

Minutes of Governance Lead Nurse Group

Tuesday 01 April 2025
3:00pm – 4:00pm

Via Microsoft Teams

Present:

Wendy Copson (WC), Deputy Lead Nurse (Quality & Service Improvement), EMNODN (Chair)
 Rachel Salloway (RS), Project Manager, EMNODN
 Christina Pembleton (CP), Governance Lead Nurse, Kings Mill Hospital
 Nicole Malazzab (NM), Neonatal Clinical Governance Nurse, Northampton General Hospital
 Hayley Gatens (HG), Neonatal Clinical Governance Nurse, United Lincolnshire Teaching Hospitals
 Rina Chauhan (RC), Neonatal Matron for Quality Improvement, UHL

In Attendance:

Faye Kitcherside (FK), Administrator, EMNODN (Minutes)

Item	Subject	Attachment	Action
1.	<p>Welcome & Apologies WC welcomed those present.</p> <p>Apologies were received from Maureen Westphal (MW) and Lisa Kelly (LK).</p>		
2.	<p>Declarations of Interest None.</p>		
3.	<p>Minutes from the Previous Meeting The previous minutes from the previous meeting were agreed as a true record of proceedings.</p>	A	
4.	<p>Matters Arising</p> <p>4.1 Checking and Administration of Intravenous Medication for Transitional Care Babies for Midwives A draft competency document has been devised which will be shared with DOMs and HOMs for opinion. WC will provide an update once this has been ratified.</p> <p>Some units will already have a package in place for medications, those who don't are welcome to look at the Network draft competency document. HG asked WC for a copy. Any feedback is welcome.</p> <p>WC may need to ask the units to provide their HOM's details.</p> <p>4.2 Future Meetings</p>		WC

	<p>Those present agreed to move the meeting to the last Tuesday of each month, 3:00pm – 4:00pm. FK will email all group members to check this is suitable for them as some weren't available for today's meeting.</p>		<p>FK</p>
<p>5.</p>	<p>QI Presentations 5.1 KGH's Parent Padlet Project MW was not available and so this topic was not covered.</p> <p>WC asked the group to think of any future presentation projects. This is very useful for shared learning – NGH previously shared their antenatal project and prompt stickers which are now being implemented at NUH.</p> <p>If you would like to present a specific project at a future meeting, please email WC.</p>		
<p>6.</p>	<p>Unit Updates NGH – A recent PERIPrem conference has taken place and has been very well evaluated. NM was pleased to share with the group that NGH have recently been awarded their Gold Bliss accreditation. NM is also now a Bliss assessor and will be assessing other units.</p> <p>An NGH educator has now emigrated to Australia, a replacement has been appointed but will not be starting for a few months. NM hopes the ROP nurse-led service will continue as two nurses are currently undertaking their training. Some MSWs have been hired and are funded specifically for neonates.</p> <p>ULTH – HG outlined ULTH's new Baby Labels Project involving parents writing their own babies identification labels pre-delivery. This hopes to alleviate some of the separation felt between parents and their babies and to help improve parental bonds. This is primarily in cases where it is known the mother will delivery prematurely but can hopefully be implemented in other situations e.g. crash sections. The labels have already gone through ULTH's governance process but still require sign off from specialised midwives – this will hopefully take place over the next few months. The labels will be a different colour to those wristbands already used.</p> <p>HG also discussed trying to improve relationships between maternity and neonates who now meet every day at 11:45 and fill out electronic records with all information needed for both services.</p> <p>ULTH are working on their Neonatal Reflections Service and are working closely with a counsellor from LCHS. There will be three sessions: the first allows parents the opportunity to tell their stories and outline any issues, the second involves parents coming back, speaking to a nurse and going through</p>		

notes and the third session is with a clinical psychologist. If at the end of the third session the clinical psychologist feels the family could benefit from further support, then this can be set up separately. HG hopes the reflections service will be set up in the next few months. QR codes are being created to allow parents to self-refer and long-term, the codes will also be available at GP surgeries and wider care settings.

KMH – The PERIPrem grant has been utilised for BadgerNet training – this is recorded so can be accessed at any point by staff who were not available to attend the original training. CP confirmed they are already seeing improvements as a result of this training.

Polaroid cameras have also been purchased and allow parents to have a physical photograph when separated from their babies.

An NTC fulltime lead has been appointed at KMH and there is a Pre-term Midwifery Lead secondment out for advert which has received lots of interest.

KMH have a joint contract with NUH for homecare and this is working well. There is now a seven-day homecare service in place, and this includes babies being sent home who require tube feeding. Home phototherapy is not yet available.

It has been a challenging few months in terms of staffing, but it is now starting to improve. There have been new staff appointed for NTC and NNU and some are returning from long-term sick leave. Once KMH are fully established, there will be more quality improvement projects taking place.

UHL – There have also been issues with staffing and acute sickness, but this is improving. UHL have mainly been focusing on EPR which launched in January. The next stage will be integrating equipment to BadgerNet.

Expressing rooms have been created at LRI and LGH – these are areas for families to relax; there are seating areas, space to make hot drinks and curtains to provide privacy if required. RC is working to introduce a designated milk preparation area at LGH – they are just waiting for plumbing works to be complete. A mini library has been created for parents using money donated by families. This involves families choosing a book which staff then read to the babies later on. Photos are taken and provided to the parents via the BadgerNet diaries.

UHL are working with their AHPs, play therapists and homecare to create a Padlet. This is currently in draft format. Additionally, new communication boards are being created for each beside. These will include communications between

	<p>parents and medical teams, anything the babies like/dislike, their daily weight etc.</p> <p>A float nurse has been implemented day and night. This is an RN who is IV trained and working towards QIS status.</p> <p>The Band 7s now have dedicated management days to support the ward manager which is working well.</p> <p>A challenge identified at UHL is ensuring paperwork is completed and returned to neonates. Stickers were being used as reminders but as they are now using paperless systems, RC is unsure of how to encourage paperwork to be filled in and returned promptly.</p> <p>RC confirmed that UHL are actively trying to improve their PERIPrem data and have a dedicated team looking at this. WC suggested PERIPrem champions could be implemented, and greater accountability is needed for filling in paperwork.</p> <p>A FTE Band 6 Educator has recently been appointed at UHL as well as 1.5 FTE Band 6 and 1.8 FTE Band 7.</p>		
<p>7.</p>	<p>Spotlight on Data</p> <p>RS shared temperature data – this was originally taken in February and could have slightly changed since.</p> <p>The data showed admission temperature compliance and the number of babies compliant both as a value and a percentage. To be compliant, the babies’ temperatures need to be taken within an hour of birth and the temperatures need to be between 36.5 and 37.5 degrees Celsius. NNAP data will look at babies who are either too hot, too cold, normothermic or where data wasn’t recorded within the hour.</p> <p>RS suggested that where units have high levels of babies’ temperatures not being recorded within the hour, then they may want to revisit this to check whether it was input correctly. Where the data shows a high percentage of babies’ temperatures were not input on time and there were no data inputting errors, then there needs to be a quality improvement programme in place.</p> <p>RS shared the NNAP document including NNAP standards and inclusion criteria. RS recommended all units have this document available as a link rather than a download as content regularly changes.</p> <p>The 2025 criteria has not yet been released but will hopefully be available soon. RS will keep the units updated.</p>		<p>RS</p>
<p>8.</p>	<p>Clinical Effectiveness Update</p>		

	<p>The Network is in the process of updating a number of guidelines which are passed their review date, as these are written by different clinicians from across the East Midlands, the review process can take some time to complete.</p> <p>WC explained the group can continue to use the guidelines but to be aware that they need reviewing. Some guidelines will hopefully be ratified at the next Clinical Governance Group meeting on 23rd April.</p>		
9.	<p>PERIPrem Update</p> <p>This year we will be holding two Network conferences, one on 11th June with a focus on quality the other on 2nd October with a focus on improving outcomes and mortality rates. Booking links are now live and available here:</p> <p>11 June</p> <p>02 October</p> <p>WC informed the group that the £10,000 PERIPrem grant should have now been used. Passport and parent information leaflets have been updated but still going through Network governance.</p>		
10.	<p>AOB</p> <p>None.</p>		
11.	<p>Date & Time of Next Meeting</p> <p>Tuesday 22 April 2025, 3:00pm – 4:00pm, via Microsoft Teams.</p>		