

## **Minutes of Clinical Governance Group**

**Wednesday 09 October 2024**

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

### **Present:**

Anneli Wynn-Davies (AWD), Clinical Lead, North Hub (Chair)  
Jane Gill (JG), Clinical Lead, EMNODN South Hub  
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN  
Rachel Salloway (RS), Data Analyst, EMNODN  
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN  
Helen Cater (HC), Physiotherapist, EMNODN  
Kelly Francis (KF), Trainee Representative, King's Mill Hospital  
Dhaval Dave (DD), Consultant Paediatrician, King's Mill Hospitals (joined at 11:13)  
Lynsey Lord (LL), Practice Development Matron, King's Mill Hospital  
Christina Pembleton (CP), Governance Lead Nurse for Neonates & Paediatrics, King's Mill Hospital  
Nigel Ruggins (NR), Consultant Paediatrician, Royal Derby Hospital  
Angela Burden (AB), Lead ANNP, Royal Derby Hospital  
Lisa Kelly (LK), Governance Nurse, University Hospitals of Derby & Burton  
Claire Johnson (CI), Lead Midwife for Quality & Safety, Derby & Derbyshire ICB (joined at 10:58)  
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals (left at 12:36)  
Shafqat Bashir (SB), Consultant Paediatrician, United Lincolnshire Hospitals (joined at 11:09, left at 12:32)  
Rachel Wright (RW), Matron, United Lincolnshire Hospitals (left at 11:34)  
David Speck (DS), Educator, Lincoln County Hospital  
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS  
Andy Currie (AC), Head of Service, CenTre (left at 11:33)  
Hilliary Killer (HK), General Manager, CenTre (joined at 10:26)  
Julie Needham (JN), Matron, CenTre (joined at 10:26, left at 12:31)  
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital  
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  
Rebecca Lambdon (RL), Governance Lead Nurse, Northampton General Hospital (joined at 10:32, left at 12:35)  
Vicki Harris (VH), Transitional Care Lead, Northampton General Hospital  
Jo Behrsin (JB), Consultant Neonatologist, University Hospitals of Leicester  
Rina Chauhan (RC), Matron, University Hospitals of Leicester (left at 12:10)  
Katie Seaton (KS), Educator, University Hospitals of Leicester (left at 11:15)  
Rachel McCoy (RM), Ward Manager, Leicester General Hospital  
Claire Inglis (CI), Lead Nurse for Homecare, University Hospitals of Leicester (joined at 10:37, left at 12:16)  
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals  
Dulip Jayasinghe (DJ), Consultant Neonatologist, Nottingham University Hospitals (left at 10:58)  
Lleona Lee (LL), Consultant Neonatologist, Nottingham University Hospitals (joined at 11:43)  
Rebecca Scorer (RS), Quality Care Sister, Nottingham University Hospitals (joined at 10:37, left at 11:05)  
Charlotte Baylem (CB), Matron for Quality, Risk & Safety, Nottingham University Hospitals (left at 10:55)  
Marie Teale (MT), Deputy Head of Maternity Commissioning, Nottingham & Nottinghamshire ICB (left at 12:12)  
Abraham Isaac (AI), Consultant Paediatrician, Kettering General Hospital (joined at 10:16)  
Maureen Westphal (MW), Governance Lead Nurse, Kettering General Hospital  
Eileen Peasgood (EP), Lead Nurse, EM Congenital Heart Network (left at 11:13)

## In Attendance

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	<b>Apologies for Absence</b> Linda Hunn, Judith Foxon, Wendy Copson, Anita D'Urso, Madhavi Kakade, Jane Lafferty, Kirsty Adams, Tilly Pillay,		
2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes and Actions from the Previous Meetings</b> The minutes from the previous meeting were accepted as an accurate record of proceedings.  A number of actions were outstanding from the previous meeting: <ul style="list-style-type: none"> <li>• AWD acknowledged the delay in the peer review reports during this period of a decreased workforce.</li> <li>• CI still to provide feedback regarding any learning from a baby who died at home.</li> <li>• Consideration is being given to inviting maternity reps to the capacity huddles, names of appropriate people to invite are required.</li> </ul> All other matters arising will be picked up through the agenda.	<a href="#">A</a>	<b>ALL</b>
4.	<b>Matters Arising</b> <b>4.1 Car Seat Update</b> A car seat insert is being trialled in Newcastle and so hopefully there will be some results from this in the not-too-distant future.  There had been a report of some parents being unable to purchase a car seat as their baby was too small. No one present was aware of any similar incidents.  <b>4.2 Thirwall Inquiry Letter</b> All should have received a letter from NHSE to give out to families regarding the Thirwall Inquiry. JG enquired if the units have been circulating them? <ul style="list-style-type: none"> <li>• NB was not keen on giving the letter to all parents due to the wording within it.</li> <li>• DB agreed with NB and reported that NUH have modified the letter asking parents to contact the service in the first instance.</li> <li>• RW reported that the Chief Executive at ULHT has also adapted the letter slightly, and this is in the process of being agreed.</li> <li>• The UHL team are in the process of discussing the letter with the DOM around how to address it.</li> </ul>		

	<ul style="list-style-type: none"> <li>KMH are not using the letter and will be looking at rewording it.</li> <li>UHDB sought guidance from their comms team and have been advised to have copies of the letter available if parents ask.</li> </ul> <p>DB to forward a copy of the NUH letter for sharing with the group. If units decide to use something which differs from the national letter, please could teams send a copy to the Network for information.</p> <p>AWD/JG to raise at National Network Clinical Leads meeting.</p>		<p><b>DB</b></p> <p><b>AWD/JG</b></p>
5.	<p><b>Babies &amp; Families</b></p> <p><b>5.1 Family Care Team Update</b></p> <p>The new Parent and Families Engagement Lead is working on improving the diversity of parent voices and is creating content specific to seldom heard from communities. She is also working on a new Facebook page for parents due to issues which have been identified with the previous page.</p> <p>Haddie Bills has returned from maternity leave and will be working two days per week which will be Monday and Tuesday.</p> <p>The Network Team have now received the 360 virtual tours, and editing has commenced. A few units have already viewed their tours, which have so far been well received.</p> <p>The first draft of the transfer prompt document was circulated, and thanks were extended to those who took the time to comment. The Network team are currently working through the comments to create a second draft which will be out shortly for further comment. CH will be responding individually to comments that were sent in.</p> <p>JB suggested forming a stakeholder group, to come to a consensus before working on further iterations. CH agreed to explore this once all have seen second version.</p>		<p><b>CH</b></p>
6.	<p><b>Surgical Updates</b></p> <p>AWD/JG met with the paediatric surgical network leads, to look at creating a pathway for inguinal hernia repair prior to discharge, in order to try and expediate some of the difficulties that are currently being experienced. A Grid Trainee is looking at the pathway and looking to try to get some data from some of units around current delays in discharge for babies who are awaiting inguinal hernia repairs. They are also aiming to get some agreement across the Network that this is a Network issue rather than a unit specific issue. As soon as the initial principles of these documents are pulled together, a meeting will be convened which includes neonatologists and paediatric anaesthetists so that everybody is engaged in production of the</p>		

	<p>pathway.</p> <p>NR suggested including paediatrics within that working group as some of the older babies are transferred over to paediatrics for their surgery. Concerns regarding hypothermia was fed back recently and it was noted that it is important to consider this as a factor when deciding if it is appropriate for babies to undergo surgery.</p> <p>JG reported that there will be a prospective audit.</p>		
7.	<p><b>Cardiac Update</b></p> <p>PICU remains stretched but is managing flow and capacity.</p> <p>A cardiac airway day was held on 23 October. EP thanked Jonathan Cusack and the neonatal teams at LRI. The day was well received and there are plans to hold more next year.</p> <p>If any cases of myocarditis are identified, please alert EP.</p> <p>EP will be looking at this PDA pathways, there have only been 2 PDA ligations since April this year.</p>		
8.	<p><b>CenTe Transport</b></p> <p><b>8.1 Dashboard</b></p> <p>A copy of the dashboard was shared. April and May data available.</p> <p>There have been almost to 1600 transfers this year.</p> <p>There were 16 transfers out of the East Midlands during Q2, which is linked to the capacity issues.</p> <p>The team is meeting the KPIs and are moving the right number of babies, and despatch times have improved to 93%.</p> <p>Local time critical transfers 100%.</p> <p>From a Quality and Safety point of view there are ambulance staffing issues.</p> <p>Rota gaps are being reviewed.</p> <p>There has been some learning related to a drug error, and work is underway with the team.</p> <p>There are 7 risks on the risk register. Call handling has been managed externally and will be coming inhouse as of 01 November 2024. It was noted that there may be some initial teething issues. Further comms will be sent out shortly.</p>		

	<p>There is one SI being investigated. There has been some delay due to the changeover to PSIRF. When this is complete any lessons learned will be shared.</p> <p>There has been one complaint around staff relations.</p> <p>There was one MNSI case which has no specific learning for the transport service.</p> <p>AC asked for some clarity around the need for consultant-to-consultant referrals. Following discussion within the group it was agreed that where there is a complex case it is important that there is a consultant-to-consultant handover. However, for straight forward repatriation of non-complex well babies this is not necessary.</p> <p>It was noted that for those units who have adopted BAPM framework, the document refers to a nurse to nurse, not consultant to consultant, handover.</p> <p>Following an MNSI report there was some discussion around who is responsible for a baby's care when the transport service are present on the unit. AC stated that the revised transport stabilisation guideline describes shared/joint responsibility while on the unit until the baby is ready for transport.</p> <p>AC asked all to look at the recently updated transport stabilisation guideline, to see if this addresses the issue and to feedback any comments.</p>		ALL
9.	<p><b>National Update</b></p> <p><b>9.1 National Critical Care Transformation Review</b></p> <ul style="list-style-type: none"> <li>• <b>Capacity</b></li> </ul> <p>Clearly within the Network remains an issue. The new estate at QMC is due to complete in December 2024.</p> <p>There are conversations at UHL to progress their new build.</p> <ul style="list-style-type: none"> <li>• <b>Staffing</b></li> </ul> <p>Q1 data has been submitted to NHSE relating to nurse, medical and AHP staffing.</p> <ul style="list-style-type: none"> <li>• <b>FiCare</b></li> </ul> <p>Covered in item 5.</p> <p><b>9.2 Funding</b></p> <p>Two pots of funding have been received from the National Team. One is for additional QIS places, and the other for the implementation of the new QIS standards. JF is working closely with Trusts who require extra places, and the University is providing those places.</p> <p>Kelly Francis will be the trainee representative on the CGG.</p>		

10.	<p><b>Preterm Birth Group Update</b></p> <p><b>10.1 Latest Data</b></p> <p>No update from the preterm group.</p> <p>RS talked through the data.</p> <p>AWD explained that this does not capture the IUTs who do not go on to deliver, so work with maternity services is required to try and capture this data in future.</p> <p>HK reported that all IUTs will be coming through the new call handling as they will be coordinating these. AWD/RS/HK to meet to discuss this outside of this meeting.</p>		AWD/RS/ HK
11.	<p><b>AHP &amp; Psychology Update</b></p> <p>HC provided an update;</p> <p>An AHP conference will be held in November, with a focus on celebrating the new AHP teams across the Network and the work which is underway.</p> <p>The EMNODN AHP Forums for peer support continue quarterly and are going well.</p> <p>There is a collaborative AHP+P Forum which, following feedback, may be changed to more of a steering group.</p> <p>There are some great resources available on NHSE elfh (eLearning for Health) on AHPP roles.</p> <p>Bliss are focussing at the moment on raising the awareness of AHPs and there are a selection of videos available on their website. They are also running a national survey to understand the AHP staffing and remaining gaps across units.</p> <p>The EMNODN Light &amp; Noise, and Positioning guideline are under review and are now in final drafts.</p> <p>The first draft of the Nutrition and Feeding guideline will hopefully be ready for circulation in December 2024.</p> <p>There is a new free app called Canopie which is available for staff and neonatal parents, to support psychological wellbeing of parents whilst on the unit. Anita D'Urso will circulate further information on this to the group.</p> <p>CG said the Network Team have been really supportive in terms of the ULHT business case, and that this is now deemed a priority by the Lincolnshire LMNS and ICB.</p>		

12.	<p><b>Workforce &amp; Education</b></p> <p><b>12.1 Nurse Staffing</b></p> <p>A copy of the data was circulated.</p> <p>Registered nurse position: Across most of the units, when compared with the previous quarter, there has been a fall in the number of occasions when the registered nurses on shift meets the number required for the daily activity, as reported on the Opel forms. This is most likely due, in part, to the higher levels of acuity/activity that many units have experienced.</p> <p>QIS nurse position: Shortfalls in the number of QIS required to meet activity and QIS on duty persist with the NICUs and QHB falling significantly below the requirement.</p> <p>Currently no East Midlands unit meets 70% requirement for QIS nurses providing direct patient care. KGH is very close at 69.2% but there are vacancies, and this may affect the QIS position when the vacancies are recruited into. QHB continues to report the lowest QIS position at 27.7%.</p> <p><b>12.2 Q2 24/25 Workforce Data (including AHP&amp;P)</b></p> <p>A huge thank you to all the Lead Nurses and Clinical Leads for submitting the Q1 Workforce data and medical staffing returns by the deadline.</p> <p>Q2 data workbooks will be circulated the week commencing 14 October, for completion and return by the beginning of November. Individual workforce position and workforce plans will be discussed in more detail at workforce meetings that JF is in the process of arranging with each of the units.</p> <p>Funding was allocated in 2022/23 for AHP and additional medical staffing posts. Recruitment to post from this funding is now complete with the exception of some AHP posts in Kettering.</p> <p>There are still gaps in funded AHP provision at all Trusts except NUH and UHDB.</p> <p>Funding was allocated last year for a Governance Lead Nurse in each Trust, and for additional education resource in 3 Trusts. Recruitment to the Governance posts is now complete in all Trusts. Recruitment to the remaining educator post in one Trust is still outstanding.</p> <p>Funding for additional Consultants in three Trusts and additional medical PAs for PMRT was allocated in October 2023. Recruitment to these posts is expected to be complete in Q3 2024/25.</p>		
-----	---	--	--

	<p>CG confirmed that the LMNs have to sign off CNST requirements which include neonatal workforce action plans so that they have oversight of them.</p> <p><b>12.3 Foundations in Neonatal Care (FiNC) Programme</b>  The April cohort of the FiNC programme completed in September. It evaluated well and there were some excellent QI project poster presentations.</p> <p>The first of the 3-month FiNC programmes started in September 2024.</p> <p><b>Leadership in Neonates (LiNs)</b>  The first Leadership in Neonates programme started in September with 12 participants. Engagement from the group has been excellent and the feedback to date very good. The programme will complete in November.</p> <p><b>Bridging the Gap Competency</b>  The Bridging the Gap competencies were approved following the last Clinical Governance Group meeting. These have been shared with local educators and are now available for all units to use in order to support nurses in the development of clinical competences between completion of the Foundations course and undertaking the QIS.</p> <p><b>12.4 ODN Education &amp; Workforce Strategy</b>  Work on this is currently paused.</p> <p><b>12.5 Network Vacancies</b>  Recruitment to ODN posts:</p> <ul style="list-style-type: none"> <li>• ODN Pharmacist post has been banded as 8c and will be out to advert shortly</li> <li>• Administrator has been appointed and will be starting on 04 November</li> </ul> <p><b>12.6 Senior Neonatal Skills Refreshers</b>  There are currently two dates planned: October 2024 and January 2025.</p> <p>These days will retain an element of airway updates.</p> <p><b>12.7 Annual Conference</b>  The ODN Annual Conference was held last week at the Hilton Hotel. The theme for the day was extreme preterm birth. 100 staff and speakers attended, and the overall evaluation of the day has been excellent.</p> <p>Thanks were extended to everyone who helped to organise and deliver the day.</p>		
--	--	--	--



<p><b>13.</b></p>	<p><b>Homecare</b></p> <p><b>13.1 Homecare Update</b> None</p> <p><b>13.2 North Dashboards</b> A copy of the dashboard and charts was circulated.</p> <p>RG updated that guidelines are being produced for home phototherapy.</p> <p><b>13.3 South Dashboards</b> A copy of the dashboard was circulated.</p> <p>CI talked through the dashboard:</p> <p>From July to September there were between 63 to 77 babies each month.</p> <p>Visits have increased significantly since the introduction of home phototherapy.</p> <p>The team have been delivering between 354 to 706 visits every month.</p> <p>On average there have been between 17 to 19 home tube feeders each month, 3 to 4 new home oxygen babies going home each month, and 24 to 29 home phototherapy babies each month.</p> <p>The team have struggled with long term sickness with September reflecting a 20% sickness rate. It has been really helpful to utilise the South Hub staff to cover the visits in Leicester.</p> <p>This year 314 parents completed the family questionnaires, with a completion rate between 56 and 100%.</p> <p>There has been an increase in readmissions particularly in UHL, which has been due to winter illnesses.</p> <p><b>13.4 Cross Boundary Issues</b> None.</p>		
<p><b>14.</b></p>	<p><b>Risk Register</b> The register was not circulated with the meeting papers but will be circulated after the meeting. Any comments to be sent to the Network Team so that it can be updated prior to going to the next EMNODN Board meeting.</p>		<p><b>ALL</b></p>

15.	<p><b>Guidelines</b></p> <p><b>15.1 Derogation Form</b> The new service specification makes reference to units having to formally derogate from ODN Guidelines. WC is has produced a derogation form which will be included within guidelines going forward.</p> <p><u><b>For Ratification</b></u></p> <p><b>15.2 CMV Guideline</b> All agreed that this is now ratified.</p> <p><u><b>For Comment</b></u></p> <p><b>15.3 Transport Stablisation</b> All to review and send in any comments, particularly around the responsibility lines and feedback. There is a 2-week deadline for comment.</p> <p><b>15.4 Duty of Candour</b> This is an update of the previous version, when duty of candour has to happen in a different place to where the incident has occurred. This refers mainly to babies who are moving across the Network, and how duty of candour can be managed within that setting. There is a 2-week deadline for comment.</p> <p><u><b>Under Review</b></u></p> <p><b>15.5 Escalation</b></p> <p><b>15.6 FiCare</b></p> <p><b>15.7 Light &amp; Noise</b></p> <p><b>15.8 Positioning</b></p> <p><b>15.9 Skin-to-Skin</b></p> <p><b>15.10 PPHN</b></p> <p><b>15.11 Respiratory Care: Mechanical Ventilation</b> DB updated the group that that he is working on the referencing style and will send this to JP, copying in AWD/JG/WC/LSH once this completed.</p> <p><b>15.12 Investigation of Hydropic Infant</b></p> <p><b>15.13 Exome Sequencing</b></p> <p><b>15.14 Management of PDA &amp; Referral Criteria for PDA Ligation</b></p> <p><b>15.15 East Midlands IUT</b></p> <p><b>15.16 NEC Care Bundle</b></p> <p><b>15.17 Management of Seizures</b></p> <p><b>15.18 SCID Screening (South)</b></p> <p><u><b>Under Development</b></u></p> <p><b>15.19 Early Care/Optimisation</b></p> <p><b>15.20 Respiratory Care: Non-Invasive Ventilation</b></p> <p><b>15.21 Blood Transfusion</b></p> <p><b>15.22 Nutrition</b> See earlier update from HC. To clarify this is relating to enteral nutrition.</p> <p>Once a Network pharmacist is in post, work will commence on a parenteral nutrition guideline.</p>		<p>ALL</p> <p>ALL</p> <p>DB</p>
-----	---	--	---------------------------------

16.	<p><b>Data Quality and Assurance Reporting</b></p> <p><b>16.1 Local Network Quality Dashboard</b></p> <p>The dashboard was circulated and discussed.</p> <p>It was requested that if any of the teams have any QI work underway with regard to the steroids and magnesium sulphate metrics that this is shared.</p> <p>There is a huge amount of missing data for Intrapartum Antibiotics, however overall it appears that there is a slight improvement.</p> <p>The Preterm birth in the right place data is currently sitting at around 70%.</p> <p>Delayed cord clamping is a success and rates have increased to around 70%.</p> <p>Term admissions data is currently sitting at around 70%.</p> <p>The combined metric of total optimisation is currently below 20%.</p> <p>More than half the data for breastmilk is missing. Again, would be good to hear of any effective QI projects on this.</p> <p>Parental consultation is currently 90%. However there has been a bit more missing data in the last 6 months.</p> <p>Data for parent inclusion on ward rounds has vastly improved! RS suspects that the improvement is due to one of the fields having been made mandatory. Derby have introduced a stamp on the ward round trolley, which highlights when parents are present, the team stamp the notes for that day, and for intensive care the day-to-day care sheets. This helps focus the team on the fact that this data is important.</p> <p>ROP data demonstrates an average rate of about 75% for ROP screening.</p> <p>NEC rates since March 2024 have demonstrated an increasing trend and have just tipped into special cause at 20% for July rates which is of concern.</p> <p>DB plans to look back to see if teams are capturing the right definition of NEC. A consultant at NUH is exploring introducing DBM.</p> <p>JG started a validation process in UHL to ensure that the results are more accurate. Following a review of NEC issues from 2022 and 2023 it was identified that there were some data issues.</p>		
-----	---	--	--

	<p>There has been a significant cohort of babies over 44 weeks on the units. It was noted that some clinicians correct the gestation for term babies. It was suggested that the teams ascertain if this occurs within their own units. JB requested some simple comms which makes this clearer. JG to devise.</p> <p><b>16.2 Learning from Incidents and Excellence</b></p> <ul style="list-style-type: none"> <li>• <b>SIs</b> <b>NUH SI 2023/11179</b> LL shared a case and associated learning.</li> <li>• <b>PSIRF (Patient Safety Incident Investigations)</b> Any recommendations to be brought to this group for sharing.  AWD suggested in future the Network will email out a couple of weeks before the meeting to ask.</li> <li>• <b>MNSI (Formerly HSIB) Investigations</b> Any recommendations to be brought to this group for sharing.</li> <li>• <b>Coroners Recommendations</b> None</li> <li>• <b>Parliamentary &amp; Health Ombudsman</b> None</li> </ul> <p><b>Martha's Rule</b> WC has drafted a document which the Network Team have commented on. This will be circulated shortly for review.</p> <p><b>16.3 Regional/National Alerts</b> None.</p> <p><b>16.4 Exception Reporting</b> A copy of the report was circulated.</p> <p>RS apologised for a delay in circulating the lists which will hopefully be circulating in a couple of weeks.</p> <p>Thanks were extended to all for the increase in self-reporting.</p>		<p><b>JG</b></p> <p><b>AWD/JG</b></p>
<b>17.</b>	<p><b>Service Improvement/Implementation Programme</b></p> <p><b>17.1 PERIPrem</b> Regional work is underway with the East and West Midlands ODNs, along with the Midlands Perinatal team and Health Innovation Network to examine how to support the implementation of PERIPrem. Currently the group meets fortnightly.</p> <p>NR confirmed the launch date at UHDB is 30 October.</p> <p>The PERIPrem passport is currently being reviewed, awaiting clarification of whether to include 9 or 11 elements. JG</p>		

	<p>requested an offline conversation around passports. CD/WC to organise.</p> <p><b>17.2 Transitional Care Implementation Updates</b>  DB reported that NUH are a little behind some of the units. They are currently working on a business case looking at data from last year which has been finalised and presented to the division. The model will have neonatal nursing presence and a band 7 nurse 24/7 on both sites with dedicated beds for TC on the postnatal wards.</p> <p>BS updated that QHB will be opening the new TC on 21 October. A recruitment open day was held recently with a good number of staff attending. Interviews will be held next month. TC in RDH should open early next year.</p>		<b>CD/WC</b>
<b>18.</b>	<p><b>LMNS Local Feedback</b>  None.</p>		
<b>19.</b>	<p><b>Mortality Oversight Group</b>  A face to face meeting was held in September, and was well attended. It was very useful to have robust discussions face to face. AWD/JG presented some of the network wide data and heard some cases with some really good discussion. A mortality report will be compiled and shared with this group.</p>		<b>AWD/JG</b>
<b>20.</b>	<p><b>Feedback from Network meetings</b></p> <p><b>20.1 Lead Nurses Group</b>  The group have not meet since the last CGG as the last meeting was cancelled due to conflicting priorities.</p> <p><b>20.2 Parent Advisory Group</b>  Amanda Pike, the Parent and Families Engagement Lead will be taking on the role of PAG chair and is working hard on increasing parent membership and diversity. Meetings now alternate between lunchtimes and evenings.</p> <p><b>20.3 Education &amp; Practice Development Group</b>  Excellent face-to-face meetings were held in June and September, with all trusts and transport represented.</p> <p><b>20.4 Pharmacy Group</b>  The Pharmacy group met in September. JG will pass on chairing of the group to the Network Pharmacist once appointed.</p> <p><b>20.5 Homecare Group</b>  The last meeting was cancelled. Future meeting dates still to be agreed between CI and LP and then circulated.</p> <p><b>20.6 Safeguarding Group</b>  The group met recently, where NUH presented some difficult cases. There will be a learning bulletin circulated shortly.</p>		

	<p><b>20.7 Governance Lead Nurse Group</b> This group meet monthly, with representation from all Trusts.</p> <p>The group have discussed a quality &amp; safety assurance proforma which will be used to pull an overarching report in for CGG in future.</p>		
21.	<p><b>Research</b> <b>21.1 Update</b> No update.</p>		
22.	<p><b>AOB</b> NR is aware of the reasons for the delay in peer reviews, however the LMNS are pushing to receive them. CH explained that the Network Team are working through them chronologically and it is hoped that they will be circulated in the next couple of weeks.</p> <p>BS is taking over as ACD for neonatal services at UHDB.</p> <p>LL reported that a new ophthalmologist has joined KMH. They are looking into whether 32 weekers need to be ROP screening which is against national guidance and asked for any thoughts. No one else has changed practice on this.</p> <p>A question was posed by DB regarding the use of colour changing sensors for CO2 vs capnography following an SI.</p> <ul style="list-style-type: none"> <li>• UHDB colour change</li> <li>• UHL Joe Fawke has talked about trialling capnography, have used intermittently on the unit</li> <li>• Transport use capnography</li> </ul> <p>All to let AWD/JG know where ambulances bring a baby born in the community to within the Network hospitals, either maternity service or the ED Department</p> <ul style="list-style-type: none"> <li>• UHDB - The guideline is to bring baby and mother to Labour ward</li> <li>• David Speck - Usually labour ward. However, in case of a blue light transfer it is usually ED</li> <li>• Dhaval Dave – was unsure and will find out</li> </ul>		ALL
23.	<p><b>Date/Time of Next Meeting</b> Wednesday 15 January 2024, 10:00am – 1:00pm, via Microsoft Teams</p>		