

## **Minutes of Clinical Governance Group**

**Wednesday 23 April 2025**

**10:00am – 1:00pm**  
**via Microsoft Teams**

### **Present:**

Jane Gill (JG), Clinical Lead, EMNODN (Chair)  
Linda Hunn (LH), Director/Lead Nurse, EMNODN  
Anneli Wynn-Davies (AWD), Clinical Lead (EMNODN)  
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN  
Wendy Copson (WC), Deputy Lead Nurse (Quality and Service Improvement), EMNODN  
Anita D'Urso (AD), Clinical Psychologist, EMNODN  
Jo Preece (JP), Guidelines Lead, EMNODN  
Kellie Fraser (KF), Practice Development Nurse, EMNODN  
Rachel Salloway (RS), Project Manager, EMNODN  
Lucy Stachow (LS), Pharmacist, EMNODN  
Kelly Francis (KF), Trainee Representative, King's Mill Hospital  
Sarah Jenkins (SJ), Matron, King's Mill Hospital  
Sophia Jones (SJ), ANNP, King's Mill Hospital  
Lynsey Lord (LL), Practice Development Matron, King's Mill Hospital (left at 11:05)  
Christina Pembleton (CP), Governance Lead Nurse for Neonates & Paediatrics, King's Mill Hospital  
Bala Subramaniam (BS), Consultant Paediatrician, Royal Derby Hospital  
Angela Burden (AB), Lead ANNP, Royal Derby Hospital (left at 12:07)  
Mishal Joshi (MJ), Senior Sister, Royal Derby Hospital  
Claire Johnson (CI), Lead Midwife for Quality & Safety, Derby & Derbyshire ICB  
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals  
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital (left at 12:40)  
Hayley Gatens (HG), Governance Lead Nurse, United Lincolnshire Hospitals  
Claire Brumby (CB), Lead Midwife Maternity and Neonatal Programme, Lincolnshire LMNS (left at 12:42)  
Andy Currie (AC), Head of Service, CenTre  
Hilliary Killer (HK), General Manager, CenTre  
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital (joined at 12:15)  
Michelle Hardwick (MH), Matron, Northampton General Hospital  
Kelly Marriott (KM), Ward Manager, Northampton General Hospital  
Nicole Malazzab (NM), Clinical Governance Lead Nurse, Northampton General Hospital  
Abraham Isaac (AI), Consultant Paediatrician, Kettering General Hospital  
Maureen Westphal (MW), Governance Lead Nurse, Kettering General Hospital  
Tilly Pillay (TP), Consultant Neonatologist, University Hospitals of Leicester  
Victoria Mead (VM), Deputy Lead Nurse, Neonatal Homecare, University Hospitals of Leicester  
Mina Mhavsar (MB), Maternity Transformation Program Manager, LLR ICB  
Phoebe Kigozi (PK) Consultant Neonatologist, Nottingham University Hospitals  
Rebecca Harwood (RH), Quality Care Sister, Nottingham University Hospitals  
Lucy Panesar (LP), Homecare Lead Nurse, Nottingham University Hospitals  
Eileen Peasgood (EP), Lead Nurse, EM Congenital Heart Network

### **In Attendance**

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)  
Ismal Ahmed (IA), Assistant Project Manager, EMNODN



	<p>issues. However, legislation for child car seats is developed from international consensus. The Netherlands are planning to raise the issue at an international meeting in May where it is hoped that there may be agreement that legislation needs to be amended. In addition, work is underway to revise a prototype crash dummy to make it more realistic with regard to body tone. There is a further update meeting planned after the international meeting in May.</p>		
5.	<p><b>Babies &amp; Families</b></p> <p><b>5.1 Family Care Team Update</b></p> <p>The annual FiCare survey has been updated and it is hoped that this will be launched during the experience of care week. CH requested that if any of the units have anything planned for that week, that these plans are shared with the Network.</p> <p>The Virtual 360 tours are now almost complete. Filming has now been completed at NUH and editing is underway. The transport tour is now live on the website and the unit tours will hopefully be going live next week.</p> <p>FiCare monthly drop-in sessions are available, and these are facilitated by Harriet. Attendance has been low for the last couple of sessions. CH requested that unit managers continue to support the fiacre links to attend.</p> <p>Bliss support meetings continue and are really well attended. Significant progress against the Baby Charter Standards has been noted since these meetings started.</p> <p>Discussions have started with Steph, the psychologist at UHDB, looking at the potential for a Network wide ward round project.</p> <p>Successful focus groups with families have been held to gain their experience about the transfer process. This feedback is being reviewed so that learning can be shared.</p> <p>The Network Team are creating 'PAG Packs', which are an introduction to the PAG and forms an induction for new parents. AP is also looking at an additional PAG for bereaved parents.</p>		
6.	<p><b>Surgical Updates</b></p> <p>GS/MK not present to give an update.</p> <p>JG updated that the Inguinal hernia pathway is in the process of being updated.</p> <p>JG reported that there have been some successful bilious vomiting babies drive through contrast scans coming through Leicester. This has been very positive for babies and families.</p>		

7.	<p><b>Cardiac Updates</b></p> <p>EP has completed an audit of Prostin babies during January to December last year. The audit has noted how many babies were treated within the neonatal period for intervention or surgery. And shared the data. The audit demonstrated that most patients were treated quickly, usually within 24 hours.</p> <p>JG updated that the Fetal Medicine Network have appointed two clinical leads: Tommy Mousser (UHL), and Magdalena Fiolna (NUH). They recently met to discuss pathways for cardiac babies going into Leicester, and how that works from a fetal medicine perspective. The EMNODN Team have been invited to be involved in these conversations too ensuring greater collaboration with fetal medicine colleagues around this cohort of babies and their place of birth. EP reported that she would be very happy to be involved in the discussions.</p> <p>The EMCHC are running a paediatric cardiology day, at Trent Bridge on 06 June 2025, there are still a couple of places available. EP to send flyer to LSH.</p>		EP
8.	<p><b>CenTe Transport</b></p> <p><b>8.1 Dashboard</b></p> <p>A copy of the Q4 report and dashboard was circulated.</p> <p>AC shared that transport are still getting occasional due to difficulties in the units with securing an airway. AC reported that the team are happy to help where they can, however teams should be mindful that they are always a significant distance away and that local guidelines should be up to date, work and be accessible to prevent delays in these instances. All units should have a difficult airway kit and everyone in the team should ensure that they are up to date with how to use it. This raised some concern for JG who will speak to Julia Edwards about picking this up with the clinical leads in each unit, and with the Network education team.</p>		JG/JE
9.	<p><b>National Update</b></p> <p><b>9.1 National Critical Care Transformation Review</b></p> <p>The time for completion of the NCCTR has now passed, and from a Network perspective concentration must now be on ensuring that there is sufficient capacity, along with the required staffing levels to meet clinical need, as these are the most significant issues in the East Midlands. There are currently large numbers of nurses going through the QIS in both of the tertiary centres.</p> <p>Specialised Commissioning are planning to reinstate the capacity oversight meetings, which will be at executive level, including individuals from HR, Finance and Management teams. This meeting should enable some understanding of trajectories and timelines for opening of the additional cots.</p>		

	<p>From a parent and family perspective, CH has illustrated the good work which is underway. However not all Network units have sufficient parent accommodation. Bliss had been championing this issue nationally, however they now but seem to be less focussed on this due to the current financial climate, which is disappointing. The Network will continue to highlight the issues during meetings with the Trusts.</p> <p><b>9.2 Funding</b> There is no national funding from NHSE, all finances are currently frozen.</p> <p><b>9.3 NHSE/ICBs</b> The ICBs have to cut costs by 50%. At the moment the impact of this, particularly on the LMNSs is unclear. LH is hopeful that LMNSs will continue once the change processes have been completed.</p> <p><b>9.4 Ockenden</b> The due date for the report in NUH has been extended.</p>		
10.	<p><b>AHP &amp; Psychology Update</b> AD provided an update:</p> <p>A Bliss report into national gaps in AHP and P posts throughout country has been published, and is available here: <a href="#">New Bliss research shows severe shortfall in some neonatal staffing groups   Bliss</a></p> <p>The Network AHPs are working on a number of animations including the following: Comfort Cues and Feeding and Sensory Environment. It is hoped that these will be ready to release around September time.</p> <p>The AHP&amp;P Team continue to input into the Foundations in Neonatal Care course and the QIS course at DMU.</p> <p>The AHP peer support forum continues to take place quarterly and includes a teaching slot. This may move more into a professional steering group.</p> <p>The Nutrition and Feeding Guideline has been circulated by email. Thanks were extended to all those who sent comments. These are being collated by Natalie Madden and Katie Hay who will be meeting with AWD and JG shortly to progress the guideline.</p> <p>JG asked if there is any information for families around the new Neonatal Care Leave and Pay entitlement. CH confirmed this has been shared on social media. KM highlighted that Bliss have created some posters to display on units to help neonatal families find the information they need about the new Neonatal Care Leave and Pay entitlement. For information these posters</p>		

	<p>have been sent directly to all units. If units have not received any or require more, please contact Annelies Hopkins, Information and Support Manager for Bliss at: <a href="mailto:annelieshopkins@bliss.org.uk">annelieshopkins@bliss.org.uk</a>.</p> <p>AD asked all to be aware that this does not apply to babies born before 06 April 2025.</p> <p>JG and AD welcomed Lucy Stachow, who is the new Network Pharmacist. LSH to add pharmacy to this section in future.</p>		<p><b>ALL</b></p> <p><b>ALL</b></p> <p><b>LSH</b></p>
<b>11.</b>	<p><b>Workforce &amp; Education</b></p> <p><b>11.1 Nurse Staffing</b></p> <p>The SPC Opel charts demonstrate that in the previous quarter:</p> <p>The registered nurse position appears to be improving. Most units meet the BAPM requirements for the number of registered nurses required on shift, on most days.</p> <p>The QIS nurse position varies. Shortfalls in meeting the BAPM requirements for the number of QIS nurses required on shift persist in both the NICUs and at Queen's Hospital, Burton.</p> <p>There has been an increase in the gap between QIS requirements, and QIS nurses on duty at QMC, but there has been a corresponding decrease in the gap at the City Hospital Nottingham. These changes have occurred since the redesignation of the CHN as an LNU.</p> <p>Across the LNUs there is variability in QIS provision with KGH and NGH meeting the BAPM standards for QIS nurses on shift most days, whilst KMH and Lincoln have more shifts when standards are not met.</p> <p>BAPM standards are met on all shifts at LGH, and almost all shifts at Boston.</p> <p><b>11.2 Q2/Q3 24/25 Workforce Data (including AHP&amp;P)</b></p> <p>KF thanked all for completing and returning the Q3 workbooks.</p> <p>Q4 data workbooks have been circulated. Most have been completed and returned. Individual workforce position and workforce plans will be discussed in more detail at workforce meetings.</p> <p>A summary workforce report for 2024 – 2025, will be presented at the July Clinical Governance group and submitted to the EMNODN Board.</p> <p>Gaps in AHP&amp;P posts continue. Posts funded through the national funding allocated in 2022/2023 have been recruited into, with the exception of KGH.</p>		

<p>Recruitment to the additional education posts, allocated through national funding in 2023/2024, is now complete.</p> <p>Recruitment to additional consultants, and additional medical PAs for PMRT, is on track to be completed in Q4.</p> <p><b>11.3 Foundations in Neonatal Care (FiNC)</b>  A trial of delivering the Foundations programme over 3 months, instead of 6 months, has been completed. Two cohorts undertook the 3-month programme. The evaluation for the course content was good, however students reported challenges in completing competencies and reflection documents in the shorter timeframe. Following the evaluation of the trial it has been decided that the course will revert to being delivered over 6 months.</p> <p>22 staff started on the latest cohort of the Foundations in Neonatal Care course at the beginning of April.</p> <p><b>Leadership</b> - The second Leadership in Neonates programme will start in April. There are 16 staff enrolled on the course.</p> <p><b>QIS Funding</b> - There were 3 funding streams provided by NHSE at the end of last year, specifically to support QIS nurses.</p> <p>Additional QIS places – An additional 32 QIS spaces were funded from NHSE. These additional places have been filled by NUH staff. Because of the large number of students in the cohort, and so that the NUH units can manage rotas effectively, the cohort has been divided into 2 groups, and each group will attend one study day per week.</p> <p>QIS Pastoral Care Project - Funding has been provided to support pastoral care of QIS nurses. The Network Team have worked with colleagues in the NW and EoE ODNs to develop a project to support those nurses supporting newly qualified QIS nurses, or those currently undertaking the QIS. The aim of the project is to promote a psychologically safe, supportive, and effective environment at unit level, where nurses want to develop and continue their careers in neonatal care. The intention is to achieve this through upskilling and supporting the neonatal staff who support and manage QIS nurses.</p> <p>The project includes 2 training days, provided free of charge, to educators, ward managers, PNAs etc with the aim of them gaining skills to help support newly qualified QIS staff. This will hopefully increase confidence, result in fewer action/improvement plans, and in the long-term result in higher staff retention.</p> <p>The project outline has been shared with the Lead Nurses, and applications to attend the days circulated. There are still places</p>		
---	--	--

	<p>available. If any of the teams would like to take part, or would like more detail, please email JF and Laura Delaney.</p> <p><b>QIS Implementation</b> - Funding to support the implementation of the new National Standards for Neonatal Qualified in Specialty Education. A secondment has been offered to an individual within the Network to work with the ODN Education &amp; Workforce Team to deliver this.</p> <p><b>Recruitment Video</b> The ODN Recruitment video will be launched in May 2025. The link will be shared with each of the Trusts.</p> <p><b>11.4 ODN Education &amp; Workforce Strategy</b> ODN Education &amp; Workforce Strategy will be formatted and circulated in May. Please return any comments to LSH by Monday 16 June 2025.</p> <p>Final version of the strategy will come to CGG for ratification in July 2025.</p> <p><b>11.5 Network Vacancies</b> Following the departure of Haddie Bills, the Network have appointed two new care coordinators, who will job share.</p> <p>Sadly, CH will be leaving the Network in June and JF will be retiring at the end of the summer. Due to the recruitment freeze across the NHS, the Network will be unable to recruit to these positions in the short term. There will be some temporary changes to roles with the senior team to try to cover these workstreams in the interim.</p> <p><b>11.6 Senior Neonatal Skills Refreshers</b> The next Consultant Skills day is on 01 May 2025. There are still places available for this date, please contact LSH for further information.</p> <p>The next skills day for Trust employed doctors, middle grade, and ANNPs is on 30 June 2025. There are still places available for this date, please contact LSH for further information.</p> <p><b>11.7 Annual Conference</b> This year the Network will be holding two conferences:</p> <p>11 June 2025, Yew Lodge Hotel, Kegworth Driving change – The Road to Improving Quality</p> <p>There are just a few places still available. 02 October 2025, Hilton Hotel EMA Equality Matters – A key to Improving outcomes and mortality rates.</p>		
--	---	--	--



	This conference is currently fully booked with a waiting list in operation.		
12.	<p><b>Homecare</b></p> <p><b>12.1 North Update</b> NUH are now delivering home phototherapy. The Homecare Service in Nottinghamshire is now combined and is provided out of NUH.</p> <p>LP shared a presentation.</p> <p><b>12.2 South Update</b> VM shared a presentation and update in CI's absence.</p>		<p><b>LSH</b></p> <p><b>LSH</b></p>
13.	<p><b>Risk Register</b> The pre-Board Risk Register was shared by email. LH requested that any comments are sent to her by Wednesday 07 May 2025.</p>		<b>ALL</b>
14.	<p><b>Guidelines</b></p> <p><b>14.1 BAPM Practice Guide on developing an IUT policy</b> This guidance was recently produced by BAPM. This has been shared with Perinatal Network and a task and finish group is being set up to revise the IUT guideline, including a revival of the 'Just Say Yes' policy. JP would like to be involved in this and suggested it would be useful to include the transport service.</p> <p>JG felt it would be useful to have some oversight of babies going out IUT. HK reported that the call handling service now take calls for IUTs. However, the process needs a review about the information required and how it functions.</p> <p><u><b>Ratified</b></u></p> <p><b>14.2 Duty of Candour v2</b> This is now ratified and available on the Network website.</p> <p><b>14.3 Transport Stabilisation v6</b> This is now ratified and available on the Network website.</p> <p><u><b>For Ratification</b></u></p> <p><b>14.4 PPHN (v2)</b> Some comments have been received which are with JP for consideration. JP confirmed these were mainly typing errors. JP to send to AWD and JG who will undertake a final review. All in agreement that this can then be considered ratified.</p> <p><b>14.5 Positioning</b> A copy was circulated for comment prior to today's meeting. There has been a lot of positive feedback, and a number of comments which are with HC for consideration.</p>		<b>AWD/JG</b>

	<p><b>14.6 CMV (v2)</b> JG thanked JP for her work on this guideline. JP explained that a paragraph has been added in around the European consensus guideline. All were in agreement for this to be ratified.</p> <p><b>Bilious Vomiting</b> - JG explained that implementation of the bilious vomiting pathway had highlighted some logistical issues, particularly the process in UHL around getting a hospital number and so this has been amended. JG confirmed there are no changes to the NUH appendices around this process. JP will send out the latest revision for comment later this week. Comments should be received within two weeks and the guideline will then be considered to be ratified.</p> <p><b><u>For Comment</u></b></p> <p><b>14.7 Light and Noise</b> A copy of the Light and Noise guideline was circulated. All to send any comments back to Sarah Willis by Thursday 08 May 2025.</p>		<p><b>JP</b></p> <p><b>ALL</b></p>
<b>15.</b>	<p><b>Data Quality and Assurance Reporting</b></p> <p><b>15.1 Network Quality Dashboard</b> WC reported that there are some positive highlights, particularly the trajectory around parent consultation and breastmilk within 24 hours. The amount of missing data has also considerably improved.</p> <p>AWD highlighted that those units who have converted over to full BadgerNet EPR, term babies who attend the unit for a set of observations now have to be admitted as the observations link to the monitors. This in turn will increase the term admissions rates, as previously they were not recorded unless they had been on the units for 4 hours. All teams should be aware of this as the EPR systems evolve.</p> <p>LH thanked WC for working to improve the data input and accuracy with units.</p> <p><b>15.2 Preterm Birth Latest Data</b> WC shared the preterm birth data which demonstrated the babies for each of the units for 2024/25 who were born outside of pathway. There were 132 babies (115 deliveries) born under 32 weeks with 93 of those delivered in the correct centre, demonstrating a 70% compliance rate for the year against a national standard of 85%. Of the babies born off pathway 17 were delivered at Derby, 7 at KGH, 4 were delivered at home, 3 at NGH, 3 at Lincoln, 2 at Pilgrim, 2 at KMH and 1 at Burton. Although 4 babies were delivered at home, this is an improvement from the previous 2 years. Of the babies delivered and admitted to a NNU 10 babies were 22+/40, 10 babies were 23+/40, 26 babies were 24+/40, 26 were 25+/40,</p>		

<p>41 were 26+/40, 10 were 27+/40, 4 were 28+/40, 3 were 29+/40, 2 were 31+/40.</p> <p>Seventeen successful IUTs were undertaken into the tertiary services in 2024/25. However, this figure may be underestimated as it is dependent upon the delivering unit correctly inputting the original booking unit. Of the 17 recorded IUTs, 7 went to LRI, 6 to QMC and 4 to NCH. The main reason given for unsuccessful IUTs was overwhelmingly due to women being in established labour. This is possibly impacted by the length of time taken for women to be assessed, and for beds/cots to be located. This can take up to 6 hours in some instances.</p> <p><b>15.3 Learning from Incidents and Excellence</b></p> <ul style="list-style-type: none"> <li> <b>PSII's</b>  <b>2023/17345</b>            RH shared and talked through the learning on a page.   <b>2023/18224</b>            PK shared and talked through the learning on a page.         </li> <li> <b>PSIRF (Patient Safety Incident Investigations)</b>            None         </li> <li> <b>MNSI (Formerly HSIB) Investigations</b>            Nothing to feedback         </li> <li> <b>Coroners Recommendations</b>            None         </li> <li> <b>Parliamentary &amp; Health Ombudsman</b>            None         </li> <li> <b>Martha's Rule</b>            Thanks were extended to those who have provided feedback on the document. JG and WC have a meeting planned to go through the feedback.         </li> </ul> <p><b>15.4 Regional/National Alerts</b></p> <p>Each of the following alerts have previously been circulated by the Network on email:</p> <ul style="list-style-type: none"> <li>Vygon Nutriline Twinflo</li> <li>Vygon Antimicrobial Expert Umbilical Catheter</li> <li>BAPM Drug Safety Bulletin Update</li> <li>Product Recall ORAL/NASAL Endotracheal Tubes</li> </ul> <p>AWD enquired if anyone had experienced problems with getting giving sets for ET tubes down a standard 2.5 ET tube WC suggested reporting issues to the company. MJ is not sure if the problems experienced are due to the surfactant used in Derby so further exploration is required.</p>		
--	--	--

	<p><b>15.5 Exception Reporting</b> No report currently.</p> <p>JG thanked all for being more proactive in self- reporting. RS confirmed that over 50% are now self-reported, which is positive progress.</p>		
16.	<p><b>Service Improvement/Implementation Programme</b></p> <p><b>16.1 PERIPrem</b></p> <ul style="list-style-type: none"> <li>• <b>Passport and Parent Information</b> WC and LSH to make some further amendments to the documents over the next couple of weeks</li> </ul> <p><b>16.2 Transitional Care Implementation Updates</b> JP provided an update on the progress with the implementation of Transitional Care at UHL.</p>		
17.	<p><b>LMNS Local Feedback</b></p> <p>CJ from Derbyshire LMNS updated that UHDB are still following the CQC regulations, and they have applied for 6 of 8 section 3 regulations to be removed. The Trust are still waiting for the report from the September unannounced visit.</p> <p>MB from LLR LMNS updated that they continue to oversee the implementation of ODN peer review recommendations at UHL, and that oversight goes through the LMNS neonatal transformation group, and feeds into the LMNS Board. There was a recent insight visit to UHL which ODN colleagues joined. A report with the findings will be shared shortly with the UHL team.</p>		
18.	<p><b>Mortality Oversight Group</b> Copies of the most recent Mortality Learning Bulletins were shared.</p> <p>The next meeting will be face to face on Monday 19 May 2025, 10:00am – 4:00pm, at Yew Lodge Hotel, Kegworth.</p>		
19.	<p><b>Feedback from Network meetings</b></p> <p><b>19.1 Lead Nurses Group</b> The group met recently, and a copy of the minutes will be shared when they are available.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Discussion around interview and recruitment processes and the differences across the Network</li> <li>• Transfer decision prompt</li> <li>• Timely recognition of the deteriorating baby</li> </ul> <p><b>19.2 Parent Advisory Group</b> A copy of the latest minutes were circulated.</p>		

	<p>Next year's meeting dates have now been set and invitations have been circulated.</p> <p>All were asked to be mindful, when moving to full EPR systems, what information parents can see. Reports have highlighted that parents cannot see when the last feed or nappy change was done and so this can be a barrier to them independently delivering care.</p> <p>ULHT team shared that they have trained personnel to implement VIG (video interactive guidance). This is where parents are supported to reflect on video clips of interactions with their baby. There were lots of positive benefits that were discussed for babies and their families and so the Network are currently considering how this can be presented and shared across the Network.</p> <p>A common theme from unit psychologists is that parents struggle when moving between different areas in units e.g. ITU to Low Dependency, mainly because they don't know what to expect. Through PAG we have learnt that NUH are currently developing a resource to support parents with this. Which will be shared with the Network upon completion.</p> <p><b>19.3 Education &amp; Practice Development Group</b> A face-to-face meeting was held in March with excellent engagement. A CPD session followed on from the meeting and focussed on the new QIS standards.</p> <p><b>19.4 Pharmacy Group</b> LS shared that the local unit pharmacists have been active in supporting her with the standardised concentration and infusion work for the Network, which is based upon the BAPM guidance.</p> <p>The group has been active in providing their IV monographs. The next steps are to create a standard template and get some user feedback.</p> <p>JG expressed thanks to the Pharmacists who attending this group.</p> <p><b>19.5 Homecare Group</b> A copy of the latest minutes were circulated.</p> <p><b>19.6 Homecare Steering Group TOR (v3)</b> Following change to the frequency of these meetings from four to three times per year, the TOR have been updated accordingly. A copy was circulated, and all agreed to ratify.</p> <p><b>19.7 Safeguarding Group</b> A copy of the latest minutes were circulated.</p>		
--	---	--	--

	<p>The next Meeting is on Monday 28 April 2025. Lead Nurses will be invited in the future</p> <p>If units have safeguarding link nurses, please forward their details to LSH for them to be added to the circulation list.</p> <p><b>19.8 Governance Lead Nurse Group</b> A copy of the latest minutes were circulated.</p> <p>These meetings continue to be held monthly. The meeting day has recently changed from Thursday to Tuesday to better suit the group.</p> <p>Yesterday's meeting was cancelled due to lack of attendance.</p>		<b>ALL</b>
<b>20.</b>	<p><b>Research</b> <b>20.1 Update</b> None</p>		
<b>21.</b>	<p><b>AOB</b> WC thanked units for their work to improve the breastmilk and under 34 week gestation data. WC will be drawing out some recommendations to help improve early breastmilk compliance.</p>		
<b>22.</b>	<p><b>Date/Time of Next Meeting</b> Wednesday 02 July 2025, 10:00am – 1:00pm, via Microsoft Teams</p>		