

# ***Journey to ANNP & beyond.....***



**Róisín McKeon-Carter**  
ANNP / Clinical Director  
Florence Nightingale Nursing  
Leadership Scholar

**NNCA 2017  
Wellington  
New Zealand**

## ■ COPYRIGHT

- All images have been obtained using Google image search engine

## ■ THANK YOU





# **Journey to ANNP & beyond...**

- In this presentation I will outline
  1. My journey to ANNP....
  2. Evolution of the ANNP role in UK
    1. Supporting DoH / NHS documents
  3. ANNPs developing leadership skills
  4. Neonatal Nursing structure / framework
  5. Workforce needed to care for neonates
  6. Role modelling
  7. Social media & neonatal nursing

# ***The Story of the Growth of Nursing, as an Art, a Vocation and a Profession.***

***Pavey, Agnes E. London Faber and Faber, 1938.***



# RSCN / RGN 1981/83



St. Vincent's University Hospital





# Dublin, Ireland – Jeddah, Saudi Arabia (1984-1987)

## – Sultanate of Oman (1987-1989) – Plymouth, Devon, UK (1989-.....)

**FEMALE STAFF NURSES  
REQUIRED FOR JEDDAH -  
SAUDI ARABIA**  
Government Hospital

Departments:-  
•Adult Cardiac ICU  
•Pediatric Cardiac ICU  
•Operation Room Heart  
•Surgey  
•Pediatric cardiac Surg. Room  
•Adult Cardiac Surgical High  
Dependency  
•PHYSIOLOGY (Adult, Pediatric,  
General/Palliative Care,  
Medical)  
•Emergency Room  
•ICU  
•Staff Nurse VIP (Adults/  
Pediatrics, Medical/Surgical/  
Antenatal/Postnatal/Gynaecology)

Qualification:  
B.Sc Nursing  
Experience: 3+  
years  
Nationality:  
Indian

Safety, Industry Standards + Accommodation +  
Annual Air tickets + Medical Benefits + Visa  
(Only for Single), annual Leave : 30 Working days  
Annually (as per HR policies & Procedures)

If interested share CV at :  
gulfnursingjobs@convate.com

Mobile :919872855833/ 918040609669/



Plymouth Hospitals **NHS**  
NHS Trust



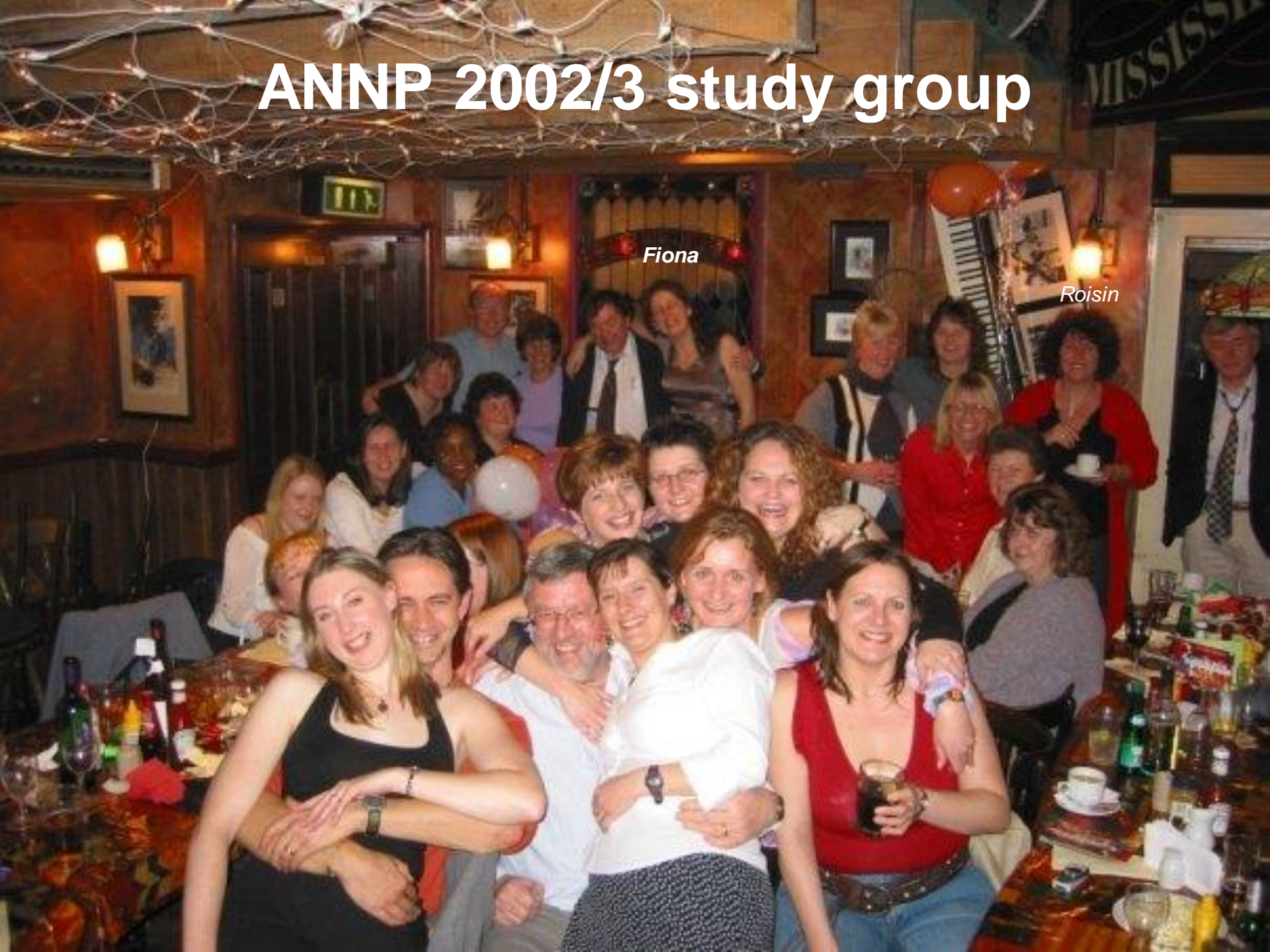
# ANNP BSc Neonatal Studies

## 2002/03





# ANNP 2002/3 study group



*Fiona*

*Roisin*



# Evolution of ANNP role in UK

- 1982 Nurse Practitioner (adult) introduced into UK
- 1992 S'ton trained 1<sup>st</sup> cohort of ANNPs (Cert→BSc →MSc →PhD)
  - Only university to offer training
- 1999 UK nurses given prescribing rights
- 2006 Nurse Independent Prescribing (NIP)
- 2012 NIPs prescribing CDs
- Current - Universities offering Clinical Doctorates – ANNPs directed onto that pathway

# Chronology of Changes that impacted on the neonatal service & ANNP role

2003 Neonatal Services Review→



2004 Neonatal Networks (centralisation) / Transport →



2006 Specialist Commissioning→



2007 FY doctors → Specialist trainees→



2009 Implementation of EWTD→



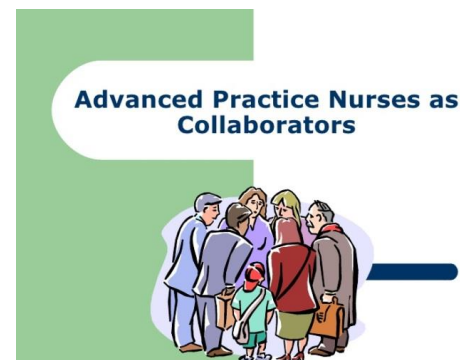
2010 Economic challenges →



2013 Operational Delivery Networks→



2015 NHS £Billions in debt.....



# Guidance for Commissioners & Employers re ANNPs



TOOLKIT FOR HIGH-QUALITY  
NEONATAL SERVICES



Optimal Arrangements for Neonatal Intensive Care Units  
in the UK including guidance on their Medical Staffing

A Framework for Practice

June 2014



Neonatal Critical Care  
(IC, HDU & SC)  
&  
Neonatal Transport



Career, education and  
competence framework for  
neonatal nursing in the UK

RCN guidance





- **Training / roles**
  - *Medical v Advanced Nursing focus – (Nursing qualifications.....on NMC register - nurses NOT on GMC)*
- **Medical Lead in SCU's**
  - *Wansbeck & Brighton – ANNP led, no medical staff present!*
- **Tier 1 (Junior Dr/SHO) rotas**
  - *Carry 1<sup>st</sup> emergency bleep, ICU, Baby checks/NIPE*
- **Medical lead on transport teams**
- **Tier 2 (Middle Grade/Registrar) rotas**
  - *Carry 2<sup>nd</sup> crash bleep, supervise medical trainees.....*
- **Nurse Consultant**
  - *Leadership / Transport / Surgical*



# ANNPs in Plymouth - team established in 2002.....

- ANNPs were 'all things to all people'....
- Lost profile as 'senior nurses'
  - We were all in senior roles prior to ANNP course
- Treated / seen as 'junior doctors'
  - No perks – study leave etc!
  - Senior nurse (Matron) didn't *understand* the role
  - ANNPs were misrepresented at senior nurse meetings – didnt know 'what we did all day.....we were 'not nurses'!
- Worried about governance....
  - Who would support us if there was an 'incident'? – especially on transport
  - Not on NMC (governing body) as ANNPs
    - No place on register – only for adult or child branch etc

# ANNPs integral in all NHS, DOH & BAPM documents for neonatal services since 2003

2014



Log in Contact Us

Home About Us Membership News Events Professionals Policies & publications

Optimal Arrangements for Neonatal Intensive Care Units in the UK including guidance on their medical staffing

In this section

Submit a publication

Category

BAPM publications  
Clinical guidance  
General

The aim of this document is to provide guidance on the optimal activity of Neonatal Intensive Care Units (NICUs) in the UK. Optimal is defined as providing a combination of the lowest mortality and morbidity, the best cost effectiveness and the best baby and parent experience. A NICU is defined as that described in the Department of Health (DH) Toolkit for Neonatal Services



SERVICE STANDARDS FOR HOSPITALS PROVIDING NEONATAL CARE (3<sup>rd</sup> edition)

2010



ANNP  
means

Advanced Neonatal Nurse Practitioner

by allacronyms.com



Caring for Vulnerable Babies: The reorganisation of neonatal services in England

© 2014 NHS.uk. All rights reserved. No part of this publication may be reproduced without permission.



TOOLKIT FOR HIGH-QUALITY NEONATAL SERVICES

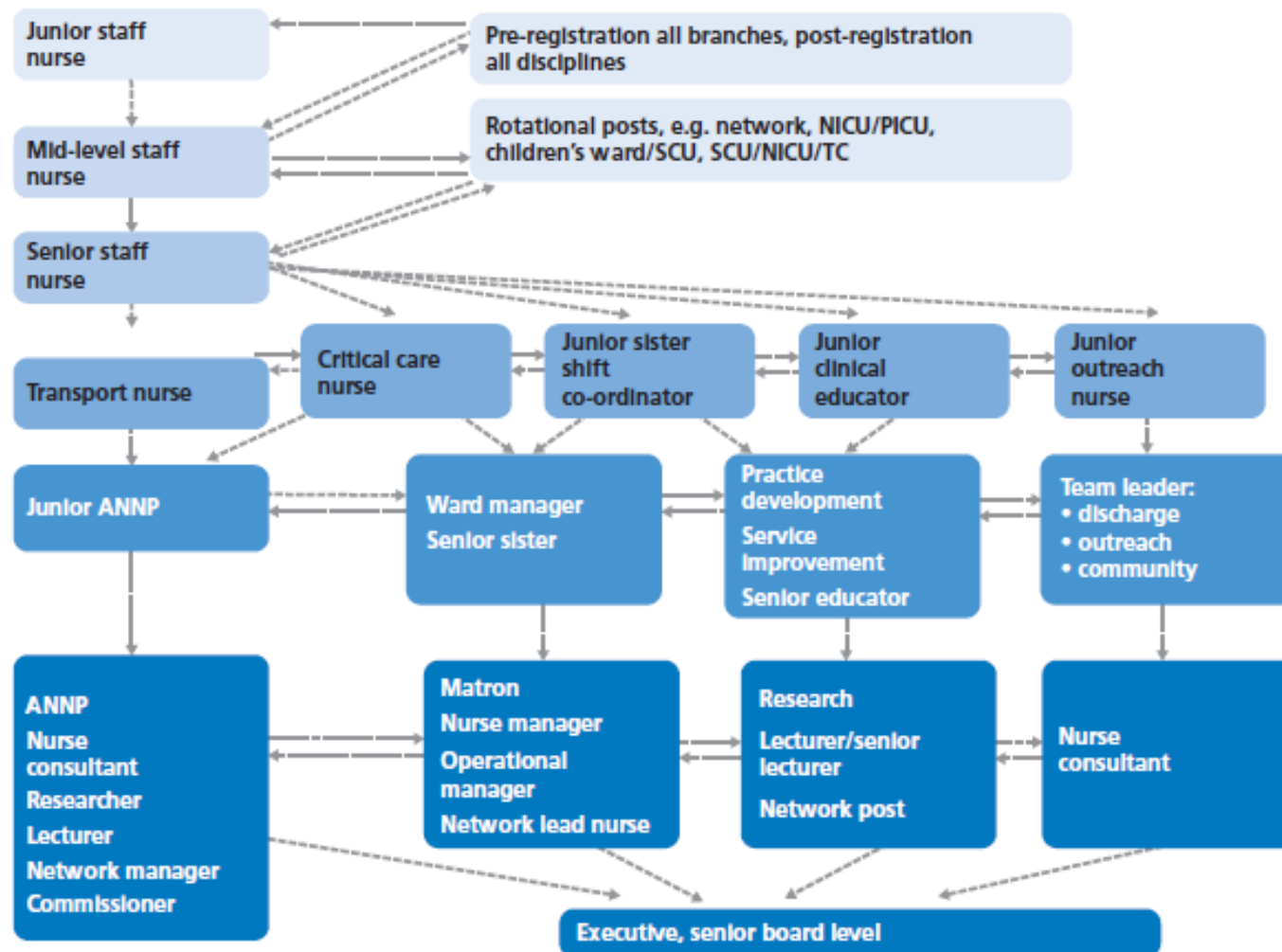
2009



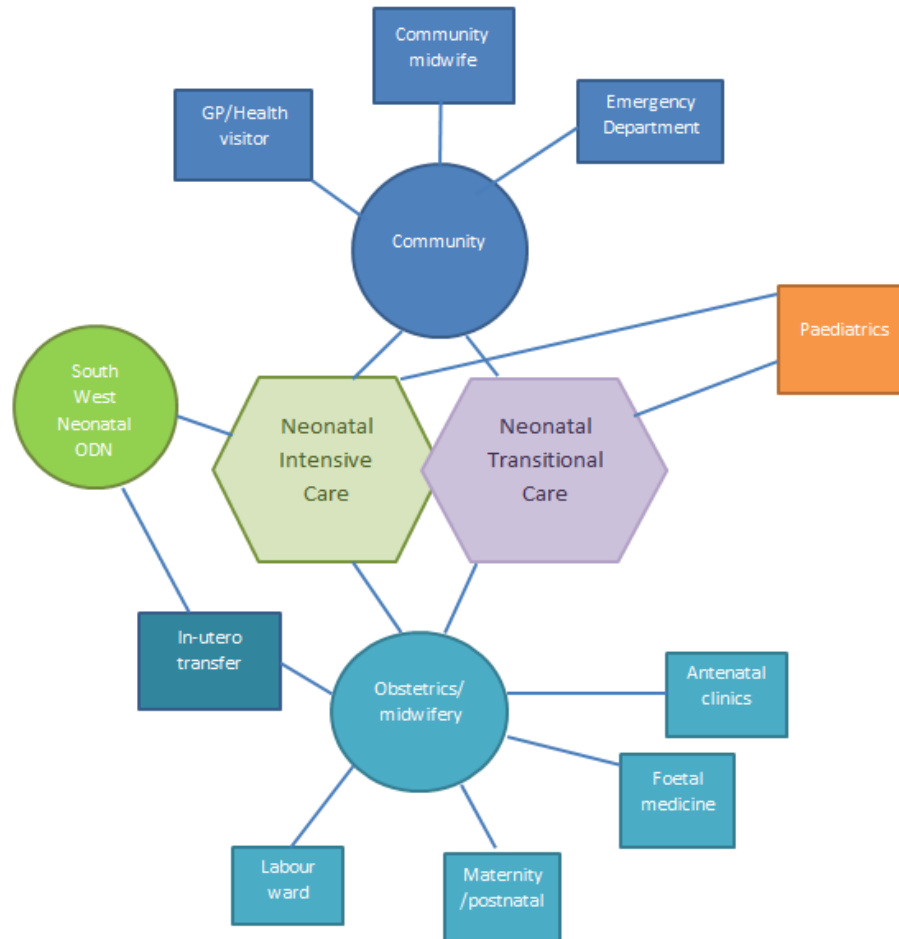


# Department of Health Toolkit 2009

## Nursing Structure Guidance for Trusts



# ANNPs building relationships with teams – ‘*role modelling*’



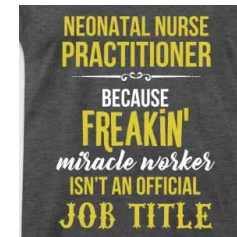
# Plymouth ANNP team - development

1. Identified a lead ANNP
2. 'Fought' to get 80% clinical 20% non-clinical
3. Maintained an 'hours log'

|   | Day | Date      | Clinical | Manageric | Transport | Admin | Meetings & Planning | Personal Development | Mentoring | NLS Teaching | Teaching | Misc | Sick Leave | Annual Leave | Block Total | Excess Hours in Block |
|---|-----|-----------|----------|-----------|-----------|-------|---------------------|----------------------|-----------|--------------|----------|------|------------|--------------|-------------|-----------------------|
| 1 | Mon | 21-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 30          | 0                     |
| 2 | Tue | 22-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |
| 3 | Wed | 23-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |
| 4 | Thu | 24-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |
| 5 | Fri | 25-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |
| 6 | Sat | 26-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |
| 7 | Sun | 27-Aug-17 |          |           |           |       |                     |                      |           |              |          |      |            |              | 0           | 0                     |

4. Developed lead roles

1. Leadership
  2. Education
  3. Governance
  4. Medicines Management
  5. Transport
5. Established '**senior nurse**' meetings including ANNPs with TOR & with clear objectives & productivity for the NICU / NTC / Outreach / Transport Services!



**RAISED PROFILE OF ANNPS AS 'SENIOR NURSES'**



# Value of ANNP's 20% non-clinical time – developing service

## ■ Leadership / Service

- Momentum of standard care – guidelines etc
- Established MDT working – previous silo working with midwifery
- Led Neonatal Transitional Care development – SOPs / Guidelines – MDT with midwifery & medical consultants
- Supported Neonatal Outreach development to 7 day service
- Board on Regional Neonatal Network
  - Developed partnerships with other units etc



# Value of ANNP's 20% non-clinical time – developing service

## ■ Education

- Teach on in-house education days – nurses / midwives / junior doctors
- Support university QIS (neonatal speciality) teaching
- Developed Midwifery 1<sup>st</sup> day check / NIPE
  - Newborn examination is now midwifery led
- Developed links with University of Plymouth & established local ENNP & MSc ANNP course
- On research committee for ReASoN – a national medical / nursing conference – nurses integral in program due to ANNP input
- Developed a UK ANNP forum – 3<sup>rd</sup> year



# **Value of ANNP's 20% non-clinical time – developing service**

## **■ Governance**

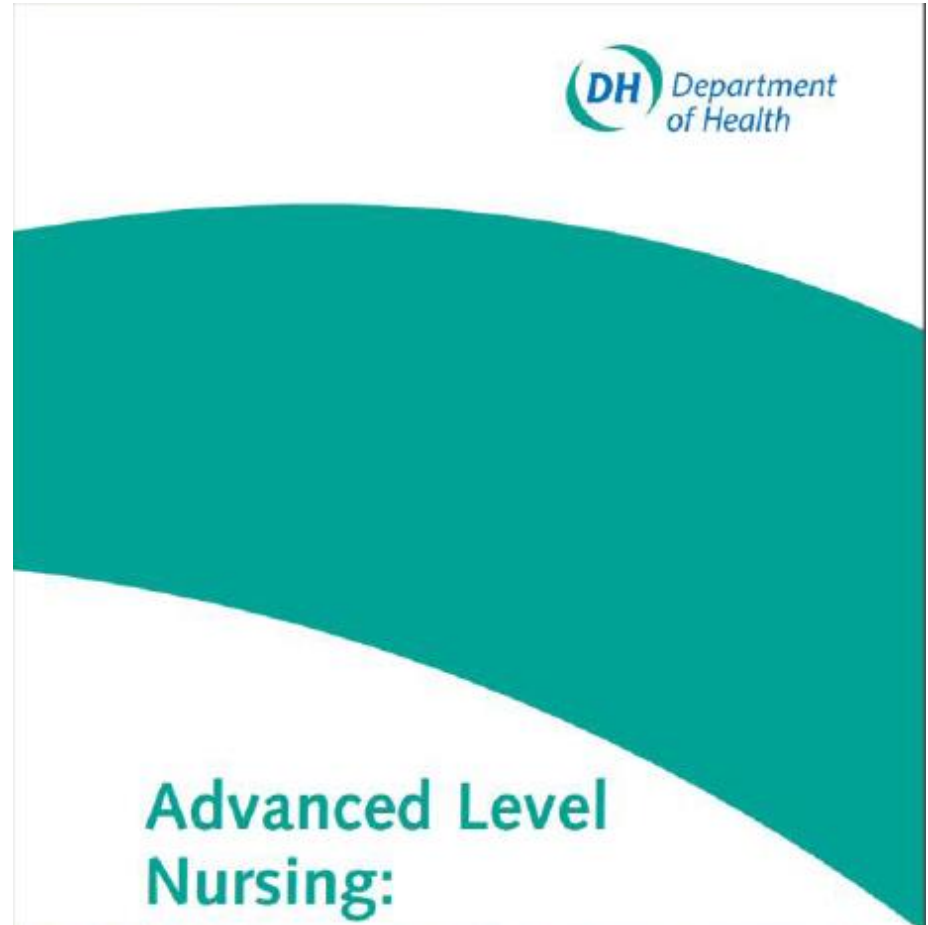
- ☐ Medicines management – reduced drug errors & established a program in collaboration with clinical pharmacist to include nursing & medical staff
  - CQC applauded innovation**



# Advanced Level Practice

*ANNP role 2002-2012*

- Clinical / direct care practice
- Leadership and collaborative practice
- Improving quality and developing practice
- Developing **(self)** and others.
- *(Council for Healthcare Regulatory Excellence 2009).*



# 'Developing self'

## Scholarships for nurses, midwives and health visitors



*The Florence Nightingale Foundation provides scholarships to promote innovation in practice, extend knowledge and improve patient care. There are three types of scholarship:*

### Research

Need help funding your MA or PhD?

Up to £5,000 to fund a clinically focused research component of an academic course of study.

### Travel

Study best practice through travel abroad or within the UK.

Up to £5,000 to fund projects which will benefit patients/users and the professions more widely.

### Leadership

Giving you the skills and confidence to contribute positively to healthcare.

Up to £15,000 to fund bespoke programmes of personal development.

*Applications reopen on our website in early 2018.*

*Available to healthcare professionals living and working in the UK and on the appropriate register.*

W: [www.florence-nightingale-foundation.org.uk](http://www.florence-nightingale-foundation.org.uk)

E: [admin@florence-nightingale-foundation.org.uk](mailto:admin@florence-nightingale-foundation.org.uk)

T: 020 7730 3030

@fningtingalef



## The Florence Nightingale Foundation

# Connected with hospital executives

[Disclaimer](#)

Add this to your Homepage Favourites

## Executive Director Team



[Ann James](#)  
Chief Executive  
Secretary: [Lucy Baber](#) - 39084



[Nick Thomas](#)  
Deputy Chief Executive and  
Director of Planning  
and Site Services  
Secretary: [Bryonie Deeming](#) -  
39491



[Neil Kemsley](#)  
Director of Finance  
Secretary: [Michelle Smith](#) -  
39085



[Dr Phil Hughes](#)  
Medical Director  
Secretary: [Claire Nix](#)



[Greg Dix](#)  
Director of Nursing  
Secretary: [Claire Jukes](#) - 31232



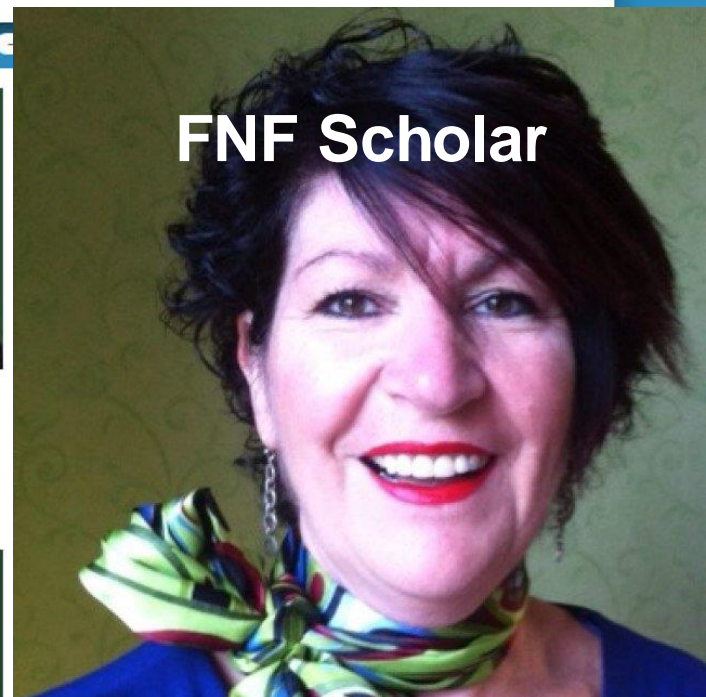
[Kevin Baber](#)  
Chief Operating Officer  
Secretary: [Sarah Visick](#) - 32559



[Lee Budge](#)



[Steven Keith](#)



**FNF Scholar**

**Head of Midwifery /  
Associate Director  
of Nursing**

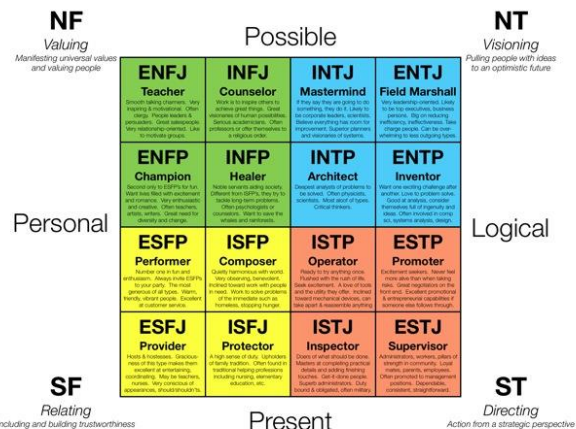


**Raised MY Profile  
in the hospital  
'Brave & Bold' &  
consequently  
raised profile of NICU**







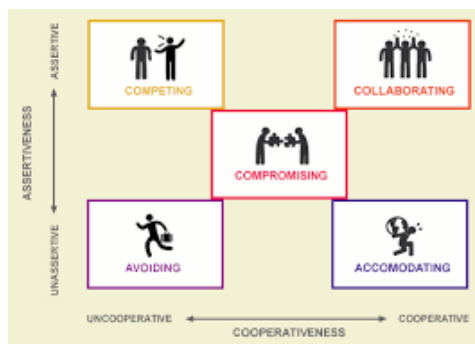
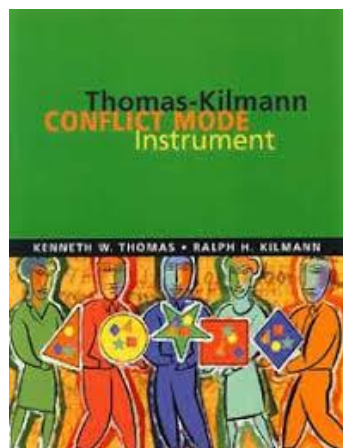
# FNF Scholarship – 2012

**Developed me as a leader & then WHOLE NICU Senior team (consultants & Senior Nurses) leadership skills – ‘tools in the toolbox’**



## THE 9 BELBIN TEAM ROLES

|          |                       |   | Team Role Contribution   | Allowable Weakness  |
|----------|-----------------------|---|--|---|
| Thinking | Plant                 | PL    | <i>Creative, imaginative, free-thinking. Generates ideas &amp; solves hard problems.</i> | <i>Ignores incidentals. Too pre-occupied to fully communicate.</i>        |
|          | Monitor Evaluator     | ME   | <i>Sober, strategic and discerning. Sees all options and judges accurately.</i>          | <i>Lacks drive and ability to inspire others. Can be overly critical.</i> |
|          | Specialist            | SP   | <i>Single-minded, self-starting, dedicated. Provides rare knowledge and skills.</i>      | <i>Contributes only on a narrow front. Dwells on technicalities.</i>      |
| Action   | Shaper                | SH   | <i>Challenging, dynamic, thrives on pressure. Has drive to overcome obstacles.</i>       | <i>Prone to provocation. Offends people's feelings.</i>                   |
|          | Implementer           | IMP  | <i>Practical, reliable, efficient. Turns ideas into actions and organizes tasks.</i>     | <i>Somewhat inflexible. Slow to respond to new possibilities.</i>         |
|          | Completer Finisher    | CF   | <i>Painstaking, conscientious, anxious. Finds errors. Polishes and perfects.</i>         | <i>Inclined to worry unduly. Reluctant to delegate.</i>                   |
| People   | Coordinator           | CO   | <i>Mature, confident, identifies talent. Clarifies goals. Delegates effectively.</i>     | <i>Can be seen as manipulative. Offloads own share of the work.</i>       |
|          | Team Worker           | TW   | <i>Co-operative, perceptive and diplomatic. Listens and averts friction.</i>             | <i>Indecisive in crunch situations. Avoids confrontation.</i>             |
|          | Resource Investigator | RI   | <i>Outgoing, enthusiastic, communicative. Explores opportunities, develops contacts</i>  | <i>Over-optimistic. Loses interest once initial enthusiasm expires.</i>   |



# RADA

# Florence Nightingale Scholarship – connections with New Zealand



**Carole Heatley**  
CEO Southern Health Board



**Christchurch NZ comes to Plymouth Nov 2017**



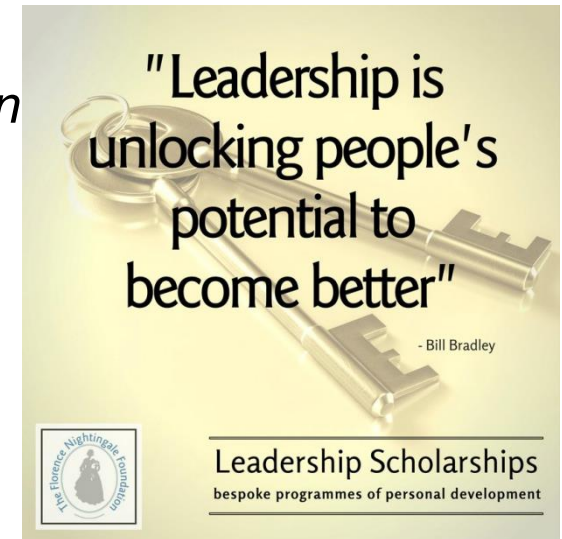


# Commemoration Service Westminster Abbey 2014



# ANNP to Clinical Director

1. FNF Scholarship 2012
2. Raised my profile with Hospital Board
3. Developed Leadership skills – *'tools in the toolbox'*
4. 2013 *'Head hunted'* by HOM/CEO to lead Neonatal Services – **Clinical Director** (usually a medical doctor role)
5. Raised profile of NICU – historically a *'Cinderella'* service in large teaching hospital
  1. Result in increased investment - more nursing & medical staff



# Woman's & Children Care Group

Care Group Clinical Director: Dr Peter Rowe

Care Group General Manager: Keith Chapman

Service Line Cluster Manager: Ali Cows

Director of Midwifery / Associate Director of Nursing: Sue Wilkins

**38 Service Lines in PHNT – NICU is the most important.....**

## Gynaecology & IVF

**SLD:** Peter Scott

**SLM:** Ali Cows

**Matron:** Cath Williams

**Wards:** Meavy, Colposcopy,  
Gynae OPD, Ocean Suite,  
Lancaster Suite

## Obstetrics (Medical)

**SLD:** Peter Scott

**SLM:** Ali Cows

**Matron:** Sheralyn Neasham

**Wards:** Argyll, Transitional Care  
Ward (TCW)

## Maternity

**SLD:** Sue Wilkins

**SLM:** Ali Cows

**Matron:** Sheralyn Neasham,  
Charlotte Wilton

**Wards:** Argyll, TCW, Labour,  
Antenatal, Day Case Services,  
Community Bases

## GU Medicine PAC & HIV

**SLD:** Zoe Warwick

**SLM:** Amanda Worley

**Matron:** Cath Williams

**Wards:** Your Sexual Health  
Plymouth

## Breast Surgery

**SLD:** Vacant Post

**SLM:** Ali Cows

**Matron:** Cath Williams

**Wards:** Primrose Unit

## Neonatal

**SLD:** Roisin McKeon-Carter

**SLM:** Rachel Deakin

**Matron:** Anita Dykes

**Wards:** NICU, Transitional Care  
Ward (TCW), Neonatal  
Outreach & Peninsula Neonatal  
Transport Service (PNTS)

## Acute Paediatrics

**SLD:** Dr Simon Courtman

**SLM:** Rachel Deakin

**Matron:** Anita Dykes

**Wards:** Wildgoose, Woodcock,  
CAU, CYPD, CHDU

## Community Paediatrics

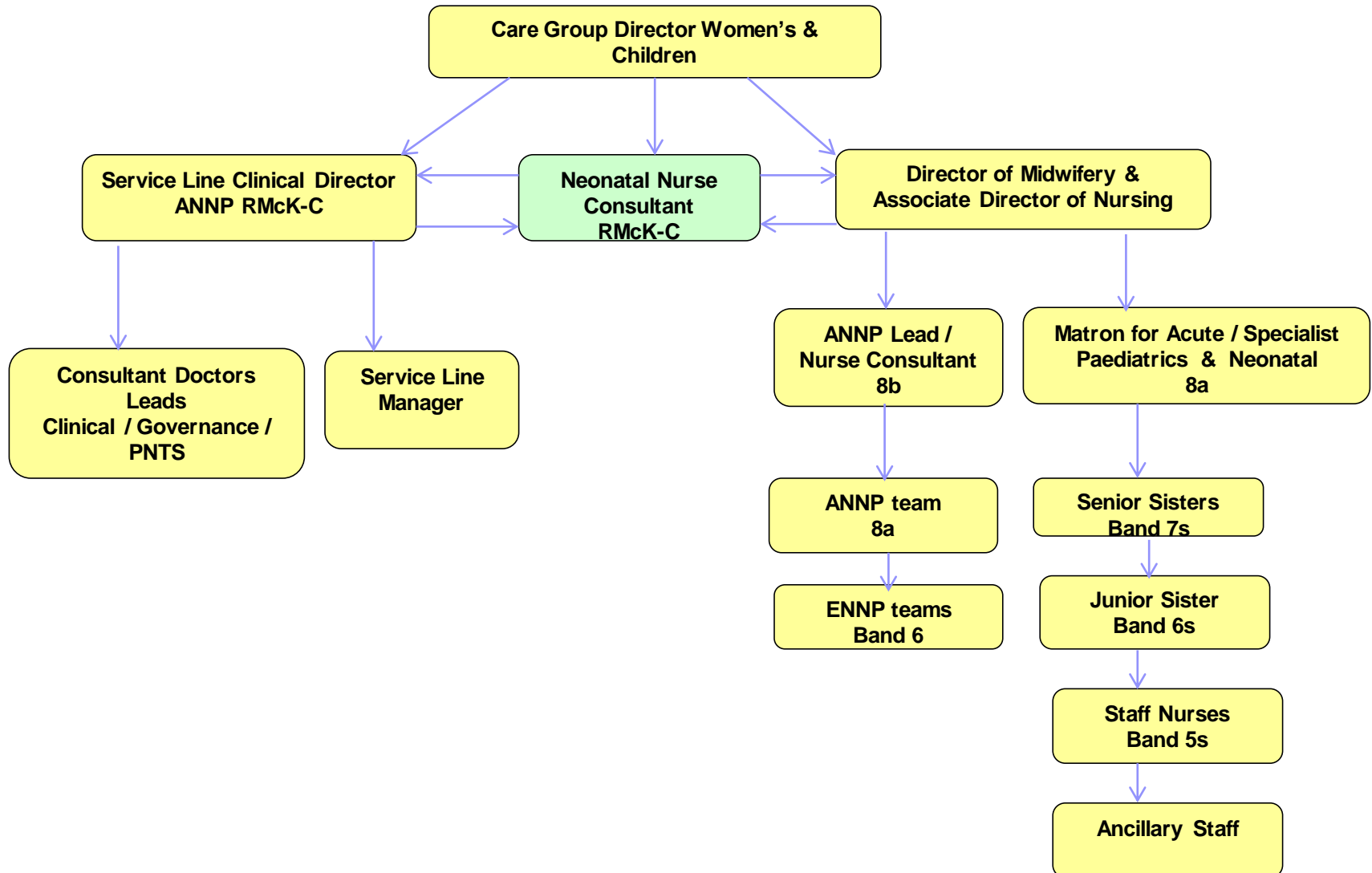
**SLD:** Ben Marsh

**SLM:** Sue Frise

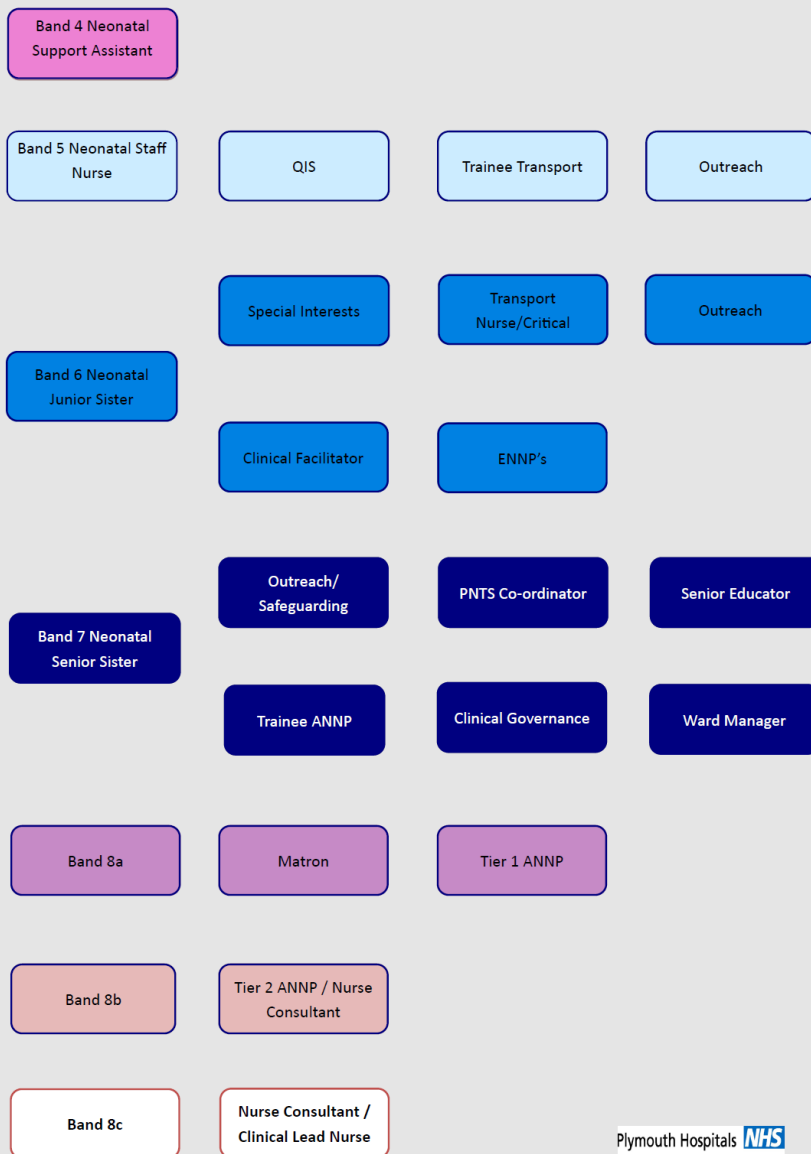
**Nurse Consultant:**

**Wards:** Child Development  
Centre (CDC)

# Organisational Structure Neonatal Services



# NICU PHNT Nursing Workforce Framework (DoH Toolkit + BAPM)



## NICU / TCW / Outreach / PNTS Nursing Structure

### References:

Neonatal Toolkit for High-Quality Neonatal Service

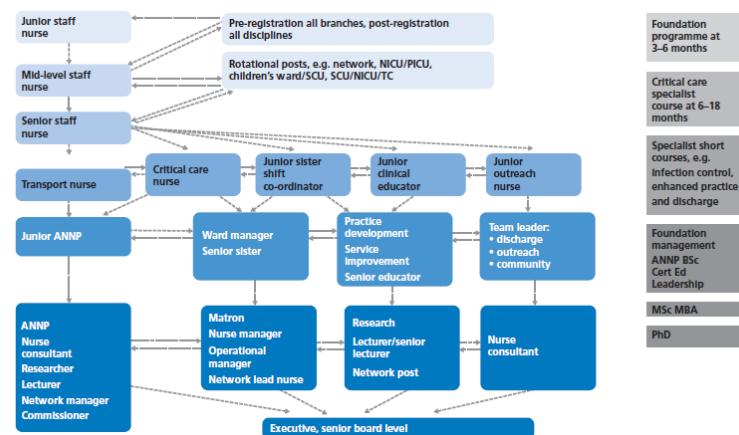
DoH 2009

Service Standards for Hospitals providing Neonatal Care

BAPM 2010

Optimal Arrangements for Neonatal Intensive Care Units in the UK including guidance on their Medical Staffing

BAPM 2014





# Safe clinical neonatal care – who/how?

## ■ Midwives

- Newborn Infant Physical Examination (NIPE) (1<sup>st</sup> day check)
  - University or certification course (SRENC)

## ■ Ancillary nurses

- Nursery nurses / HCA / MCA – SC/NTC/HD (supported by registered nurse)
- Education package to support working on NTC & NNU (HD/SC)

## ■ Neonatal Nurses

- Registered nurses (QIS 70%) – competent in IC / transport

## ■ Critical care nurses / Enhanced Neonatal Nurse Practitioners (Post Grad / MSc modules) – succession planning for ANNP

Skilled QIS – learning packages / workshops ('tools in the toolbox')

- IV cannulation / blood letting / arterial gasses
- NLS + (1<sup>st</sup> attendee at low risk deliveries)
- NIPE - 1<sup>st</sup> day check
- Ventilation management
- Transport – nurse led



# Safe clinical neonatal care – who/how?

## ■ ANNP (Masters level)

- Tier 1 medical duties + education / research / governance
- Tier 2 medical duties + Transport + education / research / governance + clinical leadership

## ■ Nurse Consultant (Masters / PhD)

- Clinical expert / Service Development / Board level in Trust / ODN / National bodies



# The Neonatal Nurse Consultant Role

- *Influence service developments; challenge cultures and organisational structures*



- *Promote multi-disciplinary working; support the development of advanced practice*

- *Challenge traditional hierarchies; break down historical boundaries within healthcare*



# A framework for the Nurse Consultant Role

- Expert practitioner – either as generalist or specialist, developing clinical practice - [ANNP](#)
- Educator and enabler of others - [ANNP](#)
- Researcher – with specific expertise in practice-based research – [MSc/ MBA / PhD - ANNP](#)
- Expert and process consultant – from the clinical to executive and strategic levels - [ANNP](#)
- A transformational leader – enabling culture development and empowerment - [ANNP](#)

(Manley 1997)

20 years on...how many Neonatal Nurse Consultants?

# Social Media?

Raise profile of Neonatal Nursing / ANNPs

***Develop the 'BRAND'!***



**Bliss**

for babies born too soon,  
too small, too sick



**Petitions**  
UK Government  
and Parliament



# WHO ARE YOU?

## MBTI CHART



### ISTP

#### INVERTED SENSING THINKING PERCEIVING

Tolerant and flexible, quiet observers until a problem appears, then act quickly to find workable solutions. Analyze what makes things work and readily get through large amounts of data to isolate the core of practical problems. Interested in cause and effect, organize facts using logical principles, value efficiency.

*Mechanic*



### ISFP

#### INVERTED SENSING FEELING PERCEIVING

Quiet, friendly, sensitive, and kind. Enjoy the present moment, what's going on around them. Like to have their own space and to work within their own time frame. Loyal and committed to their values and to people who are important to them. Dislike disagreements and conflicts, do not force their opinions or values on others.

*Artist*



### INFP

#### INVERTED INTUITIVE FEELING PERCEIVING

Idealistic, loyal to their values and to people who are important to them. Want an external life that is congruent with their values. Curious, quick to see possibilities, can be catalysts for implementing ideas. Seek to understand people and to help them fulfill their potential. Adaptable, flexible, and accepting unless a value is threatened.

*Idealist*



### INTP

#### INVERTED INTUITIVE THINKING PERCEIVING

Seek to develop logical explanations for everything that interests them. Theoretical and abstract, interested more in ideas than in social interaction. Quiet, contained, flexible, and adaptable. Have unusual ability to focus in depth to solve problems in their area of interest. Skeptical, sometimes critical, always analytical.

*Thinker*



### ESTP

#### EXTRAVERTED SENSING THINKING PERCEIVING

Flexible and tolerant, they take a pragmatic approach focused on immediate results. Theories and conceptual explanations bore them; they want to act energetically to solve the problem. Focus on the here and now. Spontaneous, enjoy material comforts and style. Learn best through doing.

*Doer*



### ESFP

#### EXTRAVERTED SENSING FEELING PERCEIVING

Outgoing, friendly, and accepting. See life as full of possibilities. Make connections between events and information very quickly, and confidently proceed based on the patterns they see. Want a lot of affirmation from others, and readily give appreciation and support. Spontaneous and flexible, often rely on their ability to improvise and their verbal fluency.

*Entertainer*



### ENFP

#### EXTRAVERTED INTUITIVE FEELING PERCEIVING

Warmly enthusiastic and imaginative. See life as full of possibilities. Make connections between events and information very quickly, and confidently proceed based on the patterns they see. Want a lot of affirmation from others, and readily give appreciation and support. Spontaneous and flexible, often rely on their ability to improvise and their verbal fluency.

*Inspirer*



### ENTP

#### EXTRAVERTED INTUITIVE THINKING PERCEIVING

Quick, ingenious, stimulating, alert, and outspoken. Resourceful in solving new and challenging problems. Adept at generating conceptual possibilities and then analyzing them strategically. Good at reading other people. Bored by routine, will seldom do the same thing the same way, apt to turn to one new interest after another.

*Visionary*



### ISTJ

#### INVERTED SENSING THINKING JUDGING

Quiet, serious, earn success by thoroughness and dependability. Practical, matter-of-fact, realistic, and responsible. Decide logically what should be done and work toward it steadily, regardless of distractions. Take pleasure in making everything orderly and organized – their work, their home, their life. Value traditions and loyalty.

*Duty Fulfiller*



### ISFJ

#### INVERTED SENSING FEELING JUDGING

Quiet, friendly, responsible, and conscientious. Committed and steady in meeting their obligations. Thorough, painstaking, and accurate. Loyal, considerate, notice and remember specifics about people who are important to them, concerned with how others feel. Strive to create an orderly and harmonious environment at work and at home.

*Nurturer*



### INFJ

#### INVERTED INTUITIVE FEELING JUDGING

Seek meaning and connection in ideas, relationships, and material possessions. Want to understand what motivates people and are insightful about others. Conscientious and committed to their firm values. Develop a clear vision about how best to serve the common good. Organized and decisive in implementing their vision.

*Protector*



### INTJ

#### INVERTED INTUITIVE THINKING JUDGING

Have original minds and great drive for implementing their ideas and achieving their goals. Quickly see patterns in external events and develop long-range explanatory perspectives. When committed, organize a job and carry it through. Skeptical and independent, have high standards of competence and performance – for themselves and others.

*Scientist*



### ESTJ

#### EXTRAVERTED SENSING THINKING JUDGING

Practical, realistic, matter-of-fact. Decisive, quickly move to implement decisions. Organize projects and people to get things done, focus on getting results in the most efficient way possible. Take care of routine details. Have a clear set of logical standards, systematically follow them and want others to also. Forceful in implementing their plans.

*Guardian*



### ESFJ

#### EXTRAVERTED SENSING FEELING JUDGING

Warmhearted, conscientious, and cooperative. Want harmony in their environment, work with determination to establish it. Like to work with others to complete tasks accurately and on time. Loyal, follow through even in small matters. Notice what others need in their day-by-day lives and try to provide it. Want to be appreciated for who they are and for what they contribute.

*Caregiver*



### ENFJ

#### EXTRAVERTED INTUITIVE FEELING JUDGING

Warm, empathetic, responsive, and responsible. Highly attuned to the emotions, needs, and motivations of others. Find potential in everyone, want to help others fulfill their potential. May act as catalysts for individual and group growth. Loyal, responsive to praise and criticism. Sociable, facilitate others in a group, and provide inspiring leadership.

*Giver*



### ENTJ

#### EXTRAVERTED INTUITIVE THINKING JUDGING

Frank, decisive, assume leadership readily. Quickly see illogical and inefficient procedures and policies, develop and implement comprehensive systems to solve organizational problems. Enjoy long-term planning and goal setting. Usually well informed, well read, enjoy expanding their knowledge and passing it on to others. Forceful in presenting their ideas.

*Executive*

# Future for ANNPs



*The greater the number,  
the louder the voice.  
Make a difference!  
Be heard!*

<http://www.nna.org.uk>



## ■ Develop ANNP teams

- Clinical / Education / Transport / Research
  - ANNPs in NICUs / LNUs / SCUs

## ■ Nurse Consultants

- Leadership / Clinical / Transport / Surgical / Research
- **Every ANNP team should have a nurse consultant lead**

## ■ Clinical Directors / Leadership

- Managing services
- Commissioning
- Advising Department of Health





**"I think one's feelings waste themselves  
in words; they ought all to be  
distilled into actions which  
bring results."**

**:- Florence Nightingale**

