

<p>Teleconference with WUTH and network 10.30am. Concern regarding pressures on the network. Currently, we have 1 baby who will need to be transferred out from ITU, WUTH full but will agree transfer.</p>	
<p>Communication Communication lines ready to go. Headlines regarding why we are taking the action we are taking. Seen variation and do not answer any detail. GG to revise lines re national data and retain CQC line. Need to advise as joint position. LB briefed [I&S] & not advised where the mums are from based on data.</p>	
<p><i>11.20 – meeting reconvened</i></p>	
<p>Current position LB provided update on current position: 5 babies WUTH 4 babies repat and network looking to support re capacity. Network supportive of us advising we are working with WUTH. Discussion around SCBU or locally designated unit. Network lead and Steve Brierley agreed and this plan has now been circulated. Mums between 27–31+6 will be transferred out. This is estimated to be maximum of 2 babies per week and 15 mums. WUTH concerned re staffing impact so we will be working closely together. <i>Action: LB to speak to Jo Davies re network.</i> <i>Action: LB to speak to Chris Oliver at WUTH today.</i> Agreed that communication to be issued from lunchtime tomorrow.</p>	<p>LB LB</p>
<p>Communication Overall lines agreed. If questions circulated to Royal College, then they should refer back to us. Stakeholder mapping need to map against level of interest and level of influence. High interest / high influence – need to be clear on these so they remain regularly updated. <i>Action: IH to brief ST & PJ.</i> <i>Action: AK/SH to discuss with HC & DSS (Royal College of Nursing & Royal College of Midwife Staff Representatives)</i> <i>Action: Childbirth trust to be added to stakeholder list, SPC to brief.</i> <i>Action: AK/LB/SH/GG to discuss communication mapping immediately after the meeting.</i> Members of staff to be briefed tomorrow morning. Agreed that need to set up control room for calls from booked in Mums/bereaved parents. <i>Action: GG to speak with NHS North of England regarding communication lines.</i> <i>Action: GG to speak with Chester Chronicle 12pm tomorrow.</i> Need to be clear that we are not conflating issues with Hospital @ Home.</p>	<p>IH AK/SH SPC AK/LB/SH/GG GG GG</p>
<p>Incident Control SPC to oversee it. Conference room B to be control room. Two responsibilities:</p> <ul style="list-style-type: none"> • Data analysis & validation for neonatal with reviewing record of each baby transferred to the mortuary and other Trust’s mortuaries (2013/14 to present). Questions to be agreed by close of play today with resource arrangements agreed. • Managing operational consequences of decision. <p>Room to be operational by 9.00am tomorrow.</p>	

<p>Two teams to be supporting for that time. All comms work to be coordinated with major incident framework. Need to ensure clarity of use of room is capture communication / operational consequences of decision. <i>Action: SPC to oversee clarity of investigation.</i></p>	<p>SPC</p>
<p>Royal Colleague Review IH reviewed proposal, alongside SPC & AK. Review against standards, complying prof standards Staffing Culture, safety, Leadership Consider concerns common factors failures which may explain mortality Any potential areas to improve outcomes. <i>Action: IH to discuss lines around communication.</i> Cost £ I&S 2 neonatologists, nurse and lay member for 2 days.</p>	<p>IH</p>
<p>Security Risk Assessment All actions to be taken forward except intensive care unit.</p>	
<p>Table Top review SW facilitated table top review of first baby death (16/17). SB again referenced nurse during the meeting. Clarity provided in previous meeting that review clinical model, test hypothesis of staffing and agreed that within 10 days this will be completed. <i>Action: IH/SPC to pick up re SB update.</i></p>	<p>IH/SPC</p>
<p>SPC to call extraordinary Board – 14/07/16</p>	<p>SPC</p>