

<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>