East Midlands
Neonatal Operational Delivery Network

Minutes of Clinical Governance Group

Wednesday 03 July 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
Judith Foxon (JF), Deputy Lead Nurse (Education & Workforce), EMNODN
Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN
Wendy Copson (WC) Deputy Lead Nurse (Quality & Service Improvement) EMNODN
Rachel Salloway (RS), Data Analyst, EMNODN
Anita D'Urso (AD), Clinical Psychologist, EMNODN
Lynsey Lord (LL), Practice Development Matron, King's Mill Hospital (left at 12:00)
Christina Pembleton (CP), Governance Lead Nurse for Neonates & Paediatrics, King's Mill Hospital (joined at 11:23)
Nigel Ruggins (NR), Consultant Paediatrician, Royal Derby Hospital
Dominic Muogbo (DM), Consultant Paediatrician, Queen's Hospital, Burton
Lynn Slade (LS), Matron, University Hospitals of Derby & Burton
Lisa Kelly (LK), Governance Nurse, University Hospitals of Derby & Burton
Claire Johnson (CI), Lead Midwife for Quality & Safety, Derby & Derbyshire ICB
Ruchika Gupta (RG), Consultant Paediatrician, United Lincolnshire Hospitals (joined at 10:29)
Helen Fletcher (HF), Ward Manager, Lincoln County Hospital
Carole Chapman (CC), Ward Manager, Pilgrim Hospital, Boston
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
Julie Needham (JN), Matron, CenTre (left at 12:30)
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
Jo Behrsin (JB), Consultant Neonatologist, University Hospitals of Leicester
Rachel McCoy (RM), Ward Manager, Leicester General Hospital
Victoria Mead (VM), Band 7 Home Care Team Representative, University Hospitals of Leicester
Rabina Ayaz, (RA), Senior Officer – Maternity, LLR LMNS/ICB (Left at 11:00am)
Dush Batra (DB), Consultant Neonatologist, Nottingham University Hospitals
Pheobe Kigozi (PK), Deputy Clinical Lead, Nottingham University Hospitals
Ellen Cutler (EC), Matron, Nottingham University Hospitals (Left at 11:36am)
Zara Doubleday (ZD), Ward Manager, Nottingham City Hospital (left at 10:41)
Heather Cutts (HC), Practice Development Nurse, Nottingham University Hospitals (left at 11:55)
Rebecca Scorer (RS), Quality Care Sister, Nottingham University Hospitals
Charlotte Baylem (CB), Matron for Quality, Risk & Safety, Nottingham University Hospitals (Left at 12:30)
Marie Teale (MT), Deputy Head of Maternity Commissioning, Nottingham & Nottinghamshire ICB (joined at 11:52)
Abraham Isaac (AI), Consultant Paediatrician, Kettering General Hospital
Eileen Peasgood (EP), Lead Nurse, EM Congenital Heart Network (Left at 10:16)
Claudia MacCurvin (CM), Network Manager, East Midlands Paediatric Critical Care Network (joined at 10:45)

In Attendance
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Natalie Madden (NM), Speech & Language Therapist, EMNODN (left at 11:00am)
Charlotte Dolby (CD), Education & Clinical Effectiveness Nurse, EMNODN (joined at 11:51)
Susan Chisela (SC), Practice Development Nurse, EMNODN
Amanda Pike (AP), Parent & Families Engagement Lead, EMNODN
Laura Delaney (LD), Assistant Clinical Psychologist, EMNODN

	Subject	Attachment	Action
1.	**Apologies for Absence** Claire Inglis, Jane Lafferty, Kirsty Adams, Nitin Patwardhan, Shafqat Bashir, Mina Bhavsar, Rachel Wright, Emily Fox		
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. AWD/JG have emailed the surgical team regarding Inguinal Hernia repair pathways and hope to meet with them soon. An SI was raised by HK. AC noted the transport element will be reviewed by Centre and then will provide feedback to the group to outline what happened. Ockenden funding – there was an action for all to speak to finance teams and check that funding can be identified within the appropriate budget lines at their own organisations. The telephone proforma that was developed by UHDB following a coroner's case has been circulated. IV antibiotics audit. There hasn't been a lead nurse meeting since last CGG so this will be picked up at the next lead nurses meeting later this month. Any other matters arising will be picked up through the agenda.	**A**	
4.	**Matters Arising** **4.1 Car Seat Update** There have been no further meetings since the update provided at the last Clinical Governance Group. 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.		

5.	**Babies & Families** **5.1 Family Care Team Update** The FiCare team have welcomed Amanda Pike into the role of Parent & Families Engagement Lead. Amanda is still in her induction phase and will be coming out to visit units in the coming weeks. Her role is to develop and lead on parent and family engagement initiatives on behalf of the network, ensuring that the parent voice is amplified and kept at the centre of all of the service improvement and development we do. The CardMedic trial continues, progress has been slow but despite this there have been some really good success stories, most recently one from NGH where the tool was used successfully to support breastfeeding education for a family and support them going home breastfeeding. The 4 education videos are now in the final editing stage. For those who don't know the video production unit we contracted with now no longer exists and the team were made redundant, so are now reliant on one person who is freelancing to complete the editing for us and has limited time, so progress has been slower than expected. The unit 360 tours are now almost all completed except for 3. It is anticipated that these will be a really great resource. CH expressed thanks to each of the local teams for supporting Harriet and the video crew during filming. **5.2 NVP Recruitment** AP will be linking in with these groups and is currently in the process of meeting with them to establish these links. Also, starting to see links feeding into our PAG. JG highlighted that money was given to LMNSs specifically for funding of the MNVPs. All should ask at their LMNS meetings where this funding is going and what it is being used for.		
6.	**Surgical Updates** No one present from the Surgical Network to give an update. A meeting with Paediatric surgical network is planned and AWD/JG will aim to get this set up before the next Clinical Governance Group.		**AWD/JG/LSH**

7.	**Cardiac Update** Nothing in particular to update. The unit is busy with ECMO referrals and operations. There has not been a lot happening in relation to the GIRFT report and babies requiring prostin. EP will pick this work up with the relevant people. JG confirmed the plan is that we will try and work on a pathway document similar to Y&H. JG agreed we need to move this forward. JG reported the PDA pathway requires updating as it hasn't been updated since the move from Glenfield to LRI. A meeting will be arranged between key stakeholders as this won't be a straightforward update. EP happy to support and is available to discuss any issues. NR raised an ongoing problem for RDH in terms of getting a specific baby requiring a cardiac review in the right place for the right review and assessment. EP will pick up this issue with NR offline.		**EP**
8.	**CenTe Transport** **8.1 Dashboard** A copy of the dashboard was shared. April and May data available. There were 3 occasions in May when the end of transfer CO2 was above 7 and ph slightly low. These incidents have been reviewed and were all due to condition of babies. 3 transfers by other services in May; 2 were undertaken by COMET and 1 was a cardiac baby in UHCW which was moved to Birmingham Children by KIDS NTS There has been an improvement in the number of shifts ending late. JG expressed thanks and appreciation for all the hard work from CenTre.		
9.	**National Update** **9.1 National Critical Care Transformation Review** Critical care capacity across the Network remains at a premium. Work is underway in NUH to increase the number of cots. At UHL the plan is to open additional cots in room A but need additional staffing in order to do this.		

	• **Capacity** Staffing is still being reviewed and reported to the national team on a quarterly basis. The additional funding that was allocated through LTP should now be funding the additional posts as intended. This is being discussed with individual units during peer reviews. • **Staffing** The ODN continue to collect data and submit it to the regional and national teams on a quarterly basis. QIS ratios are low, especially within the tertiary services. This is due in part to the recruitment of registered nurses who are new to specialty which has diluted the QIS ratios. Business cases for Nursing/AHP&P/Medical are being produced in collaboration with the Trusts. • **FiCare** The ODN are on track to deliver on the recommendations, with the exception of parent accommodation which is inadequate across the Network. The team have been reviewing parent accommodation during peer reviews and trying to ensure that this is identified in the peer review reports and flagged to the national team. **9.2 Funding** Specialised Commissioning were looking at how best to increase nurse, medical and AHP staffing prior to 2024/25 financial year, if there was additional funding coming down. As currently in a pre-election period there has been no movement on this and not sure what the plans will be moving forward. **9.3 Out of Network Transfers (Service Specification)** The new service specification makes reference to LNU/SCU should not be accepting out of network transfers without having a conversation with tertiary centres. LH asked for opinions: DM noted that due to the location of QHB they get referrrals from Stoke. Rather than the out of network units contacting the unit directly it was proposed they go through transport. AC happy to have conversation about this. AC explained that the East Midlands tends to be an exporter and is not sure there are lots of babies that are		

	being moved into LNU/SCUs that tertiary centres aren't aware of. AC need to think a little more about what is it we're trying to achieve here. NB experience is that this happens only occasionally and only rarely get asked to help out of network. NR noted it doesn't happen often in Derby. LH – This doesn't appear to be a significant issue for the Network at the moment. Propose that if an LNU gets a referral from out of Network this should be considered in light of the network OPEL status. Where the OPEL is 4 and there is no critical care capacity within the network then there should be a discussion with the tertiary service before accepting the baby. NR updated that Derby now have 2 extra cots open and staffed.		
10.	**Preterm Birth Group Update** **10.1 Latest Data** Preterm birth data for Q1 April to June was circulated and represents the position as of last week. 37 deliveries of extreme preterm births. Were recorded, resulting in 39 babies. The standard for babies to be delivered in a co-located NICU is 85% and we are currently at 73% for deliveries. This is much improved on last year. Of the 8 deliveries (10 babies) there were 2 BBAs (3 babies) since January this year. These were a 25+4/40 baby delivered at home and was transferred to QMC and 23/40 twins who were transferred into UHL. This is an improvement on last year. Other deliveries; 1 RDH, 1 NGH, 1 KGH and 3 PHB - 1 being a set of twins. We will continue to ask for exception reports from both Obstetrics and Neonates and monitor for any trends. WC noted there is more information available for parents with regards signs and symptoms of preterm labour. PERIPrem is being relaunched later this summer and is covered later in the agenda.		

11.	**AHP & Psychology Update** During the peer reviews lots of AHP/Psychologists reported that they felt really welcomed into units. There will be an AHP event/conference in November to celebrate some of the work which has been done over the last year by AHPs in units. The ODN continues to host the AHP Forum quarterly and may move towards a steering group format in the future. There is a Bliss audit of AHP provision nationally, with a view to lobbying parliament to support full staffing standards. This is particularly important as parents move between units, and they move from a unit with full AHP provision to a unit with none. NHSE have videos available on the roles of psychology professionals and AHPs for purpose of wider MDT to watch, especially where the roles are new to the service. Feedback on the new PNA job description for critical care has been requested. Nationally there is a move to standardising the job description, describing what the role requires on units but also importantly what it doesn't involve. If you have received the email from JF please do take a look at it at the guidelines around it and respond. NM updated that from a staffing perspective the team are looking forward to welcoming a wider compliment of AHPs at Derby and Nottingham. The Light & Noise and Positioning Guidelines are currently with the Network team for feedback/comments. NM and Katie Hay are working hard on the first draft of the Nutrition guideline which should be ready to circulate for feedback at end of Summer with a view to being ratified at the January 2025 Clinical Governance Group. JG explained that this will be a massive piece of work so will be really good to have comments from everyone. AWD reiterated that it has been really nice to see/meet the AHPs in units as going round on peer reviews.		
12.	**Workforce & Education** **12.1 Nurse Staffing** A copy of the data was attached to the meeting papers. Each of the units complete an OPEL form every day and from that SPC charts are created which show the nurse staffing position against the actual requirements for		

	BAPM standards on a daily basis when measured against the actual activity on that day. As a summary from a network point of view; Performance across most of the trusts is that we are meeting standards for registered nurses across the majority of days particularly in LNUs. In the NICUs; UHL had improved and were more consistently meeting the requirements however there does seem to have been a decline in this recently. NUH similarly were close to meeting the requirements on most shifts but again there has been a decline recently particularly at QMC. From a QIS nurse staffing position, the picture is different. As an ODN we appear, from the data seen, one of the lowest in the Country. In LNU/SCUs the position varies considerably. The most notable is Burton where the standard for QIS is very rarely met. From a NICU point of view the tertiary services all fall significantly below QIS standards. JF will be meeting with Lead Nurses to review the workforce information. EC wondered if there was any assurance on money for QIS places? JF has raised this issue nationally where the NHSE Lead was present, but everything is waiting on the election. There hasn't been any assurance yet, but we have escalated where we can and are constantly emphasising that QIS isn't a normal CPD course, it is essential to role. We are hoping that as soon as the election is over that funding streams will free up. We have made the point if there is no quick decision we run the risk of losing places on the September cohort. DM asked at what point of career can you do QIS? JF confirmed nurses can do QIS at any time as long as an individual is ready. There are standards set and we need to have plans in place to build QIS workforce. JG we all acknowledge that nurse staffing is our biggest risk as a Network and shares JF thoughts that we need in this meeting to have some assurance that there are work plans in place to address this risk? Do we have an action plan for each provider trusts to work through deficit. JF hopes that the quarterly workforce data and Trust workforce action plans can be used to produce a report that can come to this meeting for review. LS part of the challenge is you can put a trajectory in, but you can't account for staff who move on, and also new roles that inevitably recruit from QIS staff etc. JF agreed being realistic with the trajectories is really important.		

	LH acknowledged the hard work of the nurses, and the stress they are under. All to pass thanks back to nurses as this is really important, cognisant that they are doing a really good job under really difficult circumstances in some units. DB noted that QIS trained nurses still require ongoing support to gain experience in caring for the sickest babies. **12.2 Q1 24/25 Workforce Data (including AHP&P)** AHP&P workforce data is requested as a part of the quarterly workforce requests. This is due back by end of July. JF is asked to meet to go through the workforce data and will get some meetings set up if you haven't already responded on this request. **12.3 Foundations in Neonatal Care Programme** The FiNC programme continues and is evaluating well. We are moving to three courses per year in September, 1 x 6 month and 2 x 3 month courses. This will be reviewed and feedback from each of the services on how this works will be essential to the future planning. **12.4 Band 5 Bridging the Gap Competencies** The Band 5 Bridging the Gap competency document is included as an attachment to this the agenda. The competency document was developed as part of mitigation for those band 5's who are not QIS but are waiting to undertake the QIS. It is a competency package they can work through which helps them to continue their professional development, but also provide evidence that they are competent in caring for HD babies. The document has been trialled in several of units and we are now asking for it to be ratified and rolled out to all units. It has been reviewed by the unit educators & practice development nurses, but all to read and send any final comments by 10 July. If no comments would like to ratify and roll out. **12.5 ODN Education & Workforce Strategy** Apologies that the document wasn't ready to come out with the agenda. JF will send out on email for comment. Please send comments back, aiming to bring to CGG to be ratified. Date for ODN Annual Conference is 02 October this year. A 'save the date' poster will be out soon. It's to be held at Hilton East Midlands Airport and the focus for the day is on extreme preterm birth. The team are developing a number of recruitment resources to try to contribute towards QIS and general		

	nurse recruitment. These will be shared as soon as they are ready. **12.5 Network Vacancies** Recruitment to ODN posts: • Julia Edwards, NUH Consultant, has been appointed to the Network Education Lead role. She will be working closely with AWD/JG and the education team. • ODN Pharmacist – Recruitment to this post has been paused pending review of the job description and subsequent banding. • Admin assistant – The job description is being finalised and then it will require job matching before going to advert. **12.7 Senior Neonatal Skills Refreshers** There will be a new programme of senior neonatal skills days delivered. There are currently two dates planned; in October and January.		
13.	**Homecare** **13.1 Homecare Update** Covered below. **13.2 North Dashboards** A copy of the dashboard was circulated. There was no one from the NUH Homecare team to provide an update. DB updated that NUH continue to provide homecare support for KMH team in terms of staffing. AWD commented on the small numbers of babies within the NUH service going home NGT feeding compared with the UHL service. AWD asked whether NGT feeding services are up and running at UHDB and KMH? LS updated that as of Monday the UHDB 7-day service has commenced, and the guideline approved for short-term NGT feeding in the community so should be ready to start soon. The Network will follow up on situation at KMH. NR confirmed that UHDB do send babies home tube feeding, but into different service because they are long term tube feeding babies. JG confirmed this also happens in Leicester, but as different service not counted in these numbers. **13.3 South Dashboards** A copy of the dashboard was circulated.		

	VM provided an update; 8 babies cared for on home oxygen so far this year, 30 babies have received home phototherapy since April and now 1 baby away from 300 since the service started.30 babies Home NGT feeding since April. 75% response rate on patient experience survey, all positive. Noticed increase in delivery of BLS and STORK since the facilitators have come into post. In May there has been more than double that delivered in April. There is a 0.73 WTE vacancy at UHL, which went out to advert at end of last week. **NGH** 6 new babies receiving home NGT feeds and 8 babies received home phototherapy in first quarter. NGH vacancy went out end of last week and closes in a couple of weeks. Over 80% response rate on patient experience survey, all positive. **KGH** There has been an increase in home tube feeding rates 15 babies in first quarter. 6 babies receiving home phototherapy since April. KGH 0.36 WTE vacancy is out to advert. Patient experience over 70% response rate again positive. SI/never event documented for UHL in April. AWD requested that CI share with Linda when she has more information. AD asked about readmission rates which seem higher than normal; increase in June particularly. VM reported that these have been reviewed. There have been a number of babies having hernia repairs after discharge, there was also a PDA ligation and an increase in babies with respiratory/covid related readmissions. **13.4 Cross Boundary Issues** Nothing raised.		**VM/CI**

14.	**Risk Register** A copy was circulated. All to review and any send comments to LH within the next couple of weeks before it is presented to the Board.		**ALL**
15.	**Guidelines** **15.1 Derogations** New service specification makes reference to units having to formally derogate from ODN Guidelines. WC is producing a document to detail the derogation process. There has already been some discussion about this at the Network Board. New guidelines will hopefully follow more of a road map format. ***For Ratification*** **15.2 CMV Guideline** The latest version is still with JP for a final check before it comes out to this group. Once this is ready it will be circulated on email to be ratified. ***Under Review*** **15.3 Escalation** **15.4 FiCare** **15.5 Light & Noise** **15.6 Positioning** **15.7 Skin-to-Skin** **15.8 PPHN** **15.9 Respiratory Care: Mechanical Ventilation** **15.10 Transport Stabilisation** **15.11 Investigation of Hydropic Infant** **15.12 Exome Sequencing** **15.13 Management of PDA & Referral Criteria for PDA Ligation** **15.14 Duty of Candour** **15.15 East Midlands IUT** **15.16 NEC Care Bundle** **15.17 Care of Baby requiring Insertion of NJT** **15.18 Oxygen Prescribing on the Neonatal Unit** **15.19 Privacy & Dignity** **15.20 Supporting Parents to Move Baby In/Out of Incubator** **15.21 Management of Seizures** **15.22 SCID Screening (South)** ***Under Development*** **15.23 Early Care/Optimisation** Almost ready to be circulated soon.		

	15.24 Respiratory Care: Non-Invasive Ventilation At the request of some units, JP will be working on this. **15.25 Blood Transfusion** This will be a summary document of the blood transfusion guidelines all units already have. **15.26 Nutrition** See previous update from NM. ***Archived*** **15.27 Encephalopathy** This has been archived as the BAPM framework came out and is linked on the Network website. **15.28 CPAP** This has been archived as with increased use of high flow and NIPPV it was thought it would be better placed under an encompassing non-invasive guideline which will include other modes of non-invasive support. Some will have received an email from WC to request review of any guidelines which has their names attached as reviewers/authors and would be grateful in support of reviewing these.		
16.	**Data Quality and Assurance Reporting** **16.1 Local Network Quality Dashboard** The dashboard was circulated and discussed. JG expressed thanks to RS for pulling this together. Long standing issues around missing data continue. Antenatal steroids administration was really good between January to September last year, but this seems to have dropped back down. Just a reminder to work with obstetric colleagues about improving that. IP antibiotics administration has improved, although still only around 30% and the missing data for this is really high. Hopefully those who have got maternity badger will start to see this improve. CP explained that KMH have had maternity badger for a long time, but the two systems don't communicate very well at all. Their preterm lead midwife is helping with data and pulling across two systems. RS explained that this has to be set up locally so this could be variable. CP explained that uses badger lite, and hopefully the full badger EPR system will be better. AC commented that services will need to have full badger EPR for the two systems to communicate, not the lite version.		

	Delayed cord clamping - this measure continues to be around 60%, and has been static for a long time. Temperature on admission – 70% are at right temperature, this is a very good metric with very little missing data. Breastmilk – WC was working with all to improve the missing data, but this does seem to be slipping again. JG asked if anyone have any local QI to share around this metric? Parental consultation – AWD/JG are quite confident that families are updated by someone of middle grade or above but that the data is missing. All to be cognisant that this measure is for every admission not just first admission and if this is done by phone or facetime this can still be updated on Badger. JB wondered if there was any merit in looking at individual unit data, to identify where is doing better and sharing ideas. NR agreed it may be useful to look at highlights and lowlights. LH noted there are two issues here; 1 is the data input being 100% and there being no missing data, then there is data quality. Within the peer review process LH asked RS to produce a chart of best and worst within the Network and perhaps could look at for this meeting so that those who are doing the best for each measure can be learnt from. Network team to review what would be useful to share at this meeting. Performance against the ROP screening measure is really good within the Network. **16.2 Learning from Incidents and Excellence** • **SIs** **KGH** AI shared two cases; 2020/22943 & 2022/16966. • **PSIRF (Patient Safety Incident Investigations)** No longer have SIs we have PSIRF. Please inform the network of any incident that triggers in the same way you would have with SIs. The regional quality and safety team are looking at creating a trigger list for neonates specifically to ensure events are reported consistently across the Network. LH to keep all updated. • **MNSI (Formerly HSIB) Investigations** None reported. If anyone has any specific neonatal learning really important to share any learning.		**Network** **ALL**

	• **Coroners Recommendations** None reported. If anyone has any specific neonatal learning really important to share any learning. • **Parliamentary & Health Ombudsman** None reported. If anyone has any specific neonatal learning really important to share any learning. **Martha's Rule** Following discussion at last CGG, WC has pulled together comments into flowchart and this is with the Network team for comment. At some point soon this will come out to the group for further comment. JG updated that the Network team met recently with Ngozi (national neonatal clinical lead), who was very pleased about this and asked for us to share this once completed. **16.3 Regional/National Alerts** LH previously shared information on an abduction attempt in another Network. Derby undertook an attempted abduction simulation during the day of the peer review. There is a lot of learning from this simulation, and this will be shared. AWD have primed UHDB for next Clinical Forum and Bala Subramanian will present the sim and other related items. WC shared that fetal fibronectin will no longer be available because logic are no longer going to be making it. A letter has gone out but all to be aware. LH has spoken to the Perinatal Network who confirmed they haven't been able to get hold of supplies for some time anyway. **16.4 Exception Reporting** A copy of the report was circulated. 63% self-reported and only 7 outstanding exceptions were not reported at all. RS is trying to get up to date and then plans to do them on a monthly basis rather than quarterly. Will be sending out lists to clinical leads later this week. Still not had the conversations about writing off some of the older ones but hopefully by the next meeting this will have happened.		

17.	**Service Improvement/Implementation Programme**		

	17.1 PERIPrem There are units rolling out PERIprem already, but the Periprem team are looking at relaunching in August. Trusts will be sent a survey to benchmark where they are at with PERIPrem. A small pot of money is available and looking at where this can be used to provide resources to support implementation of PERIPrem. Fetal fibronectin will have to be removed from the PERIPrem Passports at some point. NR asked if there are going to be any significant changes to the passport. WC confirmed a relaunch and are not expecting any major changes. **17.2 Transitional Care Implementation Updates** WC thanked all for completing TC survey. WC and CD will be looking at these to see if there is any targeted support that anyone needs. **17.3 Extreme Preterm Birth Processes** There was a round table discussion between the two tertiary services and KGH following the report of a PSI of a baby that wasn't moved out of KGH (IUT) into one of the tertiary services due to no capacity. Baby was born, transferred to Stoke then back to Leicester and sadly died. There has been lots of discussion around the just say yes policy that was launched in 2020 and that these needs updating but also about ensuring babies can be accommodated in our tertiary services as far as is possible. Ideally there would be a 24/7 conference calling ability to bring in the two tertiary services and LNU, although this is not feasible at the moment and there is a need to liaise with ICBs and commissioning team for extra money for extra call handlers for transport. As an Interim plan 9-5 Monday to Friday is to facilitate conference calls on Teams by Network team. If struggling to get IUT in either tertiary service contact Network team who will facilitate a call. Also plan to reintroduce Capacity Huddles once per week initially to see what babies we can move out of the tertiary services to relieve them to accommodate extreme preterm in. LH having conversations with the Perinatal Network; Susanna Al Samarrai and Sandra Smith so that we can get all the right people on board. NR asked who from midwifery has been consulted? LH confirmed she will be having these conversations with the DOMs.		

	DB asked who will be expected to attend the Capacity Huddles? LH confirmed someone who is aware of what is going on in the service. JB commented there are two elements to this; a process needs to be put into place so that the conversations can happen when there is an emergency but also the proactive management which the weekly call will mitigate to some degree but probably also in addition there needs to be a way to call additional meetings in a crisis to identify movement around region to free up cots. Need to pick a moment in time around OPEL for moving babies around to create capacity. OPEL 4 is too late. DB suggested it would be helpful to have obstetric/maternity representation at these weekly meetings. LH to take this away to raise with the Perinatal Network. JG thought there may also be something the Network need to work on around defining levels on OPEL. RS said that in the OPEL form narrative people sometimes ask for Network Support and wondered if this could be a trigger for convening a catch up.		**LH**
18.	**LMNS Local Feedback** MT asked if there has been any update on commissioning of neonatal services moving into ICBs. JG confirmed this happened as of 01 April 2024. CJ updated that Shell Pashley is the Derbyshire Neonatal Lead for MNVP who will be happy to link in with Amanda Pike. A lot of what has been covered in the meeting today is covered in Saving Babies Lives, and this is picked up, do quarterly assessments of providers as LMNS, element 5 preterm birth is covered and from a Derbyshire perspective trying to emphasise is the part maternity services have to play in perinatal intervention compliance so something trying to push forward with them.		
19.	**Mortality Oversight Group** MLB from the last meeting was circulated. The next meeting will be held face-to-face in September.		
20.	**Feedback from Network meetings** **20.1 Lead Nurses Group** The group haven't meet since the last CGG as the last meeting was cancelled due to conflicting priorities. **20.2 Parent Advisory Group**		

	Meeting on 02 May which was the first evening meeting. It went really well, with lots of information sharing. Minutes will be available on the website soon. **20.3 Education & Practice Development Group** The group met in June. The format is now to have a business meeting in the morning followed by a couple of hours CPD session for educators and PDNs in the afternoon. It is a great group with really good attendance, enthusiastic and exciting sharing of ideas. **20.4 Pharmacy Group** Not met since last meeting, was hoping to have network pharmacist. Next meeting will be held in September. **20.5 Homecare Group** The last meeting was cancelled. Future meeting dates still to be agreed between CI and LP and then circulated. **20.6 Safeguarding Group** The group have not met since the last CGG meeting. There are plans for a preterm audit and this will go to lead nurses to discuss and agree a way forward. The next meeting will be held on Monday 09 September 2024, 2:00pm – 4:00pm **20.7 Governance Link Nurse Group** The group met last week, and will continue to meet monthly, all but one Trust have now appointed a governance nurse. Group TOR is being finalised. There is some really good work going on. Thermoregulation and Breast Milk data and work going on in units around that.		
21.	**Research** **21.1 Update** No update.		
22.	**AOB** LH thanked all for their hospitality at the recent peer reviews. There has been a delay in getting out the reports as waiting on information from some units. Hopefully they will be out in the next two or three weeks.		
23.	**Date/Time of Next Meeting** Wednesday 09 October 2024, 10:00am – 1:00pm, via Microsoft Teams		