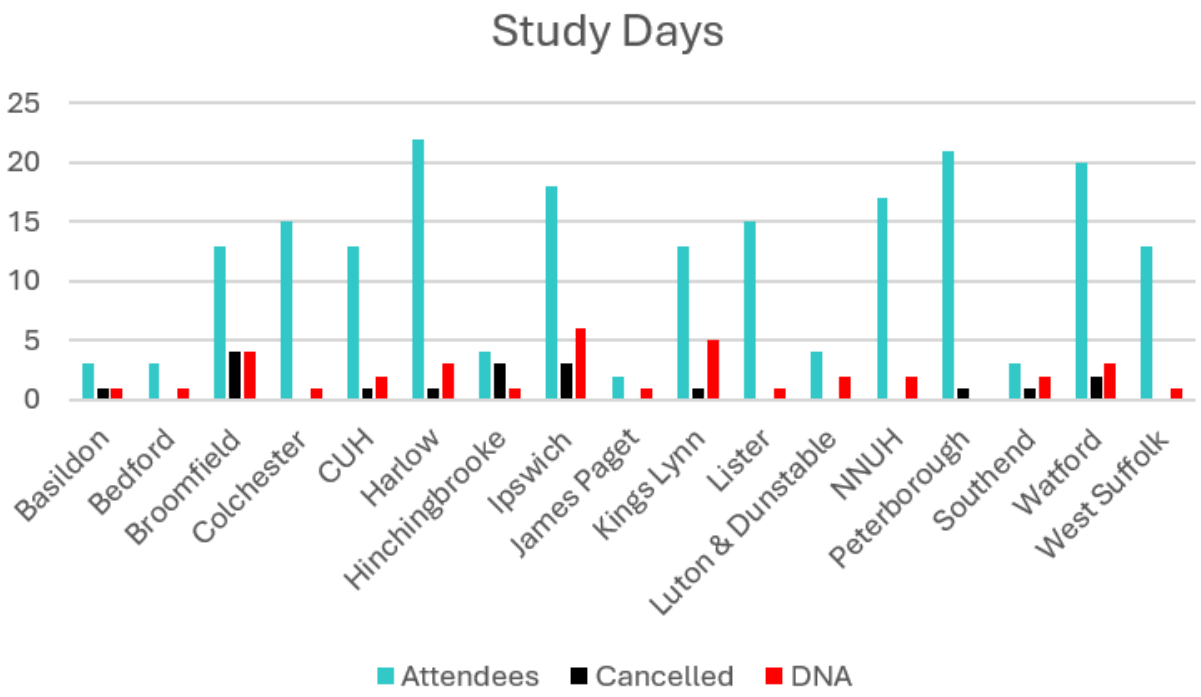
Emergency skills-One striking point for me was by how much percentage of neonatal mortality is reduced by normothermia

A full list of ODN study days can be found on our website.

EDUCATION

We have seen a small increase in non-attendance and will be reviewing this for next year's study days. In all instances of non-attendance, the delegate and their managers will receive an email to check they are safe and well and to report their absence. Please be aware that we often close our study day applications due to being at capacity so if you, or a member of your staff are unable to attend please do let us know in advance where possible so we can fill the space. Several of our face-to-face study days do have waiting lists.

We have attached some data relating to each study day and the delegates who attended, cancelled or did not attend. If you would like any specific information regarding this data please don't hesitate to contact Kelly or myself.



I am incredibly grateful to all the faculty, admin team and sponsors who have helped make all the educational events happen. If you are interested in supporting us to deliver regional training, please don't hesitate to get in contact with me. I am always looking for passionate and dedicated neonatal professionals to join our amazing regular faculty.

The most exciting change that this year has brought is the addition of a PDN to the education team. Emma and Amy joined me in December to job share a one-year secondment focusing on QIS learners and their development. They will be working with the PDNs on your units to help support training and education. I look forward to working with them in 2026 and seeing what new ideas we can all come up with.

Thank you all for your support throughout the year and I look forward to seeing what 2026 will bring.

Teresa

Senior Practice Development Lead Nurse

CARE COORDINATOR TEAM

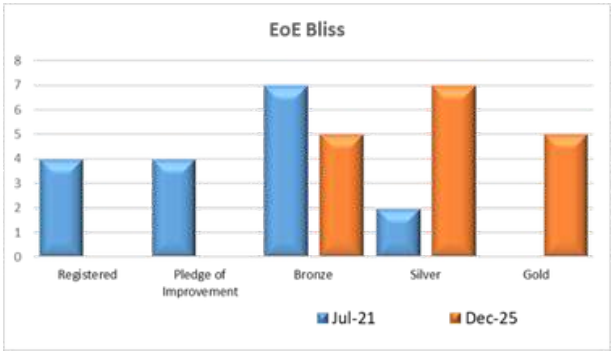
Julia Cooper — Lead Care Coordinator

Paula Peirce — Care Coordinator

Nina Vieira — Care Coordinator

Kelly Phizacklea — Family Engagement Lead/PAG Chair

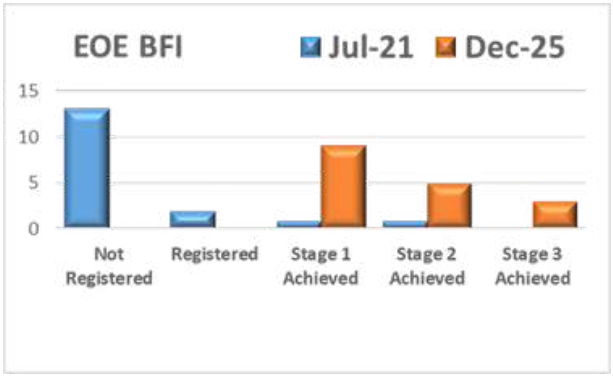
Claire Salgin — Outreach Lead Nurse



Key achievements and service development highlights

Improving Quality and Patient Experience

Over the past year, significant progress has been made across the region in strengthening family integrated care across neonatal services. The ongoing Baby Friendly Initiative progress and the progress with Bliss accreditations.



We have particularly focused on embedding Family Integrated Care within clinical practice, supporting a more inclusive and partnership-based model of care. This has been reinforced through the review of clinical guidelines to incorporate FiCare principles, ensuring sustainability and consistency across pathways.

The launch of the *Parent Empowerment through decision making in ward rounds and care planning* and co-development of the *Parent Portal* have further enhanced communication and engagement, enabling families to play a more active role in care delivery and decision-making. Work related to *food scoping* and the *accommodation report* has also contributed to improving the overall care environment and service user experience.

Safety, Effectiveness and Clinical Improvement

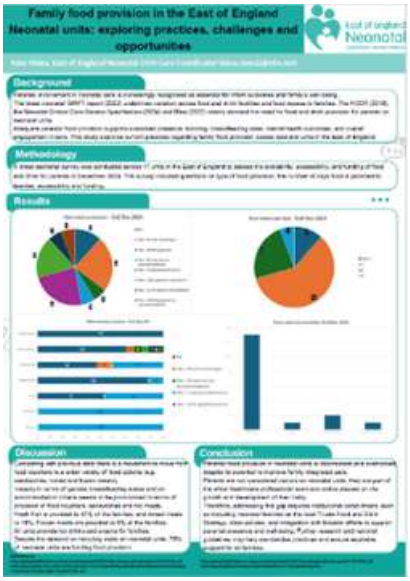
Quality improvement initiatives have been supported through collaborative working and innovation. This includes the co-design and implementation of the Feeding Readiness Assessment Tool in partnership with the ODN Speech and Language Therapist Lead Laura Baird, strengthening multidisciplinary approaches to patient safety.

Operational improvements have also been strengthened through the continued use and development of the NeWTS System (Neonatal Wireless Transmission System), improving coordination, transfer/ repatriation processes, and timely access to appropriate care. Ongoing work in outreach benchmarking is enabling services to evaluate performance and align with the BAPM Outreach framework.

CARE COORDINATOR TEAM

System working and collaboration

System wide collaboration has been demonstrated through active participation in national outreach and care coordinator groups, as well as leadership and engagement in regional forums aimed at Feeding, FiCare, Repatriation, and Outreach. These platforms have enabled shared learning, dissemination of best practice, and alignment with national priorities. Focused work on repatriation and outreach pathways continues to ensure babies receive care in the most appropriate setting, supporting both clinical outcomes and service user experience.



Research, Innovation and Sharing of Best Practice

The service has contributed to national learning through presenting in key professional forums. This includes poster presentations at the NNA Conference, covering “Care of the lactating breasts after baby loss” & “Family food provision in the East of England Neonatal units: exploring practices, challenges and opportunities”, as well as poster displays at the BAPM Conference. These contributions demonstrate innovation in practice and a commitment to advancing neonatal care.

In addition, with the aim to support wider engagement and understanding of neonatal services, the Neonatal Awareness in maternity services has been started.

Thank you all for the hard work you do every day to make every baby outcome and family experience positive.

FAMILY ENGAGEMENT LEAD

Sharing of parental experience

We have continued to ensure that the experiences of neonatal parents are embedded within ODN projects, National and Regional forums, governance meetings, study days, and events. These include; Clinical Oversight Governance meetings, Outreach forum, Repatriation forum, FICare and Feeding Leads forums, National Pre-term birth committee. The sharing of experiences have been varied and shared via in-person attendance, recordings, and written submissions collated from PAG additional meetings.

Supporting Maternity and Neonatal Voices Partnership (MNVP)

Support has continued to be provided to MNVPs, in particular the MNVP Neonatal Leads, throughout the changing landscape. MNVP Neonatal Leads are invited to PAG meetings in addition to the Regional MNVP Leads meetings and having the ability to share feedback themes via the MNVP Teams channel. In 2025, the ODN worked in collaboration with Hertfordshire and West Essex ICB to co-produce a training programme for neonatal staff across the LMNS footprint to raise awareness and understanding of MNVPs.

ODN projects

PAG members have been involved in various projects within the ODN in addition to reviewing documents and guidelines. There has been specific involvement in the lactation after loss work, parent portal, and raising awareness in maternity services. The Family Engagement Lead and ODN Psychologist co-produced a session for AHPPs across the region, focussing on co-production.

National working together

The Family Engagement Lead attended the National Care Co-ordinator Group event, plus the National Parent and Family Engagement Lead event. These events were to support networking, share updates of current and recent projects, discuss projects that could be co-produced in collaboration as a national team.

NIGEL GOODING
LEAD PHARMACIST

It continues to be a privilege to work with so many different professionals who provide outstanding care and want to continue to improve the care that is provided for our babies and parents /carers.
2025 was a busy year for new initiative relating to pharmacy and the majority of the year was spent supporting implementation of the new infusion standardisation framework.

Thank you to all centres for your support in engaging with this work. We are the first Network to have adopted the framework as a regional approach and are now being watched enviously by other Networks.

- Implementation involved a number of smaller projects, which included
- Briefing sessions for each Trust to identify any barriers and help identify a start date
- Initial survey of units to identify use of EPMA and paper prescribing and which infusion pumps were in place.
- Creation of a regional standard drug pump library for each make of pump used.
- Local validation of the pump library by units
- Development of Network Guideline
- Development of drug infusion calculator to support use of the new infusions.
- Development of a regional drug chart (by Anu Paul Watford)
- Development of new IV monographs
- Training !!!!!!!!

The new framework was adopted in October 2025 and as of the end of March, only 2 units had not yet adopted the framework.

The EoE neonatal pharmacists had a training event in May 2025, which was well attended and included excellent presentations from Dr Sajiv Job and Dr Paul Clarke. The unit pharmacists are now feeling more supported in their roles and feel more engaged with the role of the ODN.

IV monographs continued to be updated throughout the year and towards the end of 2025, Medusa, who host our monographs, moved to a new website.
I have been involved with many ODN guidelines which include medication and have provided recommendations for change or improvements where necessary. New guidelines e.g. nirsevimab and Gaviscon have also been developed.

Drug shortages have been particularly problematic for our neonatal patients and families, with Abidec and Dalivit both being unavailable for significant periods of time. There was also a problem with supply of gentamicin injection 20mg/2mL. I have provided advice in all these cases of drug shortages.

PHARMACIST

At a national level I continue to support the BAPM/NPPG drug safety group, where various discussions have taken place on how medicines recommendations from the GIRFT report can be implemented. Work has included development of national guidelines for insulin use and storage which are due to be published in Spring 2025 with the Thirwall enquiry report.
2026 will see this group review recommendations on use of topical chlorhexidine and support development and use of standard pre-made intubation products.

It was a pleasure to support Colchester and Ipswich units as they went ‘live’ with Epic and lovely to spend time talking to the staff in those units.

Unfortunately, pharmacy workforce in neonatal units in East of England continues to track well below the expected national staffing standard levels. In 2026 I will be developing a template business case to support units with trying to improve this.

REBECCA CHILVERS
LEAD CLINICAL PSYCHOLOGIST

2025: A year of challenge & potential for change

"I honestly don't know what I would have done if I hadn't had your support at a time when I was in such turmoil. It helped me understand why I was feeling how I was feeling and to not feel so guilty about some of it as well"

“I found our sessions so helpful at such a difficult time when I felt very vulnerable so I just wanted to pass on my deep thanks for helping me to survive it and to access further support once we got home”

Feedback from parents seen by Psychological Professionals in the EOE

This last year has seen very significant challenges for those working in neonatal care as the climate of scrutiny and shifting public perception has taken its toll. Our workforce is left feeling exhausted, undervalued and unseen at a time when they’re working harder than ever. Whist there is much to celebrate, the cumulative impact is undeniable. A recent study from UCL (Chant et al 2026) showed that 16% of neonatal nurses are considering leaving the profession and only 54% were intending to remain working as a neonatal nurse. Many of the recommendations to improve these figures have a significant psychological component and already have interventions that have been shown to be effective. There are several initiatives in the region that have been designed to address some of these impacts from the QIS wellbeing project (for which there will be a free to access mentor and mentee interactive resource available in late 2026) to 1-1 support for unit leads beginning mid 2026.

The impact on families of the current landscape is also showing in direct and indirect ways. They face a very real crisis of trust in maternity and neonatal care and the ripple effects are significant, impacting patterns of care-seeking and engagement, relationships and a sense of safety- which are central to relational and Family Integrated care. Psychological professionals in the region have undertaken work already to help mitigate the impact e.g. intervening early when conflict occurs or complaints are raised and supporting parents who feel unsafe, unheard or have experienced harm in the system.

We have a wonderful team of psychological professionals on 16/17 units in the region who are there to support you as well as the families you serve and can provide evidence-based interventions and approaches to help you work better as teams when under pressure. However, despite the well- documented benefits all teams in the region remain significantly understaffed which leaves services unable to access what they need and to reap the benefits of specialist knowledge, skills and experience. There is a substantial amount of unseen and unmet need that has short- and longer-term consequences for babies, families and staff. As the inquires report and pressure increases in the system, expanding the posts of psychological professionals will allow your units to address the issues and themes that are highlighted time and again, ultimately reduce costs and ensure equity of access to all neonatal families (see the statement by the ACP that outlines this https://acpuk.org.uk/member_networks/maternity-and-neonatal-investigation/)

PSYCHOLOGIST

There is a wealth of evidence to support business cases now published and in June 2026 a national data 'snapshot' will be able to show what work is being done by psychological professions with current provision and what is not able to be done against the requirements of the role and the needs of the units.

We also need to make sure we can take care of those who look after others and hold so much in their roles. Our regional AHPP wellbeing survey this year has shown that posts where the need overwhelmingly exceeds capacity is a serious threat to wellbeing and retention. Our region has been fortunate to recruit a senior and experienced group of psychological professionals, and it is imperative they are supported and resourced to do the work they are doing. Please do read the wellbeing report, as it also outlines areas that are crucial to attend to for the wellbeing of all your staff.

The clinical work, teaching & training, publications and QI/research within the region in 2025 is extensive and can be summarised into core themes below:

PSYCHOLOGIST

Selected highlight: Publishing in the region

Psychological professionals in the region continue to be active in publishing both academic articles, books and book chapters. Highlights from this year include:

Books

Neerja Thergaonkar : ‘Precision Protocols in Early Neurodevelopmental Intervention’ Noble Press

Rebecca Chilvers: ‘Not Alone in NICU: A Compassionate Companion for Parents with a baby in Neonatal care’ Jessica Kingsley Press

Book Chapters

Sarah Jane Arcibald : ‘Combining Family Therapy and Clinical Psychology Provision for Neonatal Families’ in the book Medical Family and Systemic Psychotherapy

Rebecca Chilvers, Julia Cooper and Kelly Phizacklea ‘Nurturing Supportive and empowering family relationships in neonatal practice ’ for the Neonatal Intensive Care Nursing (4th Edition)

Adele Faller, George Fisher, Rebecca Chilvers have all contributed chapters to the very first specialist text on the work of psychological professionals in neonatal care published by Routledge and coming out later in 2026.

Other publications:

Co-authored standards for psychological professionals for neonatal outreach and follow up (Rebecca Chilvers as part of NeoLeaP): https://acpuk.org.uk/wp-content/uploads/2022/09/Outpatient-staffing-standards_psych_April2025-final.pdf

PSYCHOLOGIST

Selected highlight: Teaching & training

Psychological professionals have contributed significantly to teaching and training across the region bringing psychological frameworks to thinking about repatriation, culture, palliative care, antenatal counselling, feeding, FiCare and wellbeing alongside teaching and training on units and webinar series. Much of this has been alongside MDT colleagues and working with experts by experience parents. National talks include: NHS England World Prematurity Day Webinar, Neonatal Transport Conference, NNA conference and the Allied Health Professional Conference.The ODN annual conference had a range of speakers showcasing psychological work that highlighted the importance of genuine coproduction and working with the needs of minoritised families.

Psychological professionals work not only with families but also with staff, and think about some of the ways in which teams and systems work, particularly under times of additional stress and pressure.
QIS wellbeing project – e resource and 2 training days with EM network- really well attended and evaluated
Psych aspects of repatriation
Psychology webinar series
Wellbeing report – not an 'add on' or quick fix- recognition of the multiple factors that impact wellbeing of all our workforce
Supportive unit visits to psychologists in the region

Neonatal text book contribution with Julia and Kelly

Consultation role in ensuring practice is evidence based

ALLIED HEALTH PROFESSIONALS TEAM

Laura Baird
Lead Speech and Language Therapist

Karen King
Lead Dietian

Jane Fenton - Smith
Lead Occupational Therapist

Rachel Stamp
Lead Physiotherapist

At a national level we all remain involved with our national professional groups, feeding into and supporting projects that are in progress.

Recruitment & Workforce

- EoE AHPP Wellbeing Survey and Report

We are working in unprecedented times and the pressures and demands of the neonatal workforce continue to grow. Funding to establish AHPP roles has been well received and, where it is being utilised, the majority are finding their roles enjoyable and fulfilling. This workforce is however vulnerable due to the low WTE in each role across the region and the level of expertise required to fill these posts.

The wellbeing of the AHPP workforce is a collective responsibility held between the ODN, local units and clinicians themselves. This report has shown the current 'state of the workforce' and identified key areas of focus to improve wellbeing. Whilst there is much to be celebrated in the experience of new and developing workforce, it is imperative to act on areas for improvement to retain current experience and expertise and build staffing up to national standards.

We encourage you to read the report, which outlines our findings and the actions we recommend to better support staff in these posts.

Unit staffing

Individual unit staffing recommendations have also been recently sent out. We continue to face a significant staffing deficit in the region when compared with the recommended staffing levels (see chart below).
Please continue to contact us if you need any support with your workforce planning.

AHP TEAM

Peer Support

The AHPP team continue to provide support to the AHPP workforce across the EoE region. This includes opportunities for networking, relationship building, peer support and sharing good practice.

- Jane & Rachel ran a face-to-face OT/PT forum day, it was well received by all attendees, and we plan to run another during 2026.

Guidelines and resources

The AHPPP Team continues to develop, publish and update a number of guidelines and resources in 2025. All completed guidelines have been published and are available on the EoE ODN Website.

The following guidelines were produced or updated ;

- Developmental Care Toolkit: - Introduction
- Individualising Care – behavioural cues
- Partnering with Families
- Healing Environment
- Positioning & Handling
- Protecting Skin
- Optimising Nutrition
- Skin to Skin
- Infant Massage
- Probiotics
- Neurodevelopmental Follow up

Education

- We hosted a AHPP webinar series – Topics included; Reading to neonates, Supporting families with safe sleep, Co-production with families, Babywearing for neonatal babies, Measuring & monitoring the growth of preterm infants & Skin to skin in ITU.
- Supporting development of ODN QIS FiNC course
- Feeding and Nutrition Workshop

Feedback from AHPP Webinar Series – thank you to all who attended and provided feedback

AHP TEAM

Projects

- Babywearing/Sling - Leaflet and poster on babywearing following a neonatal experience produced in collaboration with PAG. Both are available as resources on the ODN website.
- EoE Feeding Readiness Assessment Tool – Trials (see below)

We supported on some of the national events within the region. All units received resource packs for both World Book Day and Kangaroo Care Day to support units to celebrate these days.

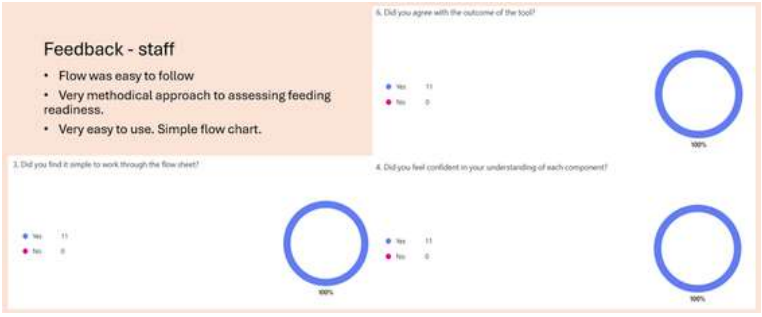
We need to give a very special thank you to our friends at The Book Trust for their kind gifts of books and posters for every unit in the region on World Book Day and their continued support of our organisation and units. You can see more about the great work they are doing on their website. https://www.booktrust.org.uk/

ODN celebrating World Book Day 2025 with the team at Peterborough City Hospital

EoE Feeding Readiness Assessment Tool

Trials

- Carried out over the summer 2025
- 4 units – SCBU, LNU and NICU
- 11 staff - Nurses, infant feeding and SLT
- 2 parents
- 10 infants in SCBU, 1 in HDU



WENDY ROGERS
NEUROPROTECTION LEAD NURSE

2025 flew by, and here we are already halfway through 2026 - where does the time go? It's certainly been a busy year for all of us, and I'd like to start by thanking everyone for their continued support.

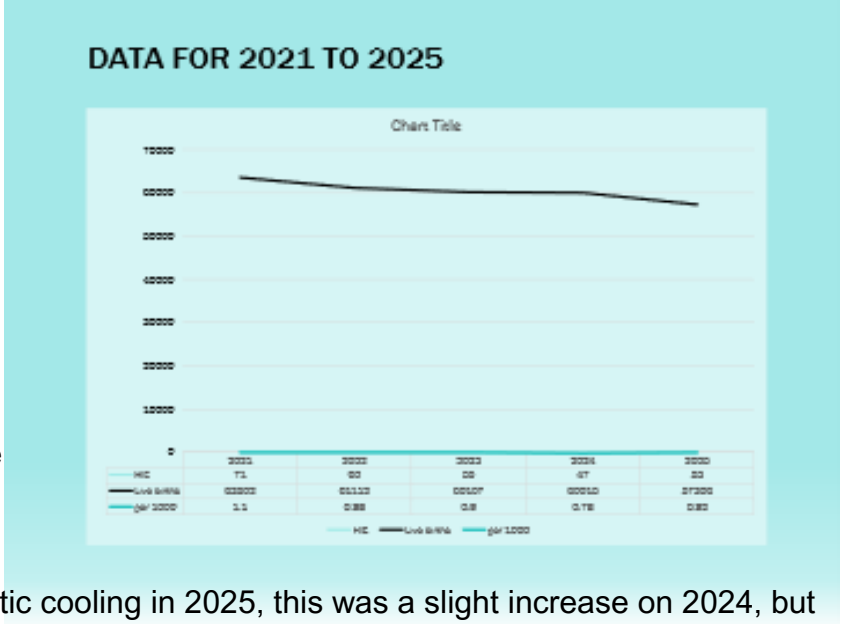
Teaching within the region

The past year has been an incredibly busy and rewarding one, with involvement in Trust, regional, and maternity training programmes. It has been a pleasure to support colleagues with their training and development needs, and I greatly value the opportunity to contribute to learning across our services. Please do not hesitate to get in touch if you require any support or assistance, I am always happy to help where I can.

I also had the opportunity to support the PaNDr Stabilisation Study Day, which incorporated simulation-based training as part of the programme. As this was the first time delivering this style of training, it provided a valuable learning experience for me as well as for those attending the day, and it was encouraging to see the positive engagement and shared learning throughout the sessions.

Collection of cooling data

We began collecting data using the new format on 1st July 2024, it continues to work exceptionally well. We have a near perfect rate of obtaining the information required. The hardest areas are getting hold of the MRI reports or if the baby goes out of area. This slows down the ability to obtain this data, but we mainly get there in the end. Thank you to all who have helped obtain this data, especially the MRI results.



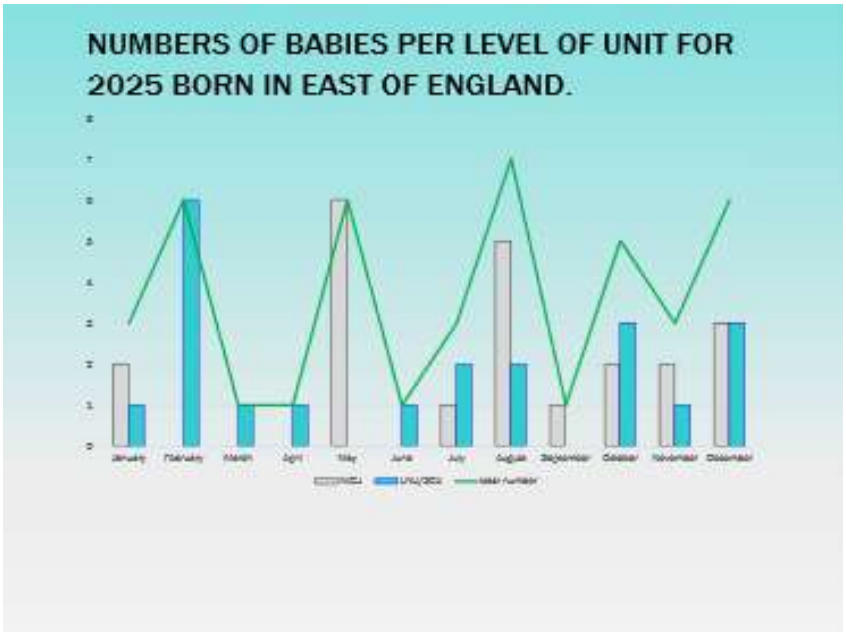
As a region, we had 53 babies receive therapeutic cooling in 2025, this was a slight increase on 2024, but overall, the trend remains on a downward trajectory. Our percentage per live births is 0.92/1000 live births; below the national average at 2.39/1000*.

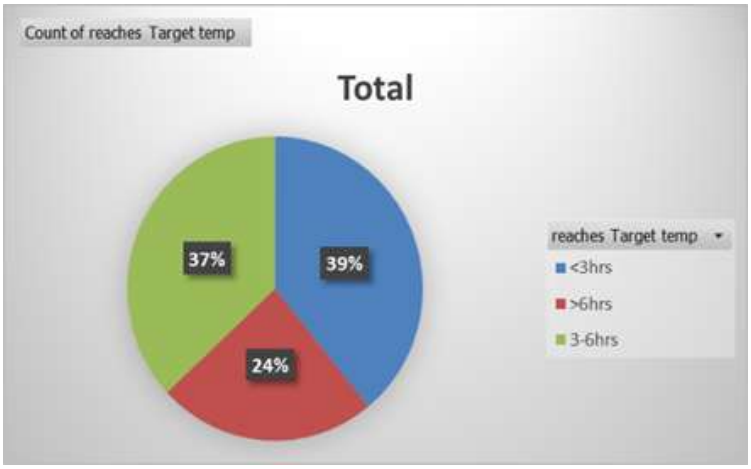
(*Annual incidence and rates of brain injury – 2021 national data. Available: https://www.imperial.ac.uk/media/imperial-college/research-centres-and-groups/neonatal-medicine-research-group/2021-Brain-injury-NATIONAL-DATA-FINAL-100924.pdf)

NEUROPROTECTION

The graph to the right illustrates the number of babies across the region who received therapeutic cooling during 2025, presented by month.

This trend analysis format was introduced in 2025 to support ongoing monitoring and identify any recurring patterns or seasonal increases in activity throughout the year.





We are doing well with the decision to cool and achieve target temperature.
Overall, 76% (72% in 2024) of these babies reached the target temperature within six hours. 39% within 3hrs.

Approximately half of the babies who did not achieve the target within the 6-hour window either did not initially meet the eligibility criteria or experienced a late postnatal collapse.

East of England
Baby Brain Protection

The Baby Brain Protection Group
Although the group experienced challenges in meeting collectively during 2025, significant work has continued behind the scenes through the ongoing voluntary commitment and support of both medical and nursing staff.

This collaborative effort enabled the review and update of the Post Haemorrhagic Ventricular Dilatation, Hypoxic Ischaemic Encephalopathy, and Imaging the Encephalopathic Baby guidelines, alongside the introduction of new guidance focused on Reducing IVH.

NEUROPROTECTION

IVH guideline/ webinars

Several online education sessions were held to introduce the new guidance and SOP relating to reducing IVH. These sessions were well attended, demonstrating strong engagement across the region. Following the sessions, the presentation materials were shared with our PDNs to support ongoing education and training within individual units.

Neurodevelopmental Follow-up

Although this guideline was formally ratified in early 2026, the majority of the development work was completed during 2025 and presented at the December COG meeting. The guideline not only outlines current best practice recommendations but also establishes aspirational standards for teams to work towards, supporting the continued improvement and consistency of follow-up care for babies across the region.

BANNFU Webinars

As a member of the British Association of Perinatal Medicine Special Interest Group BANNFU (British Association of Neonatal Neurodevelopmental Follow-up), I actively supported the coordination and delivery of the programme throughout 2025, including organising event dates, providing technical support, and managing attendee registrations.

During the year, we delivered presentations on 11 follow-up related topics, helping to share learning and promote best practice in neonatal neurodevelopmental follow-up care. These sessions are available to view via the BAPM website for members of BAPM.

Neuroprotection Study Day 6th June 2025

We held an online study day in June 2025, with excellent attendance and feedback. We included the new IVH bundle, a parent's perspective, neurodevelopmental follow-up, management of neonatal seizures, Post Haemorrhagic ventricular Dilatation and also manged to get Professor Don Sharkey to present his data on the effects of ex-utero transfers on our preterm population. 100% said they would recommend this course.

09:00-09:15	Registration Tea & Coffee	
09:00-09:15	Welcome	**Wendy Rogers** Neuroprotection Lead Nurse
09:15-10:00	Strategies for Reducing IVH	**Sylvia Lemos Sampaio** Neonatal Governance Lead
10:00-10:45	Effect of ex utero Transfers on our preterm population	**Professor Don Sharkey** University of Nottingham
10:45-11:05	Coffee Break-20mins	
11:05-11:50	Parents perspective: The journey of a having a preterm baby	**Laura Key** Expert by experience
11:50-12:35	Neurodevelopmental follow-up	**Dr Naaz Merchant** Consultant Neonatologist
12:35-13:15	Lunch- 40mins	
13:15—14:00	Management of neonatal seizures	**Dr Claudia Chetcuti Ganado** Consultant Neonatologist
14:00-14:45	Post haemorrhagic Ventricular dilatation	**Dr Charu Bhatia** Consultant Neonatologist
14:45 –15:00	Evaluation & Close	

BENCHMARKING

Our benchmarking group has consistently demonstrated exceptional dedication over the years, and their contributions truly deserve greater recognition. We are among the few ODNs with such a strong and thriving benchmarking team, and their efforts are clearly reflected in the sustained improvements we see in both adherence to guidelines and the quality of care we provide.

In 2025, significant work has been undertaken to update guidelines and benchmarks that were reaching expiry at similar times. Changes in clinical practice, such as updates to the nutrition guideline, required corresponding adjustments to benchmarks to ensure alignment with current standards.

Some updates were delayed allowing incorporation of forthcoming national recommendations, including the new pain management recommendations.

In addition, changes in neonatal clinical practice have led to the development of new guidance, such as the Eat, Sleep, Console guideline, which is replacing the NAS guideline. The following slides showcase the excellent work the group has achieved to date, as well as the projects and initiatives currently in progress toward completion.

BENCHMARKING

Despite exceptionally challenging periods across all our units, with sustained pressures and high levels of activity, the benchmarking team have shown remarkable dedication, resilience, and professionalism in continuing to undertake benchmark scoring. Their ongoing commitment has ensured that valuable learning, insight, and examples of best practice continue to be shared collaboratively across teams.

The team's willingness to support one another, maintain high standards, and take shared learning back to their local services has played a vital role in driving continuous improvement and strengthening the quality of care delivered across all areas. Their perseverance and positive engagement throughout these demanding times is highly commendable and greatly appreciated.

Moutchcare	Pain	HHFNC	CPAP	Gastric tube	Nutrition	Skin	Suction
Jan-25	Jan-25	Mar-25	Mar-25	Jun-25	Jun-25	Sep-25	Dec-25
40%	81%	95%	90%	82%	64%		97%
				89%	79%		99%
100%	94%	89%	95%				
87%	78%	90%	95%	93%	100%		97%
87%	81%	95%	85%	95%	86%		87%
		92%	93%	95%	74%		85%
100%	100%	99%	95%	95%	95%	86%	94%
88%	89%	87%	88%	92%	77%	97%	93%
100%	97%					80%	96%
93%	94%	100%	90%	93%	100%	95%	
97%	91%	100%	95%	93%	93%	89%	90%
97%	91%	91%	95%	93%	87%	0%	
86%	98%	96%	96%	100%	96%	97%	94%
96%	90%	100%	100%	100%	96%	89%	92%
93%	94%	100%	100%	100%	93%	86%	100%
		95%	95%	91%	86%		94%
93%	88%	96%	90%	83%	93%	79%	53%

NEUROPROTECTION AND BENCHMARKING

I look forward to the year ahead as we continue to support our benchmarking group and further strengthen and champion neuroprotection across the region. Neuroprotection remains a key priority, and I am committed to building on the significant progress already achieved through continued collaboration, shared learning, and innovation to further enhance the quality of care provided for our babies, both regionally and nationally.

If you work within the East of England and have an interest in neuroprotection, I would be very pleased to hear from you. Whether you would like to become more involved, share your experiences, or contribute ideas and suggestions to support the ongoing development of neuroprotective care, your input would be greatly valued. Please feel free to contact me via email at wendy.rogers3@nhs.net. I welcome the opportunity to connect and collaborate with colleagues who share a passion for improving neonatal care.

Wishing you all a wonderful summer and a well-deserved opportunity to rest and recharge.

Thank you for your continued dedication, support, and commitment throughout the year. I look forward to working together in 2026 as we continue to strengthen and advance neuroprotective care across the region.

Wendy

PANDR

Director: Dr Angela D'Amore
Neonatal Lead Clinician: Sam O'Hare
Matron: Lorraine Highe
Operational Lead: Eileen Clarke

Activity
April 2025 to March 2026 has been a busy year for the PaNDR neonatal team with the team providing:

- 408 Transfers for Emergency uplift of care
- 136 Planned emergency transfers for specialist review/surgery•
- Decision support for 285 patients
- Cot / bed coordination for 811 in-utero transfer requests
- 557 Repatriation transfers

Celebrating our 5th Birthday!
We celebrated our 5th Birthday as a combined paediatric and neonatal team on 7th April 2026.

Workforce and staff support
Our PaNDR consultant team has remained largely unchanged over the last year but we have welcomed some new nurses into the team along with several new trainees and clinical fellows.

New EBS coordinators have also joined the team, including a second EBS shift leader to support training and the additional workload associated with new recruitment.

We continue to have 4 hours of Clinical Psychology support per week to facilitate Debriefs and provide one-to-one support as needed, as well as some monthly wellbeing sessions for the team.

PANDR

Education and Training

Internal : We have continued to develop our internal education programme with a number of simulation sessions, ‘Bitesize’ teaching posters, daily ‘5 minute teaching’ and team training on new equipment. We continue our comprehensive induction programme with a structured ‘Competency Passport’ for both medical and nursing clinicians and hold monthly Mortality & Morbidity meetings to learn from difficult cases.

External:

We held a Nurse led webinar on 30th January 2026 with sessions on stabilisation of the neonate and child for transfer, ethical dilemmas in transport and transfer of infants with duct-dependent lesions. This received very positive feedback from the large audience.

We ran our annual Neonatal MDT Stabilisation Day in May 2025 at the Magpas Air Ambulance base. This received fantastic feedback and is due to run again on 22nd July 2026 at Anglia Ruskin University!

Quality Improvement and Research

We ran a QI project focussed on reducing our stabilisation times. This project was presented at the annual National Transport Group conference in Bristol in November 2025 and won the prize for best poster presentation.

Aims & ambitions for 2026/27

We hope to launch our ‘twin trolley’ with support from charitable fundraisers – more information to come. We will roll out our new Criticool Mini device across the neonatal transport team.


NORFOLK
Queen Elizabeth, King's Lynn
Norfolk & Norwich
Peterborough
James Paget
Hinchingbrooke
CAMBRIDGESHIRE
West Suffolk
Addenbrookes
SUFFOLK
Bedford
Ipswich
BEDFORDSHIRE
Luton & Dunstable
Lister
Colchester
ESSEX
HERTFORDSHIRE
Broomfield
Watford
Princess Alexandra
Southend
Basildon
NICU
SCBU
LNU

Our Units

BEDFORDSHIRE HOSPITALS

Clinical Director for Neonatal Services, Bedfordshire Hospitals: Jennifer Birch
Neonatal Lead Clinician Bedford: Anita Mittal
Head of Nursing-Children's Services: Karen Stow
General Manager-Children's Services: Tanith Ellis

Throughout 2025, significant work has continued across both Neonatal Units within the Trust.

At the Luton site, a major focus has been the preparation for, and transition to, the new acute services building. The move was successfully completed in November 2025.

This transition was both a challenging and exciting period. We were well supported by the PANDR team alongside two private ambulance crews, whose expertise and dedication were invaluable in ensuring a safe and smooth move.

Bedford focus for 2025 was on developing workforce and providing a robust training programme for their staff that concluded with successful recruitment PDN Lead for the unit by the end of the year.

ACHIEVEMENTS

Luton:

- Moved to the New Building;
- New equipment launched (infusion pumps; shuttles; STAR resuscitator; MRI Ventilator)
- Now 0 vacancies due to timely/effective recruitment;
- Close Relative Marriage Neonatal Specialist Nurse funding extended;
- New Secondment Transitional Care Lead/ATAIN Lead and Perinatal Optimisation to start in 2026;
- Education pathway for QIS training is ongoing and we are making excellent progress;

Active research portfolio with participation in the following research programmes:

- Baby Oscar
- Fragmin
- Planet 2
- Sinepost
- REACT

Working on several quality Improvement projects:

- IVH Care Bundle implemented
- Routine Pulse Oximetry launched
- Perinatal Optimisation – Increased uptake of Perinatal Optimisation Passport and documented Antenatal Discussions (uptrend of 50-80%)
- Upcoming projects: Improving CFM reporting, Reducing Accidental Extubations, Reducing Extravasations, Newborn Personalised Care Booklet (both sites);
- Improved facilities for milk expressing.
- Biometrics system for parents – allowing easier 24 hr access to the unit.

BEDFORDSHIRE HOSPITALS

Bedford:

- Working towards gold Bliss accreditation;
- Increased Community cover;
- Uptake on staff attendance of study days both in house and EoE;
- Developing QIS band 5's to band 6's and having PDN working alongside to enable transition;
- 5 Nurses completed venepuncture/cannulation training;
- Successfully appointed PDN to strengthen Education and Workforce support.

Cross-site/Integration work:

- Joint Fundraising efforts continued;
- NEWTT2 launched;
- Collaborative cross-site governance meetings;
- ·Cross-site educational opportunities – regular collaborations between education teams, all internal study days offered to staff on both sites;
- Improved AHP support across both sites;
- Worked with the Trust to develop Neonatal Ward Accreditation Tool.

BEDFORDSHIRE HOSPITALS

CHALLENGES

Luton:

- Significant work ongoing with maternity to improve perinatal care across both sites;
- Maternity capacity and activity having a direct impact on NICU and acceptances of in-utero referrals;
- Pharmacy support cover;
- Dietician support cover;
- Unable to appoint SALT;

Bedford:

- Family centred ward round implementation;
- Shortage of ventilators;
- Shortage of incubators;
- Non-invasive ventilation lack of battery backup;
- Lack of PDN for a considerable period of time.

Cross-site/Integration work:

- Huge programme of digital work across the trust and working to integrate trust-wide digital systems with systems suitable for NICU use;
- Standardisation of documentation and processes cross-site;
- Cross-site updated Guidelines and SOP

AMBITIONS

Luton:

- Implement full EPR and continue to work towards implementing electronic prescribing;
- Improve pharmacy staffing levels;
- Improve AHP's cover in line with National Recommendations;
- Achieve QIS numbers in line with BAPM Recommendations;
- Stage 2 BFI assessment will be booked;
- Bliss platinum accreditation 2026.

Bedford:

- Implement full EPR and continue to work towards implementing electronic prescribing;
- Improve pharmacy staffing levels;
- Improve AHP's cover in line with National Recommendations;
- Achieve QIS numbers in line with BAPM Recommendations;

Cross-site/Integration work:

- Full alignment of processes and documentation;
- Implement EPR;
- Ensure all new staff start QIS course within first year;
- Receive BFI accreditation;
- BAPM compliant TCs on both sites with full adoption of criteria;
- Cross-site Outreach Team;
- To launch my Kit Check cross-site.

LISTER

Lead Clinician: Ather Ahmed
Matron: Laura Kelly

Following are the research activities we have been involved in, led by Dr. Charu Bhatia. We are participating in following RCT trial as primary and continuing site

Continuing site

- WHEAT Study (With Holding Enteral feeds Around packed red cell Transfusion) to prevent necrotising enterocolitis in preterm neonates. It is a multi-centre, randomised point of care trial. To see whether withholding milk feeds before, during and after blood transfusion in preterm infants reduces the risk of necrotising enterocolitis.
- BASE (Bicarbonate for AcidosiS in very pretErm babies): a randomised clinical trial. The BASE Trial aims to investigate whether managing metabolic acidosis with sodium bicarbonate or not impacts the health and development in the short and long term.
- NeoGastric trial:(Complete recruitment). The neoGASTRIC trial is looking at whether routinely measuring gastric residual volumes (checking what is in the stomach before feeding) helps babies safely get to full feeds more quickly
- COLLABORATE; UK-wide, real-world-data-enabled, adaptive, 2-randomisation, controlled trial to determine clinical efficacy, effect size, and safety of widely used enteral feeds in reducing necrotising enterocolitis, mortality, and cognitive impairment in extremely preterm babies.

Primary site study

- Opti-cord trial. It is a large-scale randomized clinical trial (RCT) designed to investigate the optimal timing for clamping the umbilical cord in very premature babies (<32 weeks gestation) who require resuscitation at birth. The trial aims to determine whether keeping the cord intact for at least 3 minutes (delayed clamping) while providing resuscitation is superior to early clamping (before 60 seconds).Status: Expression of interest, awaiting for site feasibility meeting.
- MiniveraX A phase 2/3 trial to evaluate the safety, immunogenicity and surrogate efficacy in maternal immunisation. Awaiting study feasibility meeting.
- Poster presentation
- BPNA conference 2026: Analysis of the neonatal outcome data in high risk infants at local neonatal unit. (Bayley's assessment data (2021-2022) outcome and compliance of complete assessment- 77%)

Governance

- East of England Perinatal Award nomination for Team Partnership of the Year - ENHT Perinatal Safety Team
- Perinatal Governance / Patient Safety team coming together in many forums - DIRM , PMRT , Daily patient forum, Trust governance meetings.
- Mortality rates - early recognition and escalation for an external review.
- Attendance at the NHS England Perinatal Leadership Training Day - good opportunity to network with other Neonatal Governance Leads and Maternity leads. Lots of group work to bring both teams together.
- 4 Qualified PNA supporting and co-ordinating post incident De-briefs and RCS sessions for the team
- VIP nomination of the Governance lead for services to open and honest culture of the team, strengthening governance processes on NICU
- Consistent and active engagement with the Neonatal and Maternity Safety Champions Workaround’s

LISTER

World Prematurity Day 2025

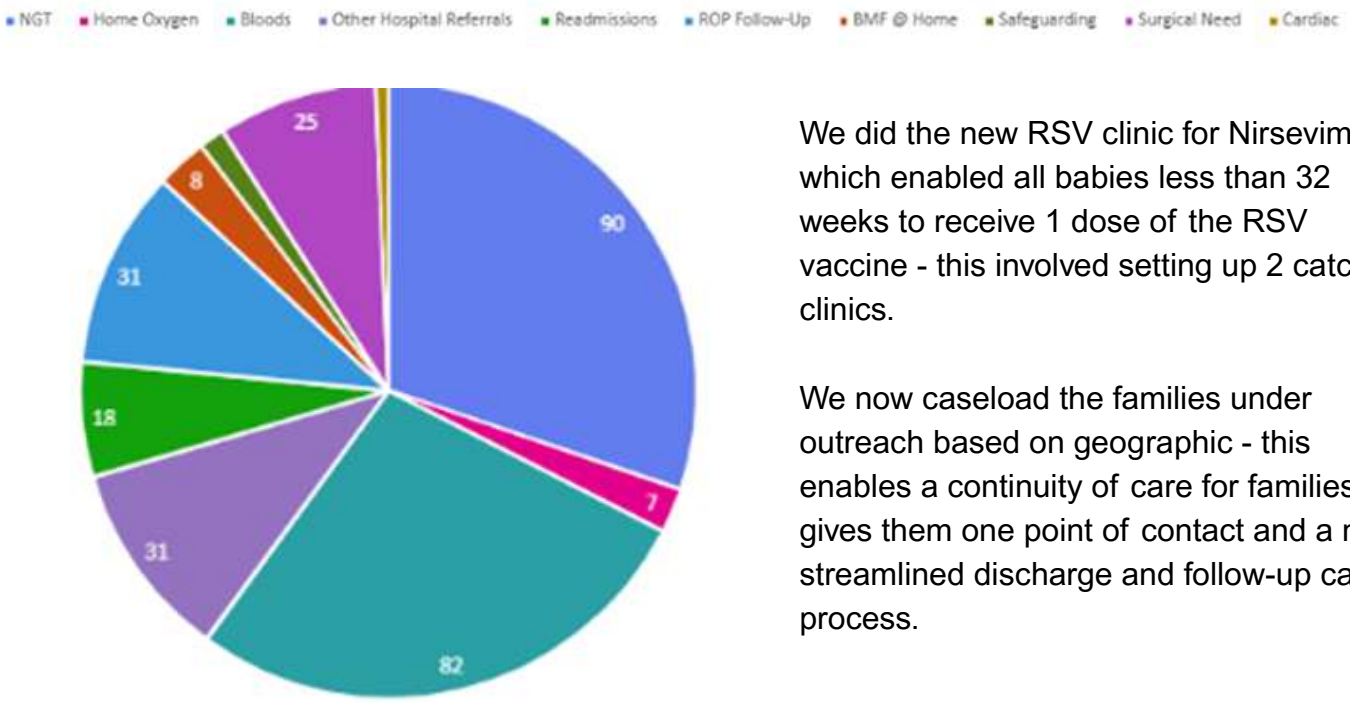
International Nurses Day 2025

Award Nominations Several of our neonatal nurses have been nominated for the Daisy Awards and PAFTAs.

LISTER

Outreach Team

We have a six day outreach service. 289 babies were referred to the outreach team and they completed 697 home visits. We updated the outreach leaflet to be more family friendly.



We did the new RSV clinic for Nirsevimab which enabled all babies less than 32 weeks to receive 1 dose of the RSV vaccine - this involved setting up 2 catch-up clinics.

We now caseload the families under outreach based on geographic - this enables a continuity of care for families and gives them one point of contact and a more streamlined discharge and follow-up care process.

Education

- NLS: 4 x Sessions conducted at Lister as the Local Centre, 2 in June 2025 and 2 in February 2026
- QIS: Range 74% - 80% (4 x completed training in 2025/26). 1 x in progress. 4 x funding requested on TNA 2026/27)
- Special Care Course: 1 x completed (Bedfordshire University)
- Pre-Registration Students: We facilitated +/- 50 pre-registration student midwives and child branch nursing students.
- Transitional Care Course: 3 x completed. (EOE ODN)
- Psychologically Informed Neonatal Care : 32 x attended (facilitated in person by Dr Rebecca Chilvers and Ruth Butterworth)
- Bereavement Care in Person by SANDS x 14 attended (facilitated in Person by SANDS)
- BFI (Embedding BFI Standards - UNICEF) 5 nurses completed.
- Lactation Course 1 x Completed
- FINE – 4 nurses completed
- Coaching, 1 xin progress

New IT/Processes training and implementation

- Medusa IV Guide, 13th June 2025
- Standardisation of IV Infusions, 2nd October 2026
- EDMS - Mediviewer 14th October 2026
-

WATFORD

Lead Clinician: Mira Parmar
Lead Nurse: Elvira Baker
Ward Manager: Imelda Portillo

ACHIEVEMENTS

International Nurses Day

Celebrated International Nurses Day, with the Matron and Ward Manager preparing thank-you bags and cupcakes for staff in recognition of their dedication and contribution to neonatal care.

Worked in partnership with the Maternity Voices Partnership to co-produce projects such as the celebratory discharge banners, enhancing the experience for families as they prepare to take their baby's home.

WATFORD

World Prematurity Day celebration

Marked World Prematurity Day with celebrations involving the neonatal team and families, raising awareness and recognising the journeys of premature babies and their parents.

World Book Day Celebration

Celebrated World Book Day by launching a dedicated reading time initiative within the unit. Books and cakes were provided to parents to raise awareness of the positive impact that reading has on babies 'cognitive, and emotional development. Staff embraced the occasion by dressing as book characters, creating a fun and engaging environment for families while promoting the importance of parent–baby bonding through reading. MNVP Neonatal lead joined the team on the day.

Following challenges in recruiting Allied Health Professionals, the unit successfully completed recruitment and now has a fully staffed multidisciplinary team providing enhanced support to babies and their families.

Successfully launched the NEWTT2 pathway within maternity and transitional care services, supporting improved monitoring and escalation processes for newborns.
Neonatal Nursing team has moved from paediatrics to maternity and medical team remained under paediatrics.

Successful weekly simulation training sessions have been delivered by Pippa (Clinical Practice Facilitator) and Rona (ANNP), providing valuable opportunities to enhance clinical practice, strengthen teamworking, and promote shared learning. The sessions have supported staff development, increased confidence in managing clinical scenarios, and facilitated the dissemination of learning points across the multidisciplinary team.

WATFORD

BFI/BLISS accreditation

Watford is the first unit within the network who has achieved both BLISS Gold accreditation and Baby Friendly Initiative Stage 3 accreditation. These are significant accomplishments that reflect the team's dedication to delivering high-quality care, improving outcomes and continuous service improvement.

Research, Education and External Influence

- Neonatal consultants in our unit continued to contribute to regional and national programmes including East of England Neonatal Network Medical Education, development of the national BAPM Medical Workforce Framework for Local Neonatal Units and Special Care Units, and participation in national working groups and frameworks that support improvements in neonatal care across the UK.
- Neonatal team presented six abstracts at an international neonatal conference, showcasing work undertaken locally in point-of-care ultrasound, neuroprotection, neonatal sepsis, quality improvement and clinical case reports.
- Neonatal consultant leads supporting education training and workforce development, medical educational network lead, BAPM LNU, regional BAPM airway safety lead.
- National research studies supported: NeoGastric, WHEAT, FEED1, SURFON studies. 3 APIs supported and trained
- NNAP data positive outlier
- Achieved significant recognition through the Star of Herts Awards, with five neonatal staff members receiving nominations. The neonatal unit also won two award categories: Demonstration of Quality and Safety and Outstanding Contribution to Teaching and Education.

WATFORD

Clinical Excellence

- Further embedded neonatal point-of-care ultrasound into routine clinical practice for respiratory assessment and ultrasound-guided vascular access. This has contributed to approximately 70% reduction in radiograph use for selected indications, reducing radiation exposure and supporting timely clinical decision-making.
- Continued to pioneer less invasive models of neonatal care, including Less Invasive Surfactant Administration (LISA), achieving low treatment failure rates of approximately 13%, comparing favourably with published literature reporting failure rates of around 22%.
- Maintained strong focus on evidence-based practice, quality improvement and clinical innovation across neonatal services.

CHALLENGES

Medication Management System Implementation

The planned implementation of the Omnicell medication management system experienced delays due to organisational and technical factors, resulting in a revised implementation timeline.

Clinical Leadership

The unit operated without a substantive Clinical Lead for eight months, which impacted clinical leadership and strategic oversight during this period.

Data Management and Reporting

A vacancy in the Data Analyst post resulted in gaps in data management and reporting capacity, affecting service monitoring, performance reporting, and quality improvement activities.
Progression to Phase 2 of Badgernet Project including system integration has not yet been achieved

Perinatal Leadership and Governance

While neonatal nursing services have transitioned into the Maternity Division, neonatal medical services remain within Paediatrics. This fragmented model of care continues to present challenges relating to governance, accountability, service planning, and strategic leadership. The newly appointed Neonatal Clinical Director will oversee the transition of medical services into the Perinatal Service, supporting the development of a more integrated model of care.

Workforce Resilience

The appointment of a locum consultant has improved service resilience; however, recruitment to the substantive seventh consultant post remains unresolved.
Maintaining a seven-consultant on-call rota and providing consistent weekend consultant cover continue to present workforce challenges.
Further strengthening of Tier 2 workforce capacity including ANNP expansion is required to support increasing clinical activity, service demands, and long-term sustainability.

WATFORD

AMBITIONS

Integrated Perinatal Service

- Development of a fully integrated perinatal service with aligned medical, nursing, and operational leadership across maternity, transitional care, and neonatal services.
- Establish robust perinatal governance structures, clear accountability frameworks, and effective line management arrangements to support safe, high-quality care.
- Support the transition of neonatal medical services into the Perinatal Service, creating a more cohesive model of care.
- Develop an appropriate neonatal clinical directorship and identified leadership roles to oversee service transformation, governance, and future strategic development.

Workforce Development and Capacity Building

- Secure recruitment to the substantive seventh consultant post to improve workforce stability and consultant resilience.
- Strengthen Tier 2 workforce capacity through the recruitment and development of Advanced Neonatal Nurse Practitioners (ANNPs).
- Enhance senior clinical oversight within postnatal wards and Transitional Care by establishing additional consultant leadership responsibilities to support service delivery and patient safety.
- Recruit a substantive Digital Neonatal Nurse to lead digital innovation, improve data quality, and support the effective use of technology within neonatal services.

Hospital at Home and Virtual Neonatal Care

- Develop Hospital at Home and Virtual Neonatal pathways for selected infants requiring jaundice management, antibiotic therapy, feeding support, and other suitable neonatal care interventions.
- Deliver these services within robust clinical governance arrangements supported by dedicated neonatal medical and nursing leadership.
- Reduce avoidable admissions and family separation while maintaining patient safety and improving family experience.

Clinical Excellence and Innovation

- Expand the use of neonatal point-of-care ultrasound and other evidence-based technologies to support timely diagnosis and clinical decision-making.
- Continue the development of less invasive neonatal care pathways and innovative models of care.
- Implement the Omnicell medication management system to strengthen medication security, governance, accountability, and patient safety while improving medicines management processes.
- Progress Electronic Patient Record (EPR) integration to improve information sharing, streamline clinical workflows, enhance patient safety, and support seamless care across maternity and neonatal services.
- Strengthen participation in regional, national, and international quality improvement, education, and research programmes.

Family-Centred Care and Service Improvement

- Continue co-production initiatives with families and the Maternity Voices Partnership to ensure services remain responsive to family needs.
- Progress towards higher levels of Baby Friendly Initiative and BLISS accreditation.
- Further enhance family experience, parental involvement, and continuity of care throughout the neonatal journey.
- Refurbish and enhance the Transitional Care environment, creating a more welcoming and family-friendly setting that supports the wellbeing of babies, parents, and staff.
- Establish a Neonatal Outreach Clinic to provide enhanced follow-up care and support for babies and families following discharge, strengthening links between hospital and community services and supporting positive long-term outcomes.

ROSIE HOSPITAL

Lead Clinician: Shazia Hoodbhoy
Matron: Claudia Shipp
Lead Nurses: Helen Beavis & Stacey Miller

The Rosie Neonatal team has continued to provide an exceptional standard of care over the past year for families and neonates both within and beyond our region. We remain deeply committed to developing our service and enhancing the experience of our families and our team in the Rosie. Although this year has brought its share of challenges, we have worked collaboratively to find innovative solutions and to advocate strongly for our patients. The following summary highlights our key challenges, achievements, and priorities as we look ahead to 2026.

ACHIEVEMENTS

- We successfully achieved Stage 2 BFI accreditation in the summer.
- We received a Silver Award for the Bliss Baby Charter.
- We supported several colleagues in completing the in-house QIS course.
- Our multiprofessional Just Right project led to meaningful improvements in early thermal care and strengthened the quality of our NNAP data for this measure.
- We procured new non-invasive ventilation equipment and embedded the use of NIPPV, as well as introducing servo-controlled oxygen therapy with NIPPV
- We embedded the Bridge to Band 6 study programme, receiving excellent feedback from participants.
- Our PD team also Introduced an upskilling ITU pathway for Band 5 nurses ahead of commencing the QIS course.
- Our nursing team established a Pandr/NICU rotation; this currently has four nursing staff in the programme and has been well received, with interest in extending this to more posts if there are any vacancies
- We were able to secure charitable funding to refurbish one of our single rooms, creating a more supportive and comforting space for families for end of life and bereavement care (see photos).
- We have continued to reduce our vacancy rate and improve retention within the nursing workforce.
- We have increased the number of iPads in the unit so that every nursery has their own. This has improved accessibility for families through a new video/audio translation service being readily available at the cot side, as well as increasing our use of vCreate.
- We celebrated our first Nursing Associate completing their training, and with successful recruitment now have two RNAs working within the service.
- Two of our ANNPs celebrated passing their Master's courses and dissertations.
- The multiprofessional team developed a new parent information booklet to further support families during their NICU journey.

ROSIE HOSPITAL

Cambridge NICU research department:

This year has been one of significant growth for our Neonatal Research team. We secured several prestigious grants, expanded our academic and commercial research portfolios, and continued to advance our established studies. Our involvement in international, national, and regional trials—including WASHT, ELGAN, COLLABORATE, RePHyNE, COMET, and BLOOMS—has strengthened our contribution to global neonatal research. Locally, ongoing studies continue to progress in areas such as metabolic health, neuroimaging, respiratory outcomes, and long-term development. This activity reflects a strong academic culture within the NICU, with more consultants taking on PI roles, trainees engaging in the API scheme, and PhD students successfully completing their studies.

Our team remains committed to advancing clinical innovation and strengthening collaboration. The NEWTS wireless vital sign transmission prototype is now in early testing, with wider regional evaluation planned for the summer; the new fUSiON project aims to develop a novel whole-brain functional imaging system for NICU use. Our leadership in neonatal technology was further demonstrated through hosting the 2025 and 2026 National Paediatric Technology SPRINTs. These achievements have been supported by investment in our workforce, ensuring there is both capacity and expertise to deliver our ambitious and exciting research agenda.

CHALLENGES

- Although our nursing establishment has been set based on the BAPM recommended 80% occupancy, we consistently have near 90% occupancy, therefore our staffing is not aligned to our activity requirement.
- QIS staffing continues to be a challenge, though we are still progressing in a positive direction.
- The lack of a dedicated family care team and designated neonatal bereavement nurse is limiting our ability to provide enhanced, specialised support for our families.
- Transition to paediatric services for babies >44 weeks CGA who need ongoing inpatient care has been challenging, highlighting a gap in service provision for infants requiring high acuity or complex care after the neonatal period.
- Repatriation/relocation of care to neonatal units closer to home remains , particularly for cross-border families booked at CUH, despite significant efforts and interventions to improve the process.

ROSIE HOSPITAL

AMBITIONS

- Our Stage 3 BFI assessment is now scheduled for October 2026.
- We will continue to build on our Bliss Baby Charter achievements, and are finalising our Gold submission.
- We aim to introduce Home phototherapy to support earlier discharge and enhance family-centred care.
- We are redesigning our transitional care area and investing in our neonatal nursing staffing model for this.
- Special packs, funded by ACT, will be launched to help support siblings during their NICU journey.
- Enhanced use of vCreate will remain a focus to improve communication and connection for families.
- Manaaki Mats will be introduced to support families taking their babies home after death, offering comfort and dignity at an incredibly difficult time.
- Working with Maternity services we will co-produce and introduce the Real Birth Company app for the Rosie.
- We are participating in a trust-wide pilot of Sophie's Legacy, ensuring parents are provided with meals while caring for their babies and children in hospital.
- Refurbishment of the quiet room and library this summer will create a more flexible, calming space for both staff and families.
- We will be working to embed POCUS in our NICU, as well as re-launching the simulation programme
- We will be advertising for two more nurses to undertake ANNP training and Master's level.
- Nursing Band representative meetings will recommence to strengthen communication and shared decision-making.
- Development of a Perinatal Governance model will continue to strengthen safety, learning, and collaboration across services.

WEST SUFFOLK

Lead Clinician: Tom Houghton
Matron: Maija Blagg
Lead Nurse: Laura Grover

Staffing:
It has been another busy year at WSFT. We have welcomed several new team members, including a newly established Supernumerary Shift Coordinator role, filled by Anne Walker, and Occupational Therapist Laura Andrews.

Every year, our Trust recognises colleagues providing outstanding care at the Hannah Seeley Awards, which honours the memory of the midwife who sadly passed away in 2012. The awards celebrate members of maternity and neonatal services team who deliver outstanding care, with nominations coming from both colleagues and patients, including those who have recently given birth or received neonatal care.

Laura Davey was named Nursery Nurse of the Year and was recognised as a warm, positive presence for families and their babies. She was commended for her supportive and encouraging nature, not only towards parents but also her fellow staff, always treating others as she would wish to be treated.

We are proud to be BLISS Gold accredited and have secured ODN funding to support our journey to Platinum accreditation. The team is actively completing the self-assessment, aiming to achieve accreditation by the end of the year.

We are currently accredited at BFI Stage 1. After our Stage 2 assessment in December 2025, some criteria were not fully met. A re-assessment is planned within the next 12 months, with a comprehensive action plan already in place to address gaps and ensure compliance ahead of the next review.

Training:

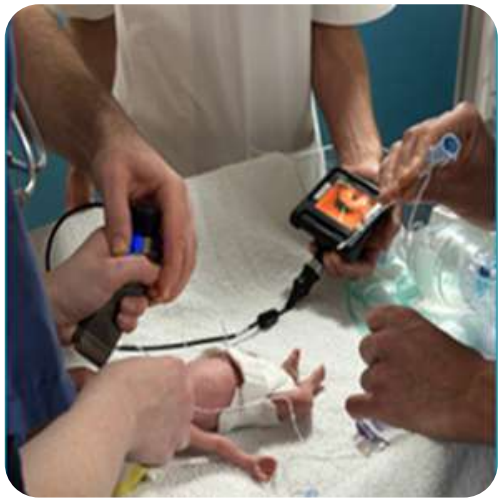
- Three members of staff are currently undertaking QIS training and are due to qualify in September 2026.
- BAPM staffing levels are currently at 75%; upon successful completion of the QIS training by these three staff members, this is expected to increase to 86%.
- We continue to provide in-house NLS training.
- 89% of staff have completed Level 1 FINE training.

WEST SUFFOLK

BAPM Airway Safety Standards:

Our medical team, in collaboration with the Practice Development Nurse, has been delivering monthly BAPM airway safety standards workshops. These sessions provide medical and nursing staff with regular opportunities to practise airway management skills for both term and preterm infants in a safe, supportive learning environment. Training includes scenario-based teaching and simulation to enhance clinical competence and confidence.

A structured programme for ongoing training and competency assessment is currently being developed. This will be aligned with medical staff rotation schedules to ensure consistent access to training and continuity in competency evaluation. We acquired a dedicated training video-laryngoscope blade, kindly funded by the Friends of West Suffolk Charity, which has been of significant benefit to the team.



PRINCESS ALEXANDRA

Lead Clinician: Sanath Reddy
Matron: Husnara Begum
Ward Manager: Beena Paul

The year 2025–2026 has been a highly transformative and progressive period for our unit. It has been a busy year marked by fluctuating pressures, with both peaks and troughs in activity. While certain periods were particularly challenging, we successfully navigated them as a team, learning and growing through each phase. This year also brought significant organisational restructuring within the Trust, which presented its own challenges; however, we have adapted positively and progressed with new initiatives that are strengthening the services we provide.

A key development during the year has been the addition of a Clinical Psychologist to our team. Their contribution has been invaluable in supporting both staff and families. Their involvement in multidisciplinary meetings and management of psychosocial cases has added significant value to the care we deliver. Recruitment for a Speech and Language Therapist (SALT) remains ongoing. Currently liaising with the tertiary centre, with babies reviewed in the community within five days of safe discharge. The introduction of this role will enhance continuity and improve the timeliness of care within our service.

We have continued to build on improvements in clinical practice, particularly in relation to skin-to-skin care, following the extensive work carried out last year by our Allied Health Professional and FiCare team. Our team presented at EOE conference and won the prize. This has resulted in improved uptake and a stronger emphasis on family-integrated care.

We have introduced Vapotherm non-invasive therapy following the discontinuation of SiPAP and have observed a reduction in the number of babies requiring CPAP. Additionally, there are plans to introduce three additional SLE ventilators, which will provide greater flexibility in delivering CPAP therapy when required.

The continued rollout and development of our electronic health records, which began in 2024, has allowed us to streamline processes and making targeted adaptations to better reflect neonatal care requirements. These improvements have significantly enhanced the quality and accuracy of our documentation.

One of our most notable achievements this year has been successfully passing the Stage 2 Baby Friendly Initiative (BFI) assessment. We are now working towards Stage 3 accreditation, with the aim of achieving this by the end of the year or early next year. We have also submitted for BLISS Silver accreditation.

PRINCESS ALEXANDRA

Family-centred care has remained a key focus throughout the year. We celebrated Kangaroo Care Day by creating a calm and soothing environment away from the main clinical area, incorporating soft lighting and gentle music. This initiative was very well received by both parents and babies, and the positive feedback has encouraged us to continue similar activities. Following this, we introduced dedicated quiet time on the unit to promote a healing environment. Parents have also been encouraged to use headphones for music during skin-to-skin care if they wish. Furthermore, parental involvement has been enhanced through the introduction of book reading, supported by a library in the parent room, encouraging parents to read to their babies.

We also welcomed a visit from Rainbow Services as part of the 15 Steps review through the MNVP. They identified areas of good practice and provided valuable suggestions for improvement. We are actively working with Estates and the wider multidisciplinary team to enhance the unit environment in response to this feedback.

Recognising the demands and stress associated with our roles, we have prioritised staff wellbeing by introducing relaxation and massage therapy sessions on the unit. This initiative, led by a former neonatal parent and supported by Harlow College, has been very well received by staff. We also marked World Stress Awareness Week in collaboration with maternity and paediatric colleagues, with support from MNVP members.

As part of the Local Maternity and Neonatal System (LMNS), we have benefited from valuable collaborative opportunities to enhance our services, although work remains ongoing to fully embed these changes. We are extremely grateful for the continued support from the Operational Delivery Network (ODN), particularly in relation to education, innovation, and strategic guidance. This support has played a crucial role in the development of both our staff and the unit.

Overall, 2025–2026 has been a year of resilience, learning, and growth. Through strong teamwork, innovation, and collaboration, we have made significant progress and look forward to building on these achievements in the coming year.

CHALLENGES

- Limited transitional care facility.
- Shortage of Speech and language therapist

AMBITIONS

- To successfully complete stage 3 for BFI.
- Attain a Silver status for Bliss charter and work towards Gold.

HINCHINGBROOKE

Lead Clinician: Hilary Dixon
Matron: Tracy James
Lead Nurse: Debs Milham

We've supported one of our own Nursery Nurses (Kirsty) to do her top up degree and she is now a Registered Band 5 Staff Nurse on SCBU.

Fundraising events - Cake & Craft Stall held at Easter & Xmas, raising funds for SCBU, This bought us resources for staff and books for our reading library. It also goes towards us celebrating Neonatal events and running our monthly parents group.

We did an Easter Egg Hunt around the Hospital Gardens

HINCHINGBROOKE

We've also collaborated with Maternity and designed a training package for midwives, so they can administer baby IVAB's. This will eliminate the need to separate babies from their Mums.

This is our third year being a course centre for the Resus Council NLS and ran 2 courses in November.

We celebrated Kangaroo Care week and World Prematurity Day

Father Christmas paid us a visit with a rather cheeky Elf

CHALLENGES

- We are currently housed on a adult ward while SCBU has it's RACC fixed and new aircon is installed. this can cause staffing issues as the rooms hold less babies so extra staff are needed
- TC continues to be delivered on the postnatal ward

AMBITIONS

- Move back to our old premises
- Going for Gold in the BFI Standards
- Achieving BLISS Gold Accreditation

PETERBOROUGH

Lead Clinician: Katharine McDevitt
Matron: Tracy James
Lead Nurse: Katie Barke

Peterborough City Hospital has had a very busy and positive 2025
The team have remained committed to providing outstanding care and commitment to the families and babies.

ACHIEVEMENTS

We continue to have a great working relationship with Hinchingbrooke SCBU with many of our successes being shared cross site.

- We continue to strive to provide outstanding family integrated care to the families and babies, with the added expertise of the AHPs and psychology. This is reflected in achieving Stage 3 UNICEF accreditation and submitting for GOLD BLISS accreditation.

- We have been very lucky to receive a number of generous donations throughout the year, and together team have hosted a wonderful Spring Raffle and cake sale which has enabled us to 'top up' the charitable fund pot. We will continue to use these funds to improve our facilities and provisions for our neonatal families.

I am pleased to share the NICU team were runners up for team of the year at the NWAFT Annual Staff awards! Followed by Team of the year at the East of England ODN Perinatal Awards.

- We have been able to achieve 70% QIS compliance, with no financial recognition for achieving the qualification for staff, we have been able to celebrate their achievement by awarding the nurses with epaulettes

- Our fantastic Physiotherapy and OT duo presented their poster and article at the APCP Neonatal Conference "The role of occupational therapy and physiotherapy in the neonatal unit", published in 2025 and among the top 10 most downloaded articles.

PETERBOROUGH

Collaborative Working with Maternity: Perinatal debriefs have been particularly well received and are becoming an established element of our joint working approach. These sessions are supporting a more cohesive, compassionate, and consistent pastoral support offer for families and staff across both services. Collaborative practice between the Neonatal Unit and Maternity services continues to strengthen. Joint training sessions remain embedded with the welcome addition of the golden steps QI project, to support early expressing.

Family Integrated Care: The team continues to champion Family Integrated Care, celebrating milestones and special occasions with families both on the unit and after discharge. Over the past year, the unit has hosted a range of events including our annual Christmas party—with a special visit from Father Christmas on Christmas Eve—as well as celebrations for Eid, Mother's Day, World Prematurity Day, and many others.

We remain committed to continually improving the experience of neonatal families. Regular service user feedback, walk rounds, and parent groups inform our ongoing review of care provision. We are proud of the consistently positive feedback received and actively share and showcase these results as part of our commitment to transparency and family-centred care.

PETERBOROUGH

Staffing and Workforce Development: Our ‘grow our own’ ethos continues to shape workforce development. Two trainee Advanced Neonatal Nurse Practitioners (ANNPs) are progressing well and have now joined the medical rota, enhancing clinical capacity and continuity.
Five staff nurses are currently undertaking the Neonatal Qualified in Specialty (QIS) course, supporting our aim to maintain over 70% QIS compliance in line with BPAM recommendations.
We have celebrated several staff transitions, including retirements (with some valued colleagues returning) and maternity leave departures.
Hybrid roles continue to play a crucial part in recruitment, retention, and skill development. Roles spanning Neonatal Outreach, Neonatal Nursing, Neonatal Infant Feeding, and Family Integrated Nursery Nursing have strengthened family integrated care, discharge planning, and continuity of care across the pathway.

Equipment and Infrastructure: A structured equipment replacement and streamlining programme is underway. Progress to date includes:

- Upgraded monitoring systems
- Expanded use of SLE ventilators for both invasive and non-invasive respiratory support
- Increased number of Giraffe incubators

The next planned phase focuses on replacing overhead equipment to further modernise the clinical environment and enhance the quality of care.

“Our wonderful ward manager, Katie Barke, was recognised for her outstanding contribution to neonatal care by winning the Perinatal Nurse of the Year award at this years Perinatal Conference.

Katie will be moving on to be the ODN as Roald Dahl CMC Neonatal Nurse Specialist. We know that this is a job at which she will excel and the babies and families she will work with will be so lucky to work with her but to say that we are devastated at losing her is an understatement.

We wish her so much luck and, in the nicest possible way, hope that we have a nursery full of babies needing complex discharge planning so that she can come back regularly!”

NORFOLK & NORWICH

Lead Clinician: Sam Duffield
Matron: Paula Mellor
Lead Nurse: Gabriella Cawston

As with most Hospital Trusts this past year we have seen levels of change and uncertainty that we haven't experienced for many years. As a Neonatal team we have supported our colleagues within our own team and within the Trust with some difficult decisions and significant changes. Despite this we should reflect on all that we have achieved and continue to strive to achieve.

ACHIEVEMENTS

- Increase in AHP provision with the successful recruitment into 1 WTE physio, OT and dietician post's- certainly aided by the influence of the Per review visit.
- Increase in psychology time to 0.8 WTE
- Investment into uplift of the experienced Band 5 QIS to Band 6 to support retention and staff career progression
- Successful capital bid for new IC incubators.
- 96% of eligible staff completed their staff survey

AMBITIONS

- Maintain QIS compliance at > 70%
- Achieve Bliss Platinum standards
- Replacement of ventilators
- Embedded IV Infusion standards
- Continuing to develop Neonatal services with the Norfolk and Waveney group with JPUH and QEH.

CHALLENGES

- Footprint of NICU and IP&C implications
- Delay in EPR system for NICU

Education update:
We continue to have a busy program led by the PDN team.

- MDT Sims training across Neonates and Maternity,
- Supporting the staff in their own professional development,
- Bite size teaching packages,
- Engaging the wider MDT in supporting the teaching program.
- ·Successfully maintained an increase in QIS percentage and will be at 70% in 2026.
- Successful recruitment to vacant posts and supportive induction packages.
- Low turnover of staff.
- 18 NLS instructors within our team to support training needs.

NORFOLK & NORWICH

Update on Research

We continue to have a growing team and busy portfolio for NICU with both commercial and home-grown studies currently underway. We have had hundreds of babies benefit from research involvement, especially with the recent introduction of the PALOH-UK study looking to identify babies at risk of gentamycin related hearing loss. We have already identified a patient carrying the Gene change and prevented permanent hearing loss.

Our old favourite-Footprints-is finally near to closing, 6 years since it was commenced with only 16 babies to recruit worldwide.

NICU was nominated for research team of the year in 2025 for their incredible engagement of clinical research, setting a gold standard example of how clinical research should be embedded into every day care delivered to patients… the team gained runner up prize.

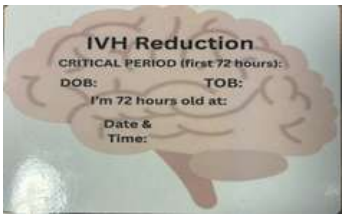
Spotlight on the Developmental Care Team

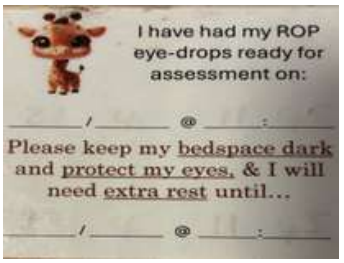
We continue to have an active and productive Developmental Care team embedded within the NICU. A significant number of staff and AHP's have attended FINE training and provide support, and teaching for the entire team. This includes face to face teaching on Mandatory training, Bitesize teaching, videos and booklets for parents.

We are supported through charitable funds to be able to purchase specific equipment to support care including Z flo mattresses, specialist head support pillows, books as well as sensory equipment to support development to name a few.

We support this role by giving protected time to the team leads to ensure
that this remains a high priority for the staff and families.

The developmental care team on NICU focus on neuroprotection, especially of the preterm population. Our aim is to replicate the in-utero environment as much as possible to give the premature and underdeveloped brain the best environment to grow in. We continue to work on reducing noise levels and light pollution alongside carefully considered positioning and handling of our preterm babies to improve outcomes.





This year we have been spearheading the implementation of the new intraventricular haemorrhage (IVH) reduction bundle and are concentrating on embedding the recommendations into everyday practice. We hope that by using the IVH reduction bundle,

QUEEN ELIZABETH

Lead Clinician: Salamatu Jalloh
Matron: Kit King
Lead Nurse: Sally Crane
Deputy Head of Nursing: Laura Morgan
Clinical Director of Children: Barbara Piel

ACHIEVEMENTS

- We achieved Silver Bliss Baby Charter accreditation in July.
- We continue to run weekly PNRA and ATAIN meetings where all cases are reviewed by an MDT and learning is shared.
- We have a Professional Nursing Advocate within our team for staff support, and a further due to qualify in 2026.
- Our Neonatal outreach team continue to run monthly drop-in groups in the community, which are well attended by discharged patients and their families.
- One of our nurses successfully completed her QIS course.
- NICU staff member Leanne Howling was recognised for her inspiring career progression from housekeeper to nurse, winning the ‘one to watch’ award at the Team QEH awards.
- Our neonatal AHP’s (SALT, dietician, occupational therapist, clinical psychologist, and physiotherapist) continue to be well embedded on the unit, attending weekly MDT ward rounds, and participating in staff training programmes.
- Our Occupational Therapist has completed a baby massage course, which she utilises to promote bonding both on the unit and in the community.
- Our AHP’s have been instrumental in promoting reading on the unit, facilitating a weekly ‘coffee and chat’ group for parents, following which they are encouraged to spend time reading to their babies.
- We have an abundant collection of books available to parents, in multiple languages, as well as a Tonies box for those who might find reading difficult.
- We continue to connect families to their babies by providing access to V-create diaries, which is utilised on a daily basis.
- We gratefully received the neonatal life-start resuscitator trolley funded by the hospital League of Friends charity.
- Our newly refurbished delivery suite is now home to a donor milk hub- improving NICU access to donor milk, and enabling expressing mothers to donate milk more easily.
- We received three hot cots as part of a QI project to improve thermoregulation across NICU, CDS and Transitional/ postnatal care.

QUEEN ELIZABETH

CHALLENGES

- Low QIS percentage due to staff leaving and retiring, however we put a rigorous plan in place to improve this with us anticipated to reach 69% QIS by October 2026.
- Continued absence of a Neonatal Pharmacist.

AMBITIONS

- To commence a QI project to establish joint midwifery and NICU nurse IVAB checking and administration for Transitional Care patients.
- To continue supporting our QIS learners to increase our percentage on NICU.
- Achieve Gold Bliss baby charter accreditation.
- Continue working towards and achieve stage 2 BFI.

World Prematurity day 2025- treats for our families

Christmas 2025

JAMES PAGET

Lead Clinician: Oluseun Tayo
Deputy Lead Clinician: Pras Mahendra
Paediatric & Neonatal Matron: Lisa King
Ward Manager: Karen Wright

2025 has been another busy year at the James Paget with our main challenges being staffing and the temporary relocation of our postnatal ward/Transitional Care Bay. As usual our team have continued to support each other to ensure we continue providing safe, high standards of care to the families and babies.

Staffing

- One staff nurse successfully completed their QIS training.
- Recruitment of four new band 5 staff nurses who commenced the Foundations in Neonatal Care module.
- We sadly said goodbye to two of our band 6 Sisters. One moved to the Paediatric Community Nursing team and one who retired after many years of service within the NHS and 16 years within our Neonatal Team.
- We also said goodbye to one of our band 5 nurses so she can pursue a career working with the health visiting team.
- Also, one of our Band 5 QIS Staff Nurses was successful in becoming our Band 6 BFI and FiCare Lead.

ACHIEVEMENTS

We launched an Amazon Wishlist and parents and relatives have been very generous gifting things like projector lights, muslin cloths, bouncer chairs...

We purchased a new transport ventilator, to help facilitate delivery room cuddles.

We created our neonatal library.

- We began our UNICEF stage 2 accreditation journey, and we are due to be assessed in early 2026
- Our BFI Lead became an RLF practitioner and a qualified IBCLC.

JAMES PAGET

CHALLENGES

- Continue to work towards achieving Stage 2 BFI accreditation.
- Recruit AHP for Psychology
- Support Band 5 staff to complete QIS course to ensure improvement in QIS compliance.
- Continue to collaborate with our Maternity colleagues to ensure compliance with CNST, GIRFT, NCCR and Optimisation
- In house training including Neonatal Stat days, Clinical Skills Days, Cot side teaching, SIM, and NLS updates. NICU experience for QIS staff and Medical team to maintain skills.

AMBITIONS

- Access to local QIS training
- Percentage of QIS staff
- Ongoing issues with maternity IT systems not communicating with BadgerNet.
- Recruitment to Psychologist post.

Celebrating Special Days

Celebrating Christmas again with some special visitors from Norwich City Football Club and
The Blood Bikers
who kindly donated gifts for the babies

BASILDON

Lead Clinician: Poorva Rathod
MSE Head of Neonates: Laura Miller
Matron: Raji John

2025 has been another busy year for the team at Basildon. We have seen very high acuity across the unit, however, despite the challenge we have had a productive year.

ACHIEVEMENTS

Clinical Education, Training and Workforce Development

- MSE-wide collaboration for Central Line Study Days: Joint teaching delivered across all sites, focusing on QIS nurse training in long-line and umbilical line management, including flushing, removal, and X-ray interpretation.
- Regional Practice Development Leadership: Our PDN continues to support Basildon while also being seconded as the regional Neonatal Practice Development Nurse, strengthening cross-site consistency and shared learning.
- Joint Nursing and Medical Simulation Day: A planned multidisciplinary skills and simulation day for all MSE sites, supporting consistent practice and team integration.

Education and Training Achievements

- Three nurses have qualified in speciality, with a further five currently undertaking the course.
- One nurse has completed the PNA programme, achieving the recommended 1 PNA per 20 nurses' ratio.
- One nurse has completed the GIC course.
- Regular MDT simulation training continues in response to service needs, local incidents, and identified learning priorities.
- BAPM Airway Assessments are underway, with nursing and medical teams completing Basic, Standard, and Intermediate competencies.
- Monthly HIE Admission Simulations: Monthly simulation sessions for nurses on the admission of a baby with HIE, including setup of CFM and the active cooling machine, supported by the East of England Lead Neuroprotection Nurse.
- Neonatal Major Haemorrhage Protocol Training: Teaching rolled out to the entire team to ensure consistent and safe management of major haemorrhage events.
- Burns First Aid Training: First aid burns management teaching delivered to all staff to strengthen emergency response capability.
- NBLS and Clinical Update: Teaching Updates delivered on NBLS, including jaundice recognition in Black and Brown babies, infant feeding updates, and NLS refreshers.

BASILDON

Service Development and Quality Improvement

- Implementation of New Infusion Standards: Updated infusion standards introduced to improve safety, consistency, and compliance across the service.
- Development of Chest Drain Observation: Documentation New observation paperwork created to support safer monitoring and documentation of chest drains.
- Alignment with Maternity Services: Neonatal service structure now aligned with Maternity to support streamlined, integrated perinatal care for families.
- Implemented the IVH Bundle to reduce the risk of intraventricular haemorrhage in preterm infants.
- Electronic Record System Implementation: Extensive planning undertaken for the introduction of a new electronic record system, scheduled for implementation next year.
- CFM Software Upgrade: CFM software updated to allow improved viewing and downloading of traces.
- Transitional Care Milestone: Transitional Care celebrated its 5th anniversary in April 2026, marking continued growth and positive outcomes for families.

Equipment

- Replacement of SLE 5000 Ventilators: All SLE 5000 ventilators have been replaced with Dräger Babylog VN800 ventilators, enhancing ventilation capability and improving safety.
- Charitable Donations from Noah's Big Charity: The unit received two significant pieces of equipment through charitable donation:
  - A Handheld Video Laryngoscope to support safer and more effective airway management.
  - A new SIM training doll to enhance simulation-based education and clinical skills development.

AMBITIONS

- Development of a new parent-accessible milk kitchen to enhance family-centred care and support parental involvement.
- Achievement of Silver Bliss Accreditation, demonstrating continued commitment to high-quality neonatal care and family experience.
- Implementation of the Nova electronic database, including the introduction of electronic prescribing to improve safety, accuracy, and workflow efficiency.
- Introduction of Nurse-Led ROP Screening, supporting service sustainability and improved access for babies requiring ophthalmology review.
- Feeding Readiness Training to strengthen staff confidence and promote safe, developmentally appropriate feeding practices.
- Rollout of Eat, Sleep, Console Training to support evidence-based care for infants with neonatal abstinence syndrome.
- Implementation of Closed Suctioning to improve infection control and respiratory care standards.
- Rollout of Martha's Rule for Neonates, ensuring families have a clear, accessible pathway to escalate concerns about their baby's condition.

BASILDON

CELEBRATIONS

As well as our usual celebrations throughout the year — including Mother's Day, Father's Day, World Prematurity Day, and Kangaroo Care Day — we were honoured to be supported by the family of one of our preterm babies, who organised a charity fundraiser at a local flower farm.

It was a wonderful opportunity for staff to relax among the beautiful flowers and to celebrate the remarkable progress of their baby. The generous funds raised by this family will contribute towards the development of a new milk kitchen for parents to use on the unit.

BROOMFIELD

Lead Clinician: Ahmed Hassan
MSE Head of Neonates: Laura Miller
Lead Nurse: Tracy Fox
Ward Manager: Jackie Kane

2025 has been very productive for Broomfield Neonatal Unit – both for the unit and our team. We have proudly maintained our Bliss Gold Status, following re-assessment in October 2025.

Within our nursing team, we have celebrated the safe arrival of 7 new babies over the last year and are excited for another 5 still to come! We have successfully recruited to cover the many maternity leave positions available. This has given the opportunity to welcome some new colleagues into our team, as well as enabling some staff to take fixed term promotions, in which all have excelled. One such position was our PDN role. Whilst Ana was on maternity leave, Sarah and Viv, from our band 6 team, job-shared the role, and we all thank them for their enthusiasm, knowledge, skills and support that they have provided the team.

We have said thank you and goodbye to some team members as they have retired or gone on to new opportunities.

Education for our team has been a particular focus and positive for 2025 and continues into 2026:

- We have had the highest number of staff undertaking the QIS course – and are grateful to Cambridge facilitating some places on the new module. With 2 nurses due to complete the course in the next few months, and more by the end of the year – our QIS compliance aims to be at 70% target.
- We have implemented an Education Board in our staff area. Displays are changed monthly, and all team have the opportunity to create presentations, as well as suggest future topics for learning.
- We have implemented “Message of the week,” which is shared at handovers to provide brief reminders/refreshers or share new updates to the team.
- Our ANNPs have continued to develop and implement “Nurse Focused Simulation Sessions.” These are interactive teaching sessions for our nursing and nursery nurse teams. Each session focusses on team work to identify, escalate and care for deteriorating infants in various clinical scenarios. The feedback has been positive and they are an invaluable source of information and support – especially for those on the QIS course.
- Clinical SIMS sessions have been reimplemented by lead consultant and ANNPs and have provided MDT approach to learning and teamwork for clinical scenarios.
- Our in-house unit study days have been re-vamped to include an “escape room” element. These cover all aspects of neonatal care, policies and procedures – from siting a nasogastric tube, to resus algorithm and are inclusive to all grades from nursery nurses to the senior team.

Training and opportunities for staff continue, to include Qualified in Speciality Course, QIS OSCE preparation sessions with MSE, Canulation and line access sessions for QIS staff with MSE, Newborn Life Support, East of England study days, Equipment training, and in-house neonatal specific and collaborative with maternity study days.

BROOMFIELD

We have received some new equipment over the last year, all of which has positively contributed to care for our patients and families.

- Transport incubator - as shared in last year's report, we received the extremely generous donation from the Friends of Broomfield Hospital Charity to provide our new transport incubator. We have now all completed required training, and the incubator is implemented on the unit. We even made it into BBC local news!!
- Video laryngoscope – this piece of equipment has proven invaluable in training and practice alike for intubations and medical team on the unit.
- Bilicocoon – we used monies raised through fundraising to purchase a BiliCocoon for our transitional care. We have received very positive feedback and hope to one day use this in the community when the outreach service is developed.
- Retcam – our long awaited Retcam has arrived on the unit, and training has commenced. We are looking forward to developing a nurse-led screening service for the unit, alongside consultant ophthalmologist support.
- Our incubators, monitoring and ventilators in our ITU/HDU bedspaces have all been upgraded over the last year as part of the equipment replacement programme. The ventilators and monitors have been linked in preparation for electronic patient records.

As always, we continue to strive to provide excellent care and provisions for our neonatal families. With support from the Trust Communications team, we have a volunteer to the ward weekly collecting feedback for us. This has improved our rates of feedback greatly and provides an opportunity to address any issues should they arise in a timely manner.

We have commenced a weekly visit from Health Visiting team – to provide a face-to-face contact for support for staff and families and aim to facilitate a smooth transition to discharge. Initially this is for the immediate Chelmsford area but hoping to extend to cover the wider area covered by Broomfield Hospital. In the meantime, the HV team can signpost to teams and services when required.

We are working with the region for a QI project - Parent Empowerment through decision making. This aims to provide more collaborative family and team working and a better experience and outcome for patient and family.

Goals for the coming year:

- Maintain Gold Accreditation for Bliss Charter and work towards Platinum
- Develop and implement Nurse led ROP screening
- Continue to work with MSE to provide training to include QIS support, OSCE preparation, canulation and lines study sessions
- Continue fundraising with a goal to use this for team-based well-being and study days, and a Criticool for use for HIE patients awaiting transfer to a cooling centre.

SOUTHEND

Lead Clinician: Raj Gupta
MSE Head of Neonates: Laura Miller
Lead Nurse: Jen Foster
TC Lead Nurse: Mandy Brown
PDN: Tanya James

New Equipment
We were lucky enough to purchase 4 new ventilators for our ITU area. All staff received company training, and we have Train the trainers within the team with regular ad hock and planned teaching sessions for staff to attend as needed. We were also lucky enough to receive the ROP camera from regional funds- training has commenced with a projected roll out in May 26

Training
We have introduced an MDT SIM/skills day where we have various sessions throughout the day including CFM, legal/documentation, IV monographs/standardisation, psychological supervision, ventilator training and an exciting escape room with a twist (boxes and questions with coded padlocks)

Across the MSE- the PDN team have launched a full packed long line and cannulation day- where best practice is taught- Re long line dressings, cannulation and educations from the companies. This has been a great day with ANNP, PDN and senior nurses teaching on the day and the MSE aim to role this out every year- 3 time per year (once at each site)

We continue our monthly ad hock SIM session with medical and nursing and have MDT sessions with Maternity planned in the future.

We continue our MDT training with maternity for NLS updates and BAPM airway standards.

SOUTHEND

Transitional Care
Our Transitional Care Unit has been running now for 3 years and continues to be a success with lots of very positive feedback from families.

The Transitional care team room has had a makeover, so the team now have a nice area to store consumables, document notes and have their break.

We have a clear pathway where families are transferred/stepped down to TC as soon as they meet criteria-so separation is not prolonged.

We celebrated the 3-year anniversary with little hearts with gestation and length of stay to TC over the previous year.



CELEBRATIONS

We celebrate every event as a team with the families! Every baby gets a little vest with ‘My First Christmas’ for example. We celebrate with cakes and food with the families involved

We launched our Going home Bell for all our families to ring if they wish to, to mark their baby going home- we continue to use the Graduation board for babies that want it to.









SOUTHEND

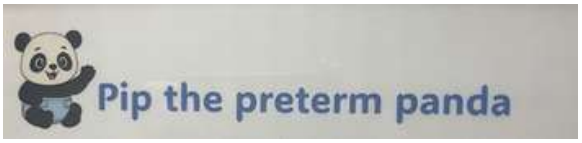
Neonatal Library

We Launched our NNU and TC libraries with a Little red riding hood and the three little pigs themed celebration. We have book of the week and staff favourite books

Neonatal Nursery Nurse of the Year

We are proud of our Nursery Nurse Donna who won the East of England Nursery Nurse of the year award. She was nominated by Tanya, our Practice Educator for all her hard work in the sibling information packs, activity packs and creating fun ways for the siblings to learn about Neonates.

Donna has created fun characters for the siblings to identify with Pip the panda for the NNU and ENU (extended neonatal unit) the turtle for TC. They feature in all our sibling information.



World Prematurity Day Celebrations

We celebrated World Prematurity Day with lots of purple accessories completing our 12-hour Danceathon to raise money for the unit. We danced from 8am-8pm. Staff came in from home, joined via teams and families that had been through the unit joined via teams which was great to see little toddlers bop away all in the name of World prematurity day. We raised £1200 for the unit and completed 60,000 steps! We celebrated with lots of food and cakes on the unit for the families who were with us. The dancing was away from the clinical area but with teams all could join.

ROP Audit

Over the last 6 months we have carried out an audit on the benefits of skin-to-skin containment holding whilst having the ROP screen- this finishes May 26- the initial results look supportive of the skin to skin and that babies clearly benefited from this as they regulated far quicker that what as a team we had witnessed in previous screens. We will write this up fully to be presented at out local audit group.

SOUTHEND

BFI/BLISS

We have submitted our silver BLISS accreditation and are currently awaiting the feedback from this.

We have booked our Stage 2 and 3 BFI accreditation for July 2026.

Antenatal Neonatal Education sessions

We have launched a pilot Antenatal Neonatal Education session. It was launched Jan 2026- it offers a monthly Microsoft teams meeting for any perspective family. This is advertised online on various social media pages, through maternity and community teams and foetal medicine teams. It offers expectant parents the chance to meet a member of the team (virtually) where they can ask any questions they may have about Neonatal care-and they view a short presentation about what to expect from Neonatal care and the various care categories we offer.

Safe Sleeping/Discharge information sheets

We have launched a safe sleeping and discharge information sheet to ensure parents are getting equitable and structured discharge advice.

Super Sibling Day- 10th April!









We celebrated Sibling Day with all the families on the unit- we did lots of education hand washing technique and the importance (with a light box), stethoscope use and lots of fun games (eye spy and hat making), colouring, stickers and snacks and juice.

SOUTHEND

PNA

We now have 2 PNA nurses on the team who are organises well being events such as a SCBU stroll and reading corners.

The team put fun games and short story requests for staff to unwind on their break with

AMBITIONS

- BLISS Gold submission (if Silver achieved)
- BFI Stage 2 and 3- booked for July 26
- MDT education day- medical and Nursing teams
- More SIM/Skills days planned
- More AHP involvement in teaching on skill days
- Roll out ROP camera screening- nurse led
- Present ROP skin to skin audit findings
- Have the senior team taught on Hot debrief skills
- Neurodevelopment study days for the team- with AHP support
- Go Live with EPR NOVA system Spring/Summer 27

COLCHESTER

Lead Clinician: Ramona Onita
Matron: Emma Hart
Lead Nurse: Sheena Maloney

ACHIEVEMENTS

2025 was a year of growth and transformation for the Neonatal Unit. The first half of the year brought valuable developments, including new equipment, workforce changes, the launch of Transitional Care, and welcoming new staff while saying farewell to colleagues moving on to new opportunities. Since September 2025, we have welcomed a new Paediatric Clinical Lead, Dr Moodley, who works alongside Neonatal Clinical Lead Dr Onita and the wider team to support care delivery, service development and high standards of patient care. The second half of the year focused on implementation of the EPIC electronic patient record system. This involved significant staff engagement, from assisting with system build and training to ambassador roles supporting colleagues at ‘go live’. Staff have adapted extremely well despite the scale of change and associated challenges.

We continue to deliver outstanding care for term and preterm babies. As a Local Neonatal Unit, we remain committed to ensuring the right place of birth, with fewer babies below 27 weeks’ gestation being delivered at Colchester Hospital. Through the PREDICT tool, parents at risk of preterm delivery receive timely and consistent counselling. We also maintain a strong relationship with the regional neonatal transport team, PaNDR, including joint case reviews and educational events.

Neonatal audits, quality improvement projects, Datix reviews and Early Learning Reviews have continued to drive improvements in practice and education. The PDN, nursing and medical teams remain committed to high-quality training, including MDT Skills Days, Neonatal Life Support (NLS) courses, ODN/PaNDR study days, bereavement training and a dedicated IV study day. Plans for 2026 include training and competency assessment against the BAPM Neonatal Airway Safety Standards. Our local NLS faculty have delivered more NLS RCUK courses using funding secured from NHS England, in addition to their 4 courses a year and received excellent feedback. "Well organised, professional and a very positive experience”.

Our nursing workforce continues to meet the 70% QIS requirement, with one nurse qualifying in 2025 and two further nurses due to complete training in September 2026. Another Band 6 nurse successfully completed the PNA course, increasing the unit’s qualified PNA workforce to two, both of whom are keen to provide support to staff.

COLCHESTER

Our nursing workforce continues to meet the 70% QIS requirement, with one nurse qualifying in 2025 and two further nurses due to complete training in September 2026. Another Band 6 nurse successfully completed the PNA course, increasing the unit's qualified PNA workforce to two, both of whom are keen to provide support to staff.

The Neonatal Outreach Team's Clacton Outreach Clinic continues to receive excellent feedback and is now supported by Allied Health Professionals and the FiCare team. Work has also progressed to establish a Colchester-based clinic, launching in April 2026. These clinics provide valuable peer support opportunities and holistic follow-up care for families.

Cross-site collaboration has strengthened patient care and safety through initiatives including emergency grab bags, Optiflow equipment, new humidifiers and a bespoke transfer trolley designed to minimise mother-baby separation. Improved pathways for High Dependency transfers between the Emergency Department and Children's Ward have also been established.

Family Integrated Care remains a focus within the Neonatal Unit. The team worked extremely hard over the last year alongside the AHPs to promote family integrated care and listen to service user feedback. As a direct result the unit successfully achieved BLISS Silver Accreditation. The unit is extremely proud of this achievement and acknowledges all the effort the team has gone to achieve this. Collaborative working with the AHP's has led to a number of health promotion events including Safe Sleep Week, World Prematurity Day, World Book Day and Kangaroo Care day. Kangaroo Care day saw the team, where possible, dress in something green. The FiCare team were on the Unit speaking to the families about the benefits/importance of Skin to Skin whilst encouraging them to participate in a fun 'Colour a kangaroo' challenge with a book and Kangaroo teddy for a prize. Alongside this families were also provided with a handheld mirror for use during skin to skin and cakes to celebrate the day.

COLCHESTER

The Infant Feeding Team has made significant progress through the Golden Drops quality improvement initiative, staff education and Baby Friendly Initiative study days. The team has also prioritised staff education and confidence with infant feeding, through Baby Friendly Initiative (BFI) study days and staff audits supporting the progress towards BFI stage 2 accreditation. Their presence on the unit has been highly valued by both families and staff. Their support has contributed to increasing breastfeeding and breastmilk rates.

Our PNA's have worked hard to enhance staff wellbeing over the last year. Initiatives have included the creation a WhatsApp group where motivational, mindful or inspirational quotes are shared daily. They have also organised wellness walks, picnics and beach outings, providing opportunities for the team to connect outside of the work place and enjoy time together in a relaxed environment.

Our PDN, Gemma, attended the ODN PDN forum where she presented her innovative 'Flipped Sim' concept for the first time outside of the trust. This presentation was very well received, and there are plans in place to share this concept more widely throughout 2026. Gemma has developed this approach over the years for use across a range of neonatal scenarios, and has successfully incorporated it into PROMPT and Skills Days to support multidisciplinary team education.

COLCHESTER

Our BAPM-compliant Neonatal Transitional Care service launched on 30 June 2025 with a four-bedded bay on the postnatal ward. Since launch, 149 babies have accessed transitional care and a further 131 received antibiotics on the postnatal ward. The service has cared for babies from 34 weeks until term and in December the service cared for its first 34+4 week gestation baby that was admitted straight to transitional care without touching the neonatal unit. The service has covered a wide range of the BAPM admission criteria, including enhanced phototherapy, nasogastric feeding, hypothermia, suspected sepsis and babies born premature and with low birth weights.

Feedback has been overwhelmingly positive, with many comments commending both the team and the quality of the service. Improvements have also been made in response to family suggestions, including more comfortable recliner chairs to facilitate support person's being resident

We are extremely proud of the team for embracing change, developing transitional care services and consistently delivering high-quality care.

CHALLENGES

Clinical space remains a significant challenge, alongside limitations in facilities for parents and staff. Measures have been implemented to optimise the current environment while redevelopment plans continue. EPIC implementation has also highlighted challenges within the neonatal and medication build, with ongoing work to refine and improve the system.

AMBITIONS

- BFI Stage 2 Accreditation
- BLISS Gold Accreditation to demonstrate our high-quality approach to Family Integrated Care
- To work closely with our senior leadership team to make progress on the Neonatal expansion business case
- Further optimise and embed EPIC within clinical practice

IPSWICH

Lead Clinician: Prathiba Pai
Matron: Emma Hart
Lead Nurse: Danielle Mitchell

ACHIEVEMENTS

2025 has been a busy and progressive year for us at Ipswich, bringing both positive developments and new challenges. Danielle Mitchell stepped into the role of Ward Sister earlier this year. Having worked at Ipswich for many years, Danielle brings a wealth of experience and enthusiasm, and is passionate about supporting the continued growth and development of our service. Our Trainnee ANNP, continues on her development pathway and is looking forward to completing her accademic studies later this year.

A key focus within our nursing workforce has been achieving and maintaining 70% of nurses qualified in speciality. This year we have made progress against our action plan and have met and maintained the required standard supporting the delivery of high quality care for babies requiring ITU or HDU care. Following the successful securing of funding for quality provision roles in 2024, we were able to recruit into our Infant Feeding and Family Integrated Care (FiCare) teams. The Infant Feeding Team has demonstrated outstanding commitment in preparing the unit for BFI Stage 2 accreditation, while the FiCare team has strongly focused on advancing equality and diversity for families. Both teams have made excellent progress towards their 2025 objectives, and we look forward to seeing their continued impact and development as they build on this success throughout 2026.

As a wider team, we have also begun developing a community outreach clinic, which we hope will provide reassurance and greater accessibility for parents engaging with external clinics. Alongside this, we aim to establish a strong peer support network for families. These developments will help us build a solid foundation for enhancing service provision and meeting the neonatal BAPM outreach standards. Once established, the outreach service will receive ongoing monthly support from both the FI Care and BFI teams. Our long-term ambition is to further integrate Allied Health Professionals (AHPs) and Health Visitors into the service, helping to streamline support for families and reduce the need for hospital visits, although we recognise this will take time to achieve.

May 2025 marked an important milestone for the Ipswich team with the admission of our first patient into the new Transitional Care service. This has represented a significant achievement and a substantial body of work for the wider team, with clear benefits already being seen for families accessing the service. Led by our Transitional Care Ward lead and staffed by our nursery nurses, the Transitional Care service has received highly positive feedback from service users, reflecting the team's commitment to delivering compassionate, family-centred care and improving the overall patient experience. Between May 2025 and March 26, 288 families accessed the service, helping to prevent unnecessary separation of parents and babies while strongly supporting the principles of Family Integrated Care, including for our late pre term babies. We continue to celebrate our successes and collaborative working. For example a baby born at 34+3 weeks' gestation had a 5 day inpatient stay within Transitional Care followed by successful early discharge, supported by our Neonatal Outreach team.

IPSWICH

Cross site working with our ESNEFT counterparts in Colchester has continued and this relationship has seen many benefits for our teams. Consistency of care and provision of equipment in all areas where neonatal practice occurs has meant cross site staff cover has been a much smoother process. The continuation of joint study days for QIS skills and IV study has helped strengthen working relationships allowing greater access to cross site staff support. BFI teams have worked together alongside both PDN's to implement BFI training to support our ambitions for BFI stage 2 accreditation.

Neonatal ATAIN and Optimisation action plans, quality improvement projects, Datix reviews and Early Learning Reviews have shaped the agendas for PROMPT and nursing study days, helping to drive practice improvement through focused learning. Investment in equipment, including Hamilton T1 ventilators, now enables synchronised ventilation and volume guarantee ventilation during transport.

Throughout the year, the unit celebrated a number of important events that recognised and promoted the vital role families play within neonatal care. We celebrated Baby Communication Week, focusing on the unique abilities babies are born with to form connections that support not only their survival, but also their ability to truly thrive. Families were offered access to free seminars throughout the week centred on bonding and early communication. We also marked World Prematurity Day, Kangaroo Care Week, Mother's Day, Father's Day, and a variety of other seasonal celebrations and events across the year. These occasions provide valuable opportunities to highlight the importance of families as partners in care, while also bringing staff and families together to create moments of connection, support, and light relief within the often-stressful neonatal environment.

The team also successfully completed the SurfON trial, recruiting a total of 12 patients and achieving 4th place nationally for overall recruitment. Impressively, Ipswich recorded the highest recruitment rate among all Level 2 Neonatal Units, highlighting the commitment and dedication of the wider multidisciplinary team. This achievement reflects the excellent collaboration between Consultants, ANNPs, Nursing and Midwifery teams, and local project leads, demonstrating strong teamwork and a shared commitment to advancing neonatal research and improving patient care.

Special thanks go to our Infant Feeding support nursery nurse, for her exceptional work in launching the "Golden Drops Project." This initiative focuses on improving the early provision of maternally expressed milk for premature babies, supporting better outcomes and giving our most vulnerable infants the best possible start in life. Her dedication, together with the invaluable support and collaboration of our maternity feeding colleagues, has been central to the success of this project, with remarkable enthusiasm and commitment shown by every one involved.

Early in 2026, we welcomed the regional peer review team, providing an opportunity to showcase the team's commitment to delivering high-quality care. We look forward to addressing the identified areas for improvement over the coming year.

IPSWICH

CHALLENGES

The most significant challenge during 2025 has been the implementation of the EPIC electronic patient record system. This required a temporary pause in some education and training activities, delaying implementation of several regional care bundles and increasing pressure on staff. Despite these challenges, the team has embraced the change positively and continues to identify opportunities to improve processes and enhance patient and family experience Although Allied Health Professional provision remains below recommended levels, the contribution of these services continues to have a significant positive impact. Improvements in feeding progression have been seen, and the psychology service provides valuable individual and group support for families.

Following a reduction in healthcare-associated infections (HAIs) after the 2024 ward refurbishment, infection rates increased again during 2025. Close collaboration with Infection Prevention and Control and Estates teams has strengthened IPC practices across the unit. Sink replacement works completed in early 2026 are expected to support further reductions in infection rates.

Term admission rates continue to fluctuate, although some improvement has been seen. Transitional Care has supported more families to remain together and receive care closer to home. A dedicated working group has been established with maternity colleagues to further reduce avoidable term admissions.

Medical staffing remains a challenge, with current provision not fully meeting BAPM standards. While the Tier 1 rota is compliant, frequent turnover of GPVTS, ED and Foundation trainees makes it difficult to maintain competency and training within the workforce. The aim is to move towards a model of Paediatric trainees, FY2 doctors and ANNPs providing neonatal cover. Dedicated Tier 2 neonatal middle-grade cover from 09:00–21:00, seven days a week, was introduced several years ago, but progress towards further enhancement has been limited. Increasing acuity of paediatric admissions and the distance between the paediatric ward and maternity block reinforce the need for a separate overnight Tier 2 rota. However, recruitment difficulties and financial pressures have slowed progress. The Tier 3 rota currently does not meet BAPM standards, although there is a long-term plan to achieve compliance. Greater senior presence on the unit would support timely decision-making, improve NNAP outcomes and help reduce term admissions. Changes within the Tier 3 workforce over the past year, including retirements and career moves, have increased reliance on external locums. Robust induction programmes and shadow shifts have helped ensure safe integration and maintain service quality.

AMBITIONS

- Working towards meeting the BAPM standard for medical workforce
- Work towards developing a community outreach clinic
- BFI stage 2 accreditation
- Continued reduction in term admissions