

Minutes of Governance Lead Nurse Group

Tuesday 29 July 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
Nicole Malazzab (NM), Neonatal Clinical Governance Nurse, NGH (Left at 3:30pm)
Hayley Gatens (HG), Neonatal Clinical Governance Nurse, ULTH
Rebecca Harwood (RH), Quality, Risk & Safety Sister, NUH
Frances Kilgannon (FK), Neonatal Quality Matron, NUH (Left at 3:35pm)
Christina Pembleton (CP), Governance Lead Nurse, KMH
Lisa Kelly (LK), Neonatal Clinical Governance Adviser, UHDB

In Attendance:

Faye Kitcherside (FLK), Administrator, EMNODN (Minutes)
Ismail Ahmed (IA), Assistant Project Manager

| Item | Subject | Attachment | Action |
|------|--|-------------------|--------|
| 1. | Welcome & Apologies WC welcomed those present. Apologies received from Maureen Westphal. | | |
| 2. | Declarations of Interest None. | | |
| 3. | Minutes from the Previous Meeting The previous minutes from the previous meeting were agreed as a true record of proceedings. | A | |
| 4. | Matters Arising 4.1 Checking and Administration of Intravenous Medication for Transitional Care Babies for Midwives A draft competency document has been created and sent to the HOMs for comment/review. Only KMH have replied so far, and WC asked the group to remind their HOMs to review by 01 September 2025. 4.2 Golden Hour Proformas As agreed during the last meeting, FLK sent out the KMH and KGH's Golden Hour Proformas. The group all confirmed they have been received. | | |

| | | | |
|----|--|--|----|
| 5. | <p>World Patient Safety Day This is coming up on 17 September 2025 with a focus on 'Safe care for every newborn and every child'. More information is available here.</p> <p>NUH are going to be doing an event from a joint maternity, neonatal and paediatric perspective. There are no further details available at present, but RH is actively chasing alongside the Quality Lead.</p> <p>HG believes that ULTH will be hosting an event and will try to ascertain more information.</p> | | HG |
| 6. | <p>Community of Practice WC confirmed that NNAP have raised alarm statuses for early breastmilk for five of our units based on the 2024 NNAP data. This indicates that the units' performance is significantly below national average. There is a plan for some joint regional work with the Health Innovation East Midlands (HIEM) team to support these units in improving their early breastmilk compliance which should, hopefully be starting in the next couple of months. WC has an initial meeting planned at University of Nottingham with HIEM and will then organise further stakeholder meetings. This regional project will be designed for HCAs, Band 5 Nurses, Midwives and generally anyone who is passionate and interested in early breastmilk to become involved. It is hoped that this will help strengthen the compliance and improve morbidity and mortality rates.</p> <p>WC will send out further information in due course.</p> | | WC |
| 7. | <p>PSIRF Experiences RH explained that PSIRF launched at NUH in April 2024. There have been some challenges around after action reviews and ensuring that they are carried out in a timely manner as it is difficult with different shift patterns and during busy clinical periods. The focus previously has been mostly on maternity, but NUH are now trying to implement the same processes in neonates. Swarm huddles have been developed on the maternity ward and the general consensus is that these huddles need to involve both maternity and neonates. RH is concerned that NUH are still working on a case-by-case basis as opposed to developing thematic responses as per PSIRF guidelines.</p> <p>The other units generally voiced the same challenges around PSIRF.</p> <p>WC asked if hot debriefs are the same as swarm huddles, FK confirmed they are similar but hot debriefs focus on psychological safety whereas swarm huddles are learning responses and are typically longer.</p> | | |

| | | | |
|-----------|---|--|-----------|
| | <p>HG confirmed that ULTH work jointly with maternity to complete after action reviews. This can take longer, but HG has found it to be more useful. HG also reported that medical input can be low as it is difficult to organise around their rotas.</p> <p>NM also confirmed that finding time is difficult and that completing after action reviews with maternity is helpful.</p> <p>RH is having a meeting with a hospital in Sheffield who was an early adopter to PSIRF to find out more about their processes. RH will share the outcome with the group.</p> | | RH |
| 8. | <p>Unit Updates</p> <p>NUH – A ‘QI round up’ is taking place next week to understand how all QI projects are going. QI work is being undertaken around airway management, normothermia, lumbar punctures and early breastmilk. Antenatal PERIPrem counselling is being developed, and RH has linked in with the NUH support worker and preterm birth midwife. A core group of support workers and nurses are keen to start a pilot group.</p> <p>ULTH – Normothermia projects are also being undertaken resulting in additional heaters in corridors used to transfer TC babies and ensuring the temperatures in theatres is appropriate. Learning is being shared, and mandatory training has been developed.</p> <p>The group also discussed their processes around recording data for normothermia on the postnatal wards and what is best practice. WC confirmed that NEWT2 will be going live on BadgerNet in the next few months and that this will be a good way of auditing temperatures.</p> <p>KMH – LISA is being launched next week to coincide with the new doctors’ rotation. It has been in the process of rolling out for a long time but there have been delays in implementation whilst they still try to recruit a neonatal pharmacist which has proven difficult. Difficult airway management work is being carried out by ANNPs following a cluster review of incidents. Two key members of senior nursing staff are leaving the unit shortly which may impact on the unit’s ability to deliver other new QI work until their posts are recruited to.</p> <p>UHDB – There is still no opening date for the new unit at QHB, but LK hopes it will be very soon. The first phase of the TC service began in June. TC staff are currently on the neonatal units which has been useful for staffing levels. Nurses are providing an in-reach IV antibiotic service from 8:30am to 7:30pm each day, a 24-hour service is not in place yet. Phototherapy clinics are being developed and weekly parent led ward rounds have been introduced at RDH.</p> | | |

| | | | |
|-----|---|--|-----|
| | WC confirmed that the Network are looking to develop some lunchtime bitesize teaching sessions covering small QI projects. This is still to be confirmed but it would be useful for the units to present what QI projects they are currently undertaking once these are in place. | | |
| 9. | Spotlight on Data Measures for 2025 have now been published and are available here . Although there aren't currently any changes to the 2024 measures, RS recommends still having a copy of the latest measures and noted that there could still be updates made later in the year, so it is important to regularly check. WC is in the process of emailing all units and will share the NNAP optimisation data for this year so far. | | |
| 10. | PERIPrem Update Not covered. | | |
| 11. | Future Meeting Dates WC asked the group if Tuesday is still the best day to meet and if so, what time. The group agreed that Tuesdays work the best for them, but most could not facilitate an earlier meeting time due to other commitments. Therefore, the meeting will remain on the last Tuesday of the month, 3:00pm – 4:00pm The group all agreed that bimonthly meetings will be more appropriate and therefore the meetings will now be held every two months. The next meeting will be in September. FLK will amend future meeting dates. | | FLK |
| 11. | AOB None. | | |
| 12. | Date & Time of Next Meeting Tuesday 30 September 2025, 3:00pm – 4:00pm, via Microsoft Teams | | |