NHS
East Midlands
Neonatal Operational Delivery Network

Minutes of Clinical Governance Group

Wednesday 07 February 2024

10:00am – 1:00pm
via Microsoft Teams

Present:
Jane Gill (JG), Clinical Lead, EMNODN South Hub (Chair)
Anneli Wynn-Davies (AWD), Clinical Lead, North Hub
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Jo Preece (JP) Guidelines Lead, EMNODN
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Judith Foxon (JF), Deputy Lead Nurse (Workforce & Education) EMNODN
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN
Cara Hobby (CH), Deputy Lead Nurse, EMNODN
Anita D'Urso, Lead Psychologist, EMNODN
Rachel Salloway (RS), Data Analyst, EMNODN
Claire Gartland (CG), Neonatal Lead Maternity and Neonatal Program Lincolnshire LMNS
Rhian Cope (RC), Matron, King's Mill Hospital
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
Lynn Slade (LS), Matron, University Hospitals of Derby & Burton
Lisa Kelly Neonatal Clinical Governance Nurse, University Hospitals of Derby & Burton
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals
Rachel Wright (RW), Matron, United Lincolnshire Hospitals
Joanne Gooch (JG), Data Clerk, Lincoln County Hospital
Andy Currie (AC), Head of Service, CenTre
Hilliary Killer (HK), General Manager, CenTre
Julie Needham (JN), Matron, CenTre
Nick Barnes (NB), Consultant Paediatrician, Northampton General Hospital
Michelle Hardwick (MH), Matron, Northampton General Hospital
Kelly Marriott (KM), Ward Manager, Northampton General Hospital
Vicki Harris (VH), Transitional Care Lead Nurse, Northampton General Hospital
Nicole Malazzab (NM), Clinical Governance Lead Nurse, Northampton General Hospital
Rebecca Lambdon (RL), Lead Neonatal Educator, Northampton General Hospital
Davina Sham (DS), Higher Specialty Doctor, University Hospitals of Leicester
Elsie Kumar (EK), Matron (Recruitment, Retention & Pastoral Care), University Hospitals of Leicester
Rachel McCoy (RM), Ward Manager, Leicester General Hospital
Claire Inglis (CI), Homecare Lead Nurse, University Hospitals of Leicester
Abraham Isaac (AI), Consultant Paediatrician, Kettering General Hospital
Sajan Sindhu (SS), Educator, Kettering General Hospital
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
Cheryl Griffiths (CG), Lead Nurse, Nottingham University Hospitals
Lorraine Collins (LC), Matron, Nottingham University Hospitals
Zara Doubleday (ZD), Ward Manager, Nottingham City Hospital
Lucy Panesar (LP, Homecare Lead Nurse, Nottingham University Hospitals
Charlotte Baylem (CB), ??, Nottingham University Hospitals
Rebecca Scorer (RSc) Quality Care Sister, Nottingham University Hospitals
Eileen Peasgood (EP), Network Lead Nurse, East Midlands Congenital Heart Network
Katie Linter (KL), Consultant Cardiologist, East Midlands Congenital Heart Network

In Attendance
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Sarah Willis (SW) (SW), Occupational Therapist, EMNODN
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN
Susan Chisela (SC), Practice Development Nurse, EMNODN
Susi Dumbleton, Pharmacist, UHDB

	Subject	Attachment	Action
1.	**Apologies for Absence** Jo Behrsin, Kim Hastings, Gregory Shepherd, Abraham Isaac, Katie Seaton, Tilly Pillay		
2.	**Declarations of Interest** None.		
3.	**Minutes and Actions from the Previous Meetings** The minutes from the previous meeting were accepted as an accurate record of proceedings.	**A**	
4.	**Matters Arising** **4.1 Car Seat Update** LH updated that there is research project due to commence in Sweden. In addition, a car seat company has produced an insert for a car seat, which has gone to a hospital in the Northeast for them to undertake a research pilot. Unfortunately, the legislation has not been amended, however there are some positive developments.		
5.	**Babies & Families** **5.1 Family Care Team Update** CH, Deputy Lead Nurse for FiCare & PPI provided an update: The FIC team will be expanding. There is currently an advertisement out for a full-time Family Engagement Lead post. This is a positive development as the East Midlands ODN is one of the last to achieve funding for the post. A one-year subscription for CardMedic (a communication tool) has been secured, and CH is currently in the process of organising training for unit-based champions. The four parent education videos funded by Health Innovation East Midlands and aligned to support the regional maternity and neonatal safety improvement programme, have been produced. They cover temperature, early maternal breast milk, introduction to FiCare, and an introduction to Neonatal Networks. The videos are currently in final stages of editing and are expected to be launched in the Spring.		

	Funding has been secured for 360 tours for each unit. Weekly drop-in meetings are underway on MS Teams with the Digital Scanning Group, unit staff, and Trust Communications teams. The meetings are progressing well, with good engagement. The aim is that filming will start late Spring/early Summer. The Network annual FiCare survey closed on 04 February and the team will be collating the feedback to share with services. CH or one of the team would be happy to present the findings at LMNSs workstreams. If anyone requires any further information, please contact CH. The FiCare module on Moodle is available and can be used as part of new staff induction programs, and staff mandatory training. The scoping exercise undertaken at each of the recent unit visits is in the process of being converted into individual FiCare action plans for each unit. **5.2 NVP Recruitment** Each of the LMNSs across the region now has an NVP element. CH is compiling their contact details which will be shared across the region.		
6.	**Surgical Updates** No one present to provide an update.		
7.	**Cardiac Update** EP continues to be involved with delivering cardiac sessions on the Network Foundations in Neonatal Care programme. The Cardiac Network recently met with the EMNODN to discuss the GIRFT report and any potential changes to pathways for babies requiring prostin at birth. There is a meeting in the diary to continue this work. EP updated that despite the winter challenges the cardiac operations are continuing, and there has been a significant amount of ECMO activity undertaken recently. The Cardiac ODN continue to undertake standards assessments within the level 1 and 3 cardiac centres. The Cardiac Network are in the process of devising the work plan for the coming year and are happy to share with anyone who is interested. Any cardiac issues please contact EP.		

8.	**CenTe Transport** **8.1 Q3 Report** A copy was circulated. Q3 has been extremely busy, with December being the busiest month ever for the service. The service is delivering on most of the KPIs. Due to activity levels the service has requested reciprocal help on a number of occasions over last quarter and has been working closely with COMET. The service are focussing on the 3.5 hours to cot side KPI as this remains a challenge, with the current percentage at 75%. The main reason for this failure to meet the target is that teams are already out when the call is received. However, the service is a national outlier, and a deep dive is underway to identify any areas of improvement. The Team are also focusing on stabilisation times, as they have increased over the last 4 years. It is hoped that the reasons for this can be identified, and any learning will be shared with the CGG, along with actions. From a quality & safety point of view there have been 19 Datix forms submitted. Key issues reported were issues around ambulances, call handling, and equipment issues. However, none of these have had any impact on service delivery. There has been one complaint which resulted in an action plan. This was the result of a baby with bilious vomiting who remained at UHL because the team were called away to a time critical uplift. There was some resulting confusion from the parent's view as they did not understand that the baby would not be brought straight back to the referring unit. As a consequence, the team have produced an information leaflet for parents to ensure that they are well informed. The Team is now based at Castle Donington. This has enhanced collaborative working and is working well. The Team now have a blood gas machine, so they are able to do blood gases when out on transport without the need for using trust equipment. This is going to be introduced next week. The service have just been granted funding for new ultrasound machine and a CFAM machine. In addition, funding has been granted for a double pod trolley for stable twin transfers. The trolley can also be utilised for parents to safely carry out Kangaroo Care		

	during repatriations when the baby is stable. HK is in the process of purchasing equipment and will review the various protocols which will be required for implementation. The nursing rota is now fully recruited to. There is still a medical middle grade gap which is being managed. Positive steps are being made to separate out the consultant cover from the NICUs, to meet the new national standards which state that transport services should have 24/7 cover, which is a significant change in the East Midlands. This will need to be a phased approach. AC confirmed that Monday to Friday, 9-5 cover should have a dedicated consultant, with no other clinical responsibilities. AC is encouraging the daytime consultants to base themselves at Castle Donington so that they are closer to the teams. JF asked about whether there is a plan to move to PSIRF incident reporting. LS clarified that Datix will remain the reporting platform and that it will be the output from Datix that changes with PSIRF. JF/HK to discuss. NB asked if there are any identified themes where the units can help with stabilisation times. AC responded that units should continue as usual at the moment and that hopefully the deep dive may identify some required changes to shorten the time required to stabilise. JG reported that the Network are about to appoint a consultant education lead and it would be useful to link in with the transport service around the SIM training which is already underway. **8.2 Dashboard** A copy of the dashboard was shared.		**JF/HK/AC**
9.	**National Update** **9.1 National Critical Care Transformation Review** The recommendations of the NCCTR are due to be delivered by the end of 2024. It is unlikely that the recommendations will be fully delivered within the East Midlands, which is mainly due to the capacity issues which are still ongoing. • **Capacity** Building work is underway in Nottingham and is hoped to be completed by the end of the year and will provide		

	additional critical care cots in the North Hub. Additional cots in Leicester, are yet to be opened due to the ability to staff them. It is hoped that some of them will be open by the end of the year. • **Staffing** There is still a good deal of work underway across the Network to support recruitment and retention. QIS ratios are particularly low, and this is predominantly due to the need to recruit nurses new to speciality, which therefore dilutes the QIS ratio. • **FiCare** This is the measure which the Network is performing best against. However, there is not sufficient parent accommodation in all the units, and this is being benchmarked on a quarterly basis by the National team. **9.2 Funding** Most units will have received some funding for education & workforce, extra nurses, medical time for PMRT, and consultant time. This is all being monitored by the National Team. DB asked if the inclusion of administration support for additional medical posts can be discussed at the next national meeting. LH reported that she would be happy to pick this up, but also noted that it is important for this to be included in contracting meetings with Trusts. The Network have never been asked for this information, and LH is unsure if there is a way of benchmarking how many admin staff are required per member of the medical team, and this maybe is something for the group to consider.		**LH**
10.	**Preterm Birth Group Update** **10.1 Latest Data** WC, Deputy Lead Nurse for Quality & Service Improvement provided an update: In 2023 there were 125 deliveries of extreme preterm births, only 77 of these were born in maternity service with a co-located NICU. This demonstrates a compliance of 62% against the national standard of 85%. Six babies were born before arrival (BBAs). This is slightly reduced from the previous year (8 BBAs) but is still a significant number, so there will be a deep dive into these cases. Sadly, of these six BBAs, five resulted in a neonatal death. There were eighteen successful IUTs throughout the year. WC reminded the group that when inputting data for babies that were an IUT, the correct booking unit should be inputted so that they can be identified.		

	CG has been working closely with the preterm birth midwife in Lincolnshire. From 01 December, at the 20-week anomaly scan, all parents will be given the Tommy's information around signs and symptoms of preterm birth. WC explained that one of the LMNSs have done a thematic review looking at their IUTs and have identified that the majority of these are low risk pregnancies, presenting too late in labour to be moved. They are therefore keen to undertake some work around recognising the signs and symptoms of early labour. The Preterm Birth Group has a new lead; Simone Jasim who is the Senior QI Programme Manager for the Perinatal Network. She is reviewing the current IUT pathways and has asked NHS South Central & West CSU to review the processes, with the aim of working towards meeting the target of 85% of extreme preterm deliveries taking place in a service with a collocated NICU. NR enquired what the definition of established labour is and asked if there a recognised measure. LH reported that established labour is the onset of regular contractions with a dilating cervix. However, it is difficult for the neonatal teams and the ODN to challenge any obstetric decisions. LH has already had some conversations with the LMNSs to make them aware of their responsibilities with regard to birth in the right setting. LH noted that the 'Just Say Yes' policy needs to be reinvigorated as this was very successful when it was first launched. There is a plan to replicate the original programme to ensure that relevant groups are well sighted on Don Sharkey's data around the impact of transfer on extreme preterm babies. Specialised Commissioning will be delegating responsibilities to ICBs from April 2024. NB has a view that there is a subconscious bias toward maternity within LMNSs with scant neonatal representation and felt that the change in commissioning arrangements from April is concerning. NB enquired how the Network Team view this change and how neonatal services can have a better voice within the LMNSs. He noted that much of the conversation within LMNS meetings is around maternal outcomes. LH shares concerns and voices this regularly. She reported that as a neonatal community everyone has a responsibility to be at LMNS meetings to champion neonatal services, and that quite regularly the Network Team are the only neonatal representatives present. The Network Team regularly ask the LMNSs to have a neonatal lead, as they		

	do in Lincolnshire, so they can give both services equal measure. Specialised Commissioning are pulling together what can be offered from a neonatal point of view for the ICBs. However, the Regional Specialised Commissioning Team will still be accountable next year. NR reported that by being in attendance at LMNS meetings it has really raised the profile of neonates in Derbyshire. There is a neonatal subgroup which feeds into the LMNS Board. NR presents exception reports and quality data quarterly. The LMNS are now starting to provide some challenge, for example they recently challenged the service regarding the outlier status for delayed cord clamping. NR's key message to others was to continue to persevere. WC reported that the next preterm birth group is on 08 March 2024 and that it would be useful to have more neonatal representation there. WC to check who is already on the circulation for these.		**WC**
11.	**AHP & Psychology Update** The first AHP Conference was held at the end of last year, and it was well attended with positive feedback. AHP & P Virtual Forum is being held quarterly. A number of guidelines have recently been updated and will be going through the usual processes, of circulation for comments prior to ratification. The Team are considering how all guidelines link together in a developmental care bundle. There have been several new recruits for Psychology and AHPs across the Network. Psychology posts in Derby and Lincoln and SLT, Physio and Dietetics will be advertised shortly. KGH are waiting for additional AHP posts to be advertised. The AHP&P team are supporting some workforce business cases in Northampton and Lincolnshire to further develop the AHP&P teams there. It has been really helpful where Lead AHPs have linked into LMNS workstreams. All to encourage AHPs to attend LMNS workstreams.		

	The AHP&P team are hoping to visit the teams in the units and are happy for others to make contact if they would like to be involved.		
12.	**Workforce & Education** **12.1 Nurse Staffing** SPC charts were provided which demonstrate daily staffing by unit against activity. No units meet the 70% standard for QIS nurses providing direct patient care, some of this is because of recruitment to band 5 non-QIS which then dilutes the QIS percentage. Most units have seen an increase in QIS numbers even if only by 1 or 2, but there are 3 units where there has been a small reduction. The Education & Workforce group will need to look at what work is being undertaken to meet QIS trajectories. The Network Team have been exploring if more QIS courses were provided at different times of the year would the units be able to support the release of more staff to undertake the training. **12.2 Workforce Data (including AHP)** The ODN are required by the National Team to collect and submit workforce data quarterly. Q3 has just been collected and for first time this has included AHP information. The workbooks go to NHSE, and their analysts now pull together summaries around this data. Moving forward JF is looking at how a workforce report can be structured for each of the Trusts which could be shared and used for Trust, LMNS, and ICB workforce reporting. JF will have some conversations around how this might be structured and how it can be utilised. JF reported that there have been various national pots of money allocated over the last few years, and sadly there are still some recruitment issues around the funding which was provided a year ago. It was noted that recruitment is not progressing in some Trusts, and JF will discuss with those teams individually to ascertain why the funding has not been utilised. An ODN workforce group will be formed to look at these issues in more detail. **12.3 Foundations in Neonatal Care Programme** Cohort 6 is underway. The Network Education Team plan to offer 3 courses per year in the future with one six-month course and two three-month courses per year. This decision is based upon feedback which was received from service. It will be the same programme: 6-month course delivered over alternate weeks, and the 3-month course every week.		

	12.4 Band 5 Bridging the Gap Competencies There has previously been a great deal of discussion around band 5 competencies for nurses who are not QIS. This document has been produced to support band 5 staff with demonstrating evidence of competency in providing care for high dependency babies. This is currently being piloted within 3 LNUs across the Network. Those who are trialling the document are to provide feedback so that it can be rolled out Network wide. **12.5 Network Vacancies** Current Network vacancies: • Medical Education Lead • Parent Engagement Lead • Assistant Psychologist • Pharmacist – The team are currently reviewing the job description and ensuring that it benchmarks with other Networks and is appropriately banded. **Conference** The speakers have now all been confirmed. The focus of the day will be on quality and safety, working together, and psychological safety. The final programme will be circulated shortly. LH reminded all that the Network need to have sight of workplans and trajectories in response to CNST, as this is one of the CNST requirements.		
13.	**Risk Register** This will be circulated later today. Please send any comments within a week to LH so that it is ready to go to Board.		**ALL**
14.	**Homecare** **14.1 Homecare Update** LP shared the North Hub data. The priority is to increase the number of NG tube fed babies in the community. LP has circulated a draft phototherapy pathway for the North to the Nottingham Team and will work with other sites to ascertain how they want to deliver the service. LP been working with CI to review the dashboard and the data, which is collected, as some of it is no longer relevant. The Network Steering Group meeting will take place on 26 February from which suggested changes will be circulated to this meeting.		

	CI reported that the South Hub team is fully established. UHL had 507 referrals last year and completed 4647 visits. KGH had 105 referrals. The Team are hoping to commence home phototherapy from March. NGH had 120 referrals. The increase in referrals for NGH has been due to the introduction of home phototherapy. The next meeting will focus on information from UHL and NGH home phototherapy service. **14.2 Cross Boundary Processes** Not covered.		
15.	**Guidelines** ***For Ratification*** **15.1 SOP Drive through Contrast for babies with bilious vomiting** Ratified. JG suggested that surgical colleagues are informed that this has been ratified. **15.2 SOP Babies Requiring Laser Treatment for ROP** Ratified. **15.3 Referral for Surgical Assessment** Ratified. **15.4 Prostin Monograph** Ratified. **Under Review** **15.5 CMV Guideline** JP has circulated and received some comments, and thanked DB. There have been some minor changes to the version that was circulated but the main substance has not been changed, there have just been some qualifying statements added. **15.6 PPHN** JP will review. **15.7 Light & Noise** With Network Team for review. **15.8 Positioning** With Network Team for review.		

	15.9 NEC Care Bundle Discussed earlier in meeting. **15.10 Guideline for Dietetic Referral and Triaging Criteria** This has previously been circulated for comment. ***Under Development*** **15.11 Early Care/Optimisation** This guideline is JPs next priority, and it will be circulated out for comment shortly. **15.12 PDA Pathway** Not covered **15.13 Blood Transfusion** JP contacted all units to confirm that everyone has a guideline which is in line with NHS BT recommendations for blood transfusion thresholds. This was confirmed so in terms of the GIRFT action this is now complete. **15.14 Mechanical Ventilation** There has been very little change, so it was proposed that this be extended for 6 months, until October 2024. This will then be wrapped together in a respiratory care package with CPAP. All were in agreement. It was agreed to archive the current out of date CPAP guideline.		
16.	**Data Quality and Assurance Reporting** **16.1 Local Network Quality Dashboard** The dashboard was circulated and discussed. The Antenatal Steroids metric percentage has clearly deteriorated. This does not appear to be due to missing data and will require some work with Obstetric colleagues. The Magnesium Sulphate data is demonstrating good improvement with no missing data. The missing data for Intrapartum Antibiotics is significant so teams should review their own data. The Birth in the right place data was discussed earlier in the meeting. Delayed cord clamping rates are rising which is encouraging. The temperature data is demonstrating no real improvement. RS/WC have reviewed the data and identified that this is predominantly due to timing, which		

	requires some local work There are also some data input errors. RS will be doing a data download and will send information to units for cross checking. With regard to overall optimisation, NNAP have a composite measure for optimisation which has been replicated in the Network optimisation SPC chart. This is with the exception that the Network SPC chart has separated out the early breast milk measure. This is because the data collection for this particular element is poor and would demonstrate that some units were 0% compliant for the composite measure if early breast milk was included. The non-invasive respiratory support requirement rates are low. The data for parents' inclusion on ward rounds is improving. JG expressed concerns that the ROP data suggests that there are a significant number of babies not being screened in a timely manner. If anyone identifies any errors, please contact RS who can override the data, which then in turn goes into the NNAP report. The East Midlands is flagged nationally as an outlier for NEC rates. The NEC bundle launched 3 years ago is now due for review and relaunch. Network ATAIN data has remained good and sits below 6%. LH enquired if dashboards are discussed with obstetric colleagues so that data can be collaboratively improved. NB reported that UHDB have created a data group which meets twice per month with a Midwife to focus on accuracy and to address missing data. NR reports on the data at Maternity Clinical Governance. The UHDB Team are trying to move forward with the PERIPrem passport which will hopefully help to address the missing data. NR reported that it has been frustrating trying to find an obstetric lead to lead on it. WC has offered to provide a webinar on the subject. DB now have midwifery present on quality surveillance meetings so have better communication between the teams.		**ALL**

	CG confirmed that Lincolnshire Quality and Safety meeting have oversight of the data. LH reiterated her earlier point regarding attendance at LMNS meeting to present some of this data back to maternity services to encourage some ownership. **16.2 Learning from Incidents and Excellence** • **SIs** **KGH** Two from KGH, which were not shared. These occurred some time ago and JG asked AI to ensure these are presented at the next meeting. **NUH** DB shared learning. • **PSIRF (Patient Safety Incident Investigations)** LH reported that she is conscious that learning from PSIRF investigations is not currently being shared. There will no longer be SIs so the Network will be asking for the PSIRF reports in the future. • **MNSI (Formerly HSIB) Investigations** NR shared a case. • **Coroners Investigations** This has been added as an agenda item for the future as the learning is not currently routinely shared. **16.3 Regional/National Alerts** There have been two recent alerts: • BAPM alert regarding the KP risk calculator and the new NEWT tool. If anyone has not seen these, please contact the Network Team who will recirculate them. • Recall for infant formula (Nutramigen) stage 1 and stage 2 which was contaminated. **16.4 Exception Reporting** A copy of the report was circulated. The Network Team we are behind with circulating outstanding exceptions and will try and get up to date as soon as possible. Thanks were extended to the group for reporting exceptions contemporaneously as this has improved. JG explained that in 2022 there were 211 babies care days provided for babies over 44 weeks, which is a significant number of cot days.		**AI**

	16.5 NNAP NNAP data will be evaluated at the end of March, so all teams should ensure that the data has been validated and completed as much as possible. There were some RENS awards in Q3 and the Network Team are in the process of distributing badges and certificates. These will also be included in the Quality Counts newsletter.		
17.	**Service Improvement/Implementation Programme** **17.1 PERIPrem** This item was discussed earlier in the meeting and will be covered in the clinical forum. **17.2 Transitional Care Implementation Updates** None.		
18.	**LMNS Local Feedback** None.		
19.	**Mortality Oversight Group** MLB circulated. The mortality process has changed slightly, and the TOR have been updated. The group previously discussed every baby which has become unwieldy. From now on the meetings will look at a select group of babies which have potential learning. All deaths will be reviewed by Network team and the MOG, will be looking at the cases with trends and themes. There was previous discussion regarding the high NEC rates.		
20.	**Feedback from Network meetings** **20.1 Lead Nurses Group** The last meeting was held in December. There was a great deal of discussion around workforce which has already been covered. No other issues to report or for escalation. **20.2 Parent Advisory Group** AD and CH have been meeting with parents and will be meeting with a small group of parents this evening. They are hoping to welcome new members to the group shortly. The plan is to alternate the timings of the PAG meetings which will enable more parents to attend. **20.3 Education & Practice Development Group** This was covered in Education & Workforce update. **20.4 Pharmacy Group** The group is attended by pharmacists who work in the units.		

	The Network has secured funding for a Network Pharmacist. The Network monograph for Prostin has been ratified. The next focus for the group will be the morphine monograph. **20.5 Homecare Group** Nothing further to update. **20.6 Safeguarding Group** • **Embedding Guidance – Where a baby admitted to a neonatal unit with safeguarding concerns** This was ratified at the last Clinical Governance Group. This is around communication and how to transfer information, along with liaison with social care. Nottinghamshire have embedded this into their guidance to support the escalation of babies on the neonatal unit who would have had prebirth planning had they not been born preterm. • **Preterm Audit** The group would like to run an audit for 2-3 months later in the year. This will be recording the babies who are on the neonatal unit but should be at home with foster parents or parents. **20.7 Governance Link Nurse Group** This is a new group which met for the first time recently. The main discussions were around data quality and completeness. The group will be meeting monthly.		
21.	**Research** **21.1 Update** No one present to provide an update. There is still a great deal of research underway across the Network.		
22.	**AOB** Katie Linter has shared information regarding a combined Cardiac Fetal Medicine conference which is being held on 24 May, in Leicester. This is free to attend, and all are welcome. UHL have had a measles outbreak, and so currently have restricted visiting on NNU for a period of two weeks, this includes excluding siblings. All are wearing masks in the clinical area. Please pass this information on to		

	colleagues if transferring them to UHL so that parents are aware of this in advance. SC is providing a teaching session on stoma care, on the Foundations Day 10 (Tuesday morning). This is open to anyone who is interested. NR asked about KGH rotation into RDH. AWD/NR/AI to discuss outside of the meeting. CC thanked the group for the mutual aid regarding the replogle shortage. AC asked which masks were being used at UHL. The team are using standard masks unless a baby has been exposed to measles, in which case FFP3 masks are used.		**AWD/NR/ AI**
23.	**Date/Time of Next Meeting** Wednesday 24 April 2024, 10:00am – 1:00pm, via Microsoft Teams		