

## **Minutes of Clinical Governance Group**

**Wednesday 26 April 2023**

**10:00 – 1:00**

**via Microsoft Teams**

### **Present:**

Anneli Wynn-Davies (AWD), Clinical Lead, North Hub, EMNODN (Chair)  
Jane Gill (JG), Clinical Lead, South Hub, EMNODN  
Linda Hunn (LH), Director/Lead Nurse, EMNODN  
Judith Foxon (JF), Deputy Lead Nurse (Workforce & Education) EMNODN  
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN  
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN  
Anita D'Urso (AD), Psychologist, EMNODN  
Dhaval Dave (DD), Consultant Paediatrician, King's Mill Hospital, Mansfield  
Lynsey Lord (LLO), Practice Development Matron, King's Mill Hospital, Mansfield  
Kimberley Hastings (KH), Neonatal Specialist Nurse for Infant Feeding, King's Mill Hospital, Mansfield  
Lleona Lee (LL), Consultant Neonatologist, Nottingham University Hospitals  
Cheryl Griffiths (CG), Matron, Nottingham University Hospitals  
Rebecca Scorer (RS) Quality Care Sister, Nottingham University Hospitals  
Heather Cutts (HC), Practice Development Matron, Nottingham University Hospitals  
Zara Doubleday (ZD) Ward Manager, Nottingham City Hospital  
Claire Inglis (CI), Lead Nurse for Homecare, South Hub  
Lucy Panesar (LP), Lead Nurse for Homecare, North Hub  
Nigel Ruggins (NR), Consultant Paediatrician & Neonatologist, Royal Derby Hospital  
Dominic Muogbo (DM), Consultant Paediatrician, Queen's Hospital, Burton  
Lynn Slade (LS), Lead Nurse for Neonates, University Hospitals of Derby & Burton  
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals  
Cathy Franklin (CF), Matron, United Lincolnshire Hospitals  
Diane Bailey (DB), Deputy Sister, Pilgrim Hospital, Boston  
Rachel Wright (RW), Ward Manager, Lincoln County Hospital  
Hilliary Killer (HK), General Manager, CenTre  
Julie Needham (JN), Matron, CenTre  
Poornima Pandey (PP), Consultant Paediatrician, Kettering General Hospital  
Abraham Issac (AI), Consultant Paediatrician, Kettering General Hospital  
Sajan Sindhu (SS), Clinical Educator, Kettering General Hospital  
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital  
Michelle Hardwick (MH), Matron, Northampton General Hospital  
Kelly Marriott (KM), Ward Manager, Northampton General Hospital  
Jo Preece (JP), Consultant Neonatologist, University Hospitals of Leicester  
Kamini Yadav (KY), Consultant Neonatologist, University Hospitals of Leicester  
Davina Bhardwaj (DB), Matron, University Hospitals of Leicester  
Nitin Paywardhan (NP), Consultant Paediatric Surgeon University Hospitals of Leicester

### **In Attendance**

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)  
Natalie Madden (NM), Speech & Language Therapist, EMNODN  
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN  
Haddie Bills (HB), Care Coordinator, EMNODN  
Rachel Salloway (RS), Data Analyst, EMNODN

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Gregory Shepherd, Sarah Kent, Dush Batra, Jo Behrsin, Rhian Cope, Andy Currie		
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 href="#">A</a>	
4.	<b>Matters Arising</b> <b>4.1 Car Seat Update</b> No further updates.  This item will remain on the agenda to allow further updates when they are available.		
5.	<b>Revised Group TOR</b> The revised TOR were circulated to the group. All to send comments by the 10 May 2023. If no comments are received, they will be considered ratified by the group.  LH posed the possibility of holding one face-to-face meeting per year. All were in agreement.		<b>ALL</b>
6.	<b>Babies &amp; Families</b> <b>6.1 FiCare Update</b> The Care Coordinators have been building social media platforms alongside the existing Twitter and parents Facebook page. The Network now has Instagram and a Network Facebook page as well as a YouTube channel. These will be used to raise the profile of the Network and to share any pertinent FiCare Education and Information. All encouraged to follow and share with the unit teams.  The team have a long list of future content planned but all encouraged to share any ideas with CH and HB.  The FiCare Level 1 eLearning staff module on Moodle has now been tested by the Network Team. There are some final adjustments underway, and this should be made available to all staff in May.  The Network Team have held some very useful focus groups with feedback on the scripts for the parent video project with HEE, and these are now with the filming team at the University of Northampton for their creative input.  Haddie Bills will be going on maternity leave in the summer and an advert for her maternity leave cover will be out shortly.		<b>ALL</b>

	<p><b>6.2 NVP Recruitment</b>  Work continues with the LMNSs to identify and shape the NVPs. There is still one region without someone identified to progress with the project. NVPs feature quite heavily throughout the new 3-year delivery plan for maternity and neonatal services, so it is hoped that the publication will support further conversations particularly around the recommendation that their work plan should be funded in much the same way as the MVP work.</p> <p>The Network would like a parent representative to attend the Homecare Steering Group. If anyone knows of anyone who might be interested, please contact CH.</p> <p>The Network team are in the process of reviewing the PAG to try to facilitate better attendance. There appears to be interest from potential new members.</p> <p>NR raised the struggle to get any parent engagement and would welcome any ideas on improving patient feedback. Methods.</p>		<b>ALL</b>
7.	<p><b>Surgical Updates</b>  GS unable to attend.</p> <p>AWD/JG welcomed NP. JG explained that although GS wasn't present today due to a theatre list, he has been attending this meeting to represent neonatal surgery across the region for some time and for equity it was felt that there should also be representation from the South Hub. There are also some important Network discussions underway regarding surgical pathways, bilious vomiting and establishing a drive through contrast process.</p> <p>NP is the Clinical Lead for the Surgery in Children ODN for the East Midlands and it was agreed that it would be very useful to have regular dialogue.</p> <p>In terms of neonatal surgery, there will be some working groups, with radiologists working together.</p> <p>KY felt it would be useful to engage with the paediatric teams regarding the Hernia Pathway to ascertain if the babies can be transferred back to special care rather than ITU.</p>		
8.	<p><b>National Update</b>  <b>8.1 National Critical Care Transformation Review</b>  The capacity review was revised just before Christmas and all teams should now have received a copy. This revised version is now what the commissioning team are working towards. With regards to the increased capacity, the business case in NUH is continuing which will hopefully provide an additional nine critical care cots by the end of 2024. Work is still ongoing</p>		

with the Regional and National teams to secure the additional funding for the new UHL Womens and Childrens Hospital.

### **Staffing**

Funding has been allocated to each unit either for nurse, medical or AHP/Psychology staffing. There is a requirement for this to be monitored by the Regional and National teams, hence the repeated email requests from LH and JF. LH explained the importance of receiving this information in a prompt manner. LH reported that Sumana Bassinder has indicated that there will be some additional money for staffing this year, although SB is very clear that if the data isn't received in a timely fashion and posts have not been recruited to where money has already been provided there a likelihood that units will not receive any further funding. The key message is therefore to recruit to posts as soon as possible, and to provide data when it is requested, and the Network will continue to work with the trusts and commissioners to secure some additional funding as required for some of the additional staff that are required.

### **FiCare**

CH and HB are doing a great deal of work, and this is the area that looks the most promising against the delivery of the NCCTR at the moment.

It looks unlikely that the Network will be able to deliver on the NCCTR due to the lack of capacity and the workforce gaps. LH reported that she has repeatedly asked the Regional team if there will be any consequence to this. To date there has been no definitive answer to this.

NR updated that the 0.5WTE Consultant post which was funded for UHDB, has been matched by the Trust and the post is now out to advert.

NB reported that there had been no suitable applicants for the 0.5WTE consultant post in NGH and felt that it would be appropriate if these subtleties are recognised with regard to future funding. LH confirmed any details and background information to paint the picture would be helpful.

### **8.2 Ockenden & GIRFT Proposed Actions**

The group were urged to keep sight of the unit Ockenden, GIRFT, and NCCTR action plans. WC is happy to meet with any of the teams to provide support/advice.

JG and WC reported that the pharmacy GIRFT actions were discussed at the Pharmacy Group the day before and that there is a great deal of work still to be completed so it is important to maintain momentum. WC is happy to meet Matrons/Lead Nurses to provide support if required.

	<p><b>8.3 Three Year Delivery Plan for Maternity &amp; Neonates</b> A copy was circulated. The plan outlines similar requirements to the NCCTR. Any queries to take back to the National team to be sent to LH.</p> <p><b>8.4 Funding</b> Already covered.</p>		<b>ALL</b>																																						
9.	<p><b>Overarching Peer Review Report</b> A copy of the report has been circulated. The report details the findings from the peer reviews which were undertaken last summer. The ODN have identified 3 areas of good practice from each unit for sharing. The Network plan to hold a clinical forum where units can highlight their good practice. Any queries on the report to be sent to LH.</p>		<b>ALL</b>																																						
10.	<p><b>Preterm Birth Group Update</b> <b>10.1 Latest Data</b> For the first three months of 2023, there were 31 deliveries resulting in 34 babies. Four of those were failed IUTs, including 1 BBA which was admitted into Pilgrim.</p> <p>JG and AWD in agreement that twin pregnancies where there has been an in-utero loss of the other twin should be counted in the data, being mindful of the dates.</p> <p>There were 4 deliveries at KGH, 2 KMH, 1 NGH.</p> <p>The reason for the exceptions are being explored in collaboration with the Perinatal team.</p> <p>DM asked where the information would be shared. It was agreed that the minutes and slides from the Preterm birth group would be shared with this group.</p>																																								
11.	<p><b>AHP &amp; Psychology Update</b> NM shared the following information on progress with recruitment against Ockenden funding.</p> <table border="1" data-bbox="183 1568 1082 2000"> <thead> <tr> <th></th> <th></th> <th>Advertised</th> <th>Interviewed</th> </tr> </thead> <tbody> <tr> <td>Derby/Burton</td> <td>Psychology</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> <tr> <td rowspan="5">Leicester</td> <td>Psychology</td> <td style="background-color: green;"></td> <td style="background-color: green;">2<sup>nd</sup> May</td> </tr> <tr> <td>SLT</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> <tr> <td>OT</td> <td style="background-color: red;"></td> <td style="background-color: grey;"></td> </tr> <tr> <td>Physio</td> <td style="background-color: red;"></td> <td style="background-color: grey;"></td> </tr> <tr> <td>Dietitian</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> <tr> <td rowspan="3">Lincoln/Boston</td> <td>Psychology</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> <tr> <td>Physio</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> <tr> <td>Dietitian</td> <td style="background-color: green;"></td> <td style="background-color: red;"></td> </tr> <tr> <td>Northampton</td> <td>Psychology (post with Kettering)</td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> </tr> </tbody> </table>			Advertised	Interviewed	Derby/Burton	Psychology			Leicester	Psychology		2 <sup>nd</sup> May	SLT			OT			Physio			Dietitian			Lincoln/Boston	Psychology			Physio			Dietitian			Northampton	Psychology (post with Kettering)				
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The National group are looking at auditable outcomes for the new AHPs, and Psychologists which will be dependent upon the allocated time they have.

The second Network AHP and Psychology Forum will take place shortly and there are also plans for an AHP conference in November.

NR asked about the disparity with the funding. LH confirmed that the allocation was on risk basis and assured the group that the ODN are aware of where the gaps are and are working with commissioning team to secure funding.

**12. Homecare**  
**12.1 Outreach Update**  
**South Hub Update**

Home phototherapy has been the main focus in the South Hub this quarter. This started in UHL on 16 January and is evaluating very well. To date the team have successfully treated 52 babies at home. They have been referred from a variety of settings, including the referrals into the ANNP led jaundice clinic, and some have been referred from the post-natal wards at both LGH and LRI.

UHL NGH and KGH homecare teams are now fully recruited to in order to provide a 7/7 service.

**North Hub Update**

The Team are working on home phototherapy guidelines and are focussing on NUH in the first instance with a view to rolling it out across the North hub at a later date.

UHLT are fully recruited for a 7/7 service.

UHDB are actively recruiting.

KMH recruitment is currently paused as the team go through the management of change processes.

	<p>It was identified that the NG feeding rates at discharge are not as high as we would like so there will be an increased emphasis on improving the figures, and it is hoped that an improvement will be reported at the next meeting.</p> <p>Gemma Manning is doing a lot of work at UHDB on updating the policies, and this will hopefully enable home NG fed babies to be discharged shortly.</p> <p><b>12.2 Dashboards</b> A copy of the dashboards was circulated.</p> <p><b>12.3 Cross Boundary Processes</b> If a baby is born in one unit but lives in another units' postcode area, there has previously been debate that the baby would have to be followed up by the unit within which postcode it lives. This causes multiple logistical problems for the teams and the families. It was agreed that it would be more appropriate for the teams to cross the borders to care for the babies and families as the specialised commissioning team commission the homecare services across the Network.</p> <p>NR asked about medical follow up, if babies are transferred from one unit to another for capacity reasons and then are discharged from that unit. AWD felt that these are different groups of babies, and if babies are transferred for capacity reasons, then the teams should look to transfer the whole care package back to the original unit</p>		
<p><b>13.</b></p>	<p><b>CenTre Transport</b> <b>13.1 Dashboard</b> A copy of the dashboard was circulated. The transport service have been very busy undertaking 373 transfers in the last quarter. There has been a slight increase in the number of category two transfers, all of which have been reviewed.</p> <p>There have been 1483 transfers this year. 115 of these were out of area transfers, and 110 of these were repatriations back into Network.</p> <p>The KPI data is reasonable with 96% of patients moved, and there were only 5 babies which CenTre did not move in Q4, and 14 across the year. There is now good mutual aid across NTS and Embrace.</p> <p>The 3.5 hours to bedside target has deteriorated slightly, and there will be a deep dive to ascertain the reasons.</p> <p>Ambulance provision is now based out of Castle Donington, and there are still gaps at the beginning and end of shifts. The CenTre Team hope to be on site at Castle Donington at beginning of August. Late finishes remain an issue for the team.</p>		

	<p>There have been some call handling issues. If anyone experienced any issues, please contact with HK. The new tender will be awarded in 2024.</p>		
<p><b>14.</b></p>	<p><b>Risk Register</b>  The Risk Register was circulated. The Regional Team are now looking at what the ODNs report and keep on a risk register, and the current format will be reduced removing all of the patient facing risks. This will be discussed at the next Board meeting.</p> <p>Any changes to be notified to LH within the next week before the register is shared with the Board.</p>		<p><b>ALL</b></p>
<p><b>15.</b></p>	<p><b>Guidelines</b>  <i>For Comment/Ratification</i>  <b>15.1 Regional Escalation of Operational Pressures &amp; Surge Plan</b>  The document has been recirculated to the group. It has been revised to reflect the maternity surge and escalation plan. All to review and send any comments by Thursday 11 May. If there are no comments the document will be ratified.</p> <p><i>Under Review</i>  <b>15.2 PPHN</b>  No further update</p> <p><b>15.3 CPAP</b>  No further update</p> <p><b>15.4 Light &amp; Noise</b>  Sarah Willis is making some changes and hope it will be ready for sharing at the next meeting.</p> <p><b>15.5 Positioning</b>  Helen Cater &amp; Sarah Willis are making some changes and hope it will be ready for sharing at the next meeting.</p> <p><b>15.6 Exchange Transfusion</b>  Will be circulated shortly for comment.</p> <p><b>15.7 ROP</b>  No further update</p> <p><i>Under Development</i>  <b>15.8 Early Care</b>  No further update</p> <p><b>15.9 PDA Pathways</b>  Work towards amending the PDA guidance in collaboration with key stakeholders.</p>		<p><b>ALL</b></p>



	<p><b>15.10 Bilious Vomiting Pathway</b>  Work on the pathway is underway and the document will be circulated shortly. The group were asked to review the steps that each unit would be asked to be follow when referring a baby to determine if they seem reasonable. There is plenty of 24/7 availability and by the time the guidance is ratified it is hoped that some of the perceived blocks will be removed.</p> <p>NR enquired if teams have to prearrange a surgical bed or can the referral be direct to radiology? JP confirmed that at the moment the SOP is based on current practice and that radiology would like a backup cot. All thoughts on this are very welcome.</p> <p><b>15.11 CMV</b>  JP, AWD and JG will discuss this later this week to decide the best way to take it forward.</p> <p><b>15.12 Transfusion</b>  Thanks were extended to everyone for providing the requested information.</p> <p>JG suggested inviting the cardiac clinical lead to the meetings.</p>		<p><b>AWD/JG/ JP</b></p> <p><b>LSH</b></p>
<p><b>16.</b></p>	<p><b>Data Quality and Assurance Reporting</b>  <b>16.1 Local Network Quality Dashboard</b>  The dashboard was circulated and discussed.</p> <p>Thanks were extended to RS for producing the SPC charts, and for putting on the sessions with some of the Matrons and Lead Nurses.</p> <p>Thanks were also extended to CD who has been working with WC and the units to improve data capture.</p> <p>RS still working to include some of the measures on the SPC charts.</p> <p>If anyone identifies any issues on the reports to inform RS.</p> <p>JG noted that there is a significant amount of missing data on the obstetric measures. It was agreed that it will be interesting to see the NUH and KMH data as they come online with Maternity BadgerNet to determine if this makes a discernible difference to the data.</p> <p>AWD/JG have contacted Sam Oddie re the Non-invasive respiratory support and were told that someone from the East Midlands had initially suggested this metric. They are now awaiting a meeting with Sam to further discuss.</p> <p>There are new metrics coming into place for 2024 which may be difficult to capture. AWD/JG to take back LL comments</p>		<p><b>ALL</b></p> <p><b>AW/JG</b></p>

	<p>regarding the parents on the ward rounds data point. If anyone has any further points to raise with Sam, please email them to AWD/JG.</p> <p><b>16.2 SI Reporting</b>  <b>KGH SI</b>  Still with HSIB, and the Coroner.</p> <p><b>UHDB SI</b>  Learning not shared, carry forward to next meeting</p> <p><b>NGH SI</b>  NB shared learning.</p> <p><b>UHL SI</b>  This can be removed from the agenda as this was not a Neonatal SI. JG/LH to discuss with JB.</p> <p><b>16.3 Learning from Incidents/Excellence</b>  There were 11 RENS nominations in the last quarter. Nine were awarded, and two are still being discussed.</p> <p><b>16.4 Regional/National Alerts</b>  LH circulated a regional alert regarding single use equipment. If anything is labelled as single use it is to be used as such. Please reiterate this to the clinical teams, ensuring that they understand the difference between single use and single patient use.</p> <p>WC and RS are now producing the 'Quality Counts' newsletter. If there is anything that anyone would like to be included in the future please contact WC and RS.</p> <p>JF highlighted the recent email regarding issues with supplies of breast milk fortifier. All urged to check supplies and to ensure plans are in place locally to manage the issue.</p> <p><b>16.5 Exception Reporting</b>  A copy of the report was circulated.</p> <p>Summaries are now circulated with the quality reports and are also sent to the LMNSs. AWD is pleased to report that a large proportion were self-reported.</p>		<p><b>ALL</b></p> <p><b>JG/LH</b></p> <p><b>ALL</b></p> <p><b>ALL</b></p>
<p><b>17.</b></p>	<p><b>Service Improvement/Implementation Programme</b>  <b>17.1 PERIPrem</b>  BAPM are holding a webinar on 10 May with regards to PERIprem and will be discussing resources for staff and parents.</p> <p>The Network PERIprem passport has been circulated for comment. It has also been sent to the Midlands Perinatal Team to review.</p>		

	<p>There is a project underway at NUH with regards early breast milk. An HCA is going into pre-term birth clinics to discuss the benefits of early breastmilk with the parents. If anyone would like further information to contact WC.</p> <p><b>17.2 Transitional Care Implementation Updates</b> NR reported that there are still difficulties establishing TC in UHDB.</p>		
18.	<p><b>ATAIN Updates/Learning</b> LH reported that the Network ATAIN data is very good across the Network.</p>		
19.	<p><b>LMNS Local Feedback</b> LH reiterated the need for the unit staff to attend LMNS meetings, as the ICBs will hold the budgets in the future, and they will need to have sight of the issues.</p>		
20.	<p><b>Workforce &amp; Education</b> <b>20.1 Nurse Staffing</b> A copy of the data was circulated.</p> <p>There are still significant QIS gaps, particularly in the tertiary services. The gap at UHL is persistently high but this was also apparent at NUH in April.</p> <p>The SPC charts demonstrate a significant amount of fluctuation of the number of staff who are available in the day compared to the night shifts, and this adversely impacts upon compliance to BAPM.</p> <p>JF will be sending out a request for 6 monthly nursing data next week. The request for additional data is being driven by commissioning and the National Team.</p> <p>RS had sent out a request to the units to send their current cot numbers but has received no response to date. All to send this information ASAP.</p> <p>CF enquired about registered workforce. JF confirmed Nursing associate roles are not registered nurses so should not be included in the registered nursing numbers.</p> <p><b>20.2 Foundations in Neonatal Care Programme</b> 16 staff have now completed the course with a further 25 nurses booked onto cohort 5. JF is arranging more face-to-face sessions where possible as this was identified as a requirement from previous feedback.</p> <p>Thanks were extended to those staff across the Network who continue to support the Foundations programme by speaking on the days.</p>		ALL

	<p><b>20.3 HEE Funding</b>  Almost all of the £29000 which was secured from HEE for AHP and AHP related training and education has been completed or is planned. A requirement of the funding award was that anyone who has attended the training will be contacted directly by HEE for feedback. All were asked to ensure that their staff are aware.</p>		<b>ALL</b>
21.	<p><b>Mortality Oversight Group</b>  The Mortality Oversight groups from the North and South hubs have now merged and the first meeting has taken place. AWD and JG are due to meet with WC next week to review the North West process in the hope that the East Midlands process can be streamlined.</p> <p>A copy of the Mortality Learning Bulletin will be circulated shortly.</p>		
22.	<p><b>Feedback from Network meetings</b></p> <p><b>22.1 Lead Nurses Group</b>  Minutes of the last meeting will be circulated as soon as they are available.</p> <p><b>22.2 Parent Advisory Group</b>  Covered earlier in the agenda.</p> <p><b>22.3 Education &amp; Practice Development Group</b>  Minutes of the last meeting will be circulated as soon as they are available.</p> <p><b>22.4 Pharmacy Group</b>  The group met on the 25 April 2023 and was well attended by a passionate group of individuals who are keen to work together.</p> <p>The following points were discussed at the meeting:</p> <ul style="list-style-type: none"> <li>• The pharmacy points from GIRFT.</li> <li>• Drug calculators which will be further pursued in the next meetings.</li> <li>• Shared Learning which included the current Dalivit shortage and the fact that sachets are no longer being produced and alternative solutions. It was noted that large bottles of look very similar to distilled water bottle which should be shared with the clinical teams to ensure awareness.</li> <li>• Use of neonatal resus boxes which are separate to paediatric and adult box with laminated card with drug dosages attached to the lids.</li> </ul> <p>The use of anti-fungal drugs for those babies on long term antibiotics</p>		

	<p><b>22.5 Homecare Steering Group</b> Covered earlier in the agenda.</p> <p><b>22.6 Safeguarding Group</b> The group is due to meet shortly. It was noted that the group are hugely indebted to Becky Sands for her hard work and dedication to the group. Some valuable documents will be coming through this group, and these will be shared in due course.</p>		
23.	<p><b>Research</b> <b>23.1 Update</b> No update.</p> <p>It was noted that a Shalini Ojha has been awarded professorship in neonatology and congratulations were extended from the group.</p> <p><b>23.2 NEC Care Bundle Evaluation Study</b> No update.</p>		
24.	<p><b>AOB</b> CF been seconded into the Lead Nurse for CYP at ULHT and congratulations were extended to her. The Matron post out will be advertised for secondment for a year.</p> <p>Industrial action is expected end of this week which may impact upon NUH and KGH and ultimately could impact upon Network flows. LH contacted the units regarding this on the 25 April 2023 particularly encouraging the timely acceptance of any repatriations or HDU babies from the tertiary services in order to ensure that there is sufficient critical care and surgical capacity in the lead centres during this period. The clinical teams have also been urged to consider sending suitable babies home into the care of the homecare team This is particularly pertinent as two of the neighbouring Network will have surgical services who will be taking action. LH meeting with Networks this afternoon to ascertain which surgical services will be open.</p> <p>Anyone who considers that their services are not safe this should be escalated through their trust processes who will have a process for highlighting this to the National team</p> <p>JG suggested the Network provides a letter for the parents explaining what actions are being taken and why.</p>		CH/LH
25.	<p><b>Date/Time of Next Meeting</b> Wednesday 12 July 2023, 10:00am – 1:00pm, via Microsoft Teams</p>		