

Minutes of Governance Lead Nurse Group

Thursday 23 January 2025
2:00pm – 3:00pm

Via Microsoft Teams

Present:

Wendy Copson (WC), Deputy Lead Nurse (Quality & Service Improvement), EMNODN (Chair)
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Rachel Salloway (RS), Project Manager, EMNODN
Rebecca Harwood (RH), Neonatal Quality Sister, Nottingham University Hospitals
Nicole Malazzab (NM), Neonatal Clinical Governance Nurse, Northampton General Hospital
Maureen Westphal (MW), Neonatal Clinical Governance Nurse, Kettering General Hospital
Christina Pembleton (CP), Governance Lead Nurse- Paediatrics and Neonates, King's Mill Hospital

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 Charlotte Baylem (CB) and Hayley Gatens (HG).</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 BadgerNet Resource Update CD has emailed the piloted sites to ask for feedback on the flashcards before going on maternity leave. Please ensure Lindsay Hill, lindsay.hill@nhs.net is cc'd into any email responses regards flashcard feedback.</p> <p>4.2 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>		
5.	<p>QI Presentations</p>		

5.1 NGH's Neonatal Antenatal Visits Project

NM shared NGH's antenatal visits project which aims to improve early breastmilk. These visits are for women who will likely give birth to a pre-term baby or parents of babies who will need additional support. The visits are documented in a logbook.

The visits involve two members of staff: a neonatal nurse and a doctor/ANNP.

Prompt-cards are used to remind the nurses of what information needs to be provided around family integrated care, reducing stress for families and babies, colostrum packs, the importance of maternal milk, the increased risk of NEC if formula is given and how to express breastmilk. A colostrum collection pack is given. Parents are offered the opportunity to visit the ward prior to giving birth if they are mobile and PERIPrem passports are commenced.

The colostrum packs include expression logs (how to express, what to expect and space to write times of expressing/volumes expressed), 1ml dose oral syringe, colostrum collectors, syringe caps, x2 bonding squares, neonatal unit cards and colostrum containers.

Neonatal nurses join the 11:00am maternity huddles or maternity will often ring them to advise if someone is on the antenatal ward that would benefit from an antenatal visit. Additionally, respiratory support and use of antibiotics is also explained.

NM explained that roles are allocated at each shift, and this includes preparing colostrum packs. Doctors ensure they discuss expressing during ward rounds – identifying the importance of colostrum.

WC asked the rest of the group for their thoughts – CP confirmed it was really useful and would be easy and effective to introduce.

WC asked NM if she would be willing to share a copy of the sticker and staff prompt card.

5.2 NUH's Microwave Sterilisation Presentation

At Nottingham City Hospital, countertop steam sterilisers were initially being used and then moved to cold water sterilisers, but in 2019/20, a report showed the link between cold water sterilisers and a pseudomonas outbreak.

Following this report, NUH have recently introduced microwave bags sterilisation on City Campus. This project involved numerous departments – health and safety, fire

	<p>department, stakeholders, budget holders, housekeeping, clinical staff and parents.</p> <p>NUH carried out both staff and parental education in person of how to use the microwave bags.</p> <p>Feedback was provided both verbally and via online surveys. This was extremely positive – feedback included the ease of use, no changing of cold-water tanks and encouraging better cleaning practices. Overall, the microwave bags were given a 4.62/5-star rating by parents/staff. Additionally, it has created much more countertop space.</p> <p>RH acknowledged that storage of the microwave bags is still a challenge but will likely resolve with the move to an LNU. It will also be rolled out at QMC.</p> <p>There have been no reports of scolding to parents or staff. – one near miss has been reported, which was an equipment issue.</p> <p>RH also reported a more positive oral experience for babies using dummies and bottles as it offers a much nicer taste than Milton residue.</p> <p>CD questioned if two microwaves are enough. RH responded that at present yes as it only takes 3 minutes to sterilise but back up microwaves should be considered if the budget allows.</p> <p>RH explained each bag offers 20 uses and the bag is marked permanent marker following each use.</p> <p>RH acknowledged the microwave bags are resulting in increased plastic waste, and this is something being considered.</p> <p>RH confirmed that milk kitchen at City Hospital is freely accessible to parents as it is close to the nurse’s station - lock boxes are being looked into to ensure milk is tamper proof.</p>		
<p>6.</p>	<p>Spotlight on Data</p> <p>RS explained that although the breastmilk in 24 hour data on the Network SPC charts showed an increase in compliance in 2023, further improvement hasn’t been seen yet. RS shared that there are two places breastmilk is recorded on BadgerNet, one in the UNICEF tab (on admission and discharge) and on the daily summary form. MatNeo currently looks at the UNICEF data and NNAP currently look at the daily summary data. The Network will now focus on looking at the UNICEF data which could mean changes are identified in the next SPC charts sent out.</p>		

	<p>RS has recently sent each unit their quality reports. A unit questioned what happens if a baby is transferred within 24 hours? and which unit is recorded as giving the breastmilk? RS confirmed at present, the data only looks at the first episode – if a baby is transferred out and then receives breastmilk, this would not show in the data. RS is going to review this.</p> <p>RS informed the group, that on the NNAP criteria breastmilk within 24 hours only counts if the baby receives mother’s own breastmilk and not donor milk.</p> <p>When the Network SPC charts where initially set up RS had no way to tell if a baby was receiving breast/chest or donor milk, however this has recently been added to the download and RS will now be able to differentiate.</p> <p>UHL have recently started using Badger EPR, feedback so far has been positive.</p>		
7.	<p>Clinical Effectiveness Update No further update at present.</p>		
8.	<p>PERIPrem Update WC asked if any of the units have begun utilising the £10,000 PERIPrem funding for neonates yet and reminded all that this needs to be spent by the end of March.</p> <p>NM confirmed that NGH are organising training for maternity and neonatal staff.</p> <p>At KMH, there is going to be a meeting shortly with the PERIPrem Midwife lead who has made some suggestions for the funding. This includes using a polaroid camera to support families separated at birth, an Amnioquick reader which minimises human errors of results when women present with preterm rupture of membranes and additional BadgerNet training.</p> <p>RH – NUH are considering buying Neohelp suits to facilitate normothermia with c-section deliveries.</p> <p>The group discussed LifeStart trollies. General feedback was that these are not being utilised as effectively as originally planned in the clinical environment.</p> <p>MW – KGH have organised six PERIPrem training days which have started and generated positive feedback. This training is for maternity and neonatal staff.</p>		
9.	<p>AOB WC thanked the group for previously completing the Quality and Safety proformas, this was helpful and they are currently</p>		

	<p>being looked at to see how best the information provided can be utilised. Completion of the forms is on hold at present.</p> <p>WC asked MW to present KGH's Parent Padlet at the next meeting. WC also invited any other units to present any projects they have ongoing.</p>		MW
10.	<p>Date & Time of Next Meeting Thursday 27 February 2025, 2:00pm – 3:00pm, via Microsoft Teams</p>		