29 June 16 - EXECS

- Call from TC to defer CQC comms in light of NNU concerns raised. (09:16)
- NO issues identified by CQC.
- Need to understand all issues. but would NOT be good timing for Trust or CQC to present 'Good' in light of current concerns.

(10:08)

- Call to Bridget Lees - high level reasons expressed. She could see what she could do but process is automated.

AK attended Execs late ✱. from home.

Advised conversation with BL. re: CQC comms.
↳ Need to brief Ann Ford (CQC)
Seperate NNU Mtg ensued.

EXECS (cont) - NNU Review

- Review of the available evidence to date RM.

SC, TC, AK, IH, RM.

- Incident reporting culture
- ↓ low reporting
- equipment incidents
- Xref with midwifery / obs
- NNU staffing pressures @ times - ne significant.
- Each death reviewed. (3 cases SI panel)
- thematic review.
- 1 open case (CCCT not closed)
- post mortem / neonatal review OSR
  NO themes / issues

- Peer review of cases Jan 15 - Jan 16)
- LL features in cases but no evidence other than circumstances

- 4 further cases (prev unknown) or near misses. baby & condition survived.
→ Req further review (AML)

- Review of HED Data / Badgernet

PIRS – nil significant.
Formal complaints – nil
Claims – 2 active cases.
1 case in Coroner's soon.
National audit good – no themes
Risk Register – NNU GTV – no
sig concerns.
HR + sickness data req
Following up Kirkup actions – need
further updates
Staff competences / perf issues
to be clarified.
No current staffing issues.
HR file re: LL DAC to remain
LL works full time & does
extras – good reason to be on
duty freq as has ITU skills ∴
looking after sicker babies.

- What is the collective number
- How many multiple births /
triplet nos.

↳ further detail required.

29 June 2016 17:15

Exec team – Actions to be
taken

- Complex issues – would not
report anything
- did not say 'near misses' SB.
- Should datix be submitted re:
cases of babies not responding

- Infection screen – nil significant
- 1 nurse – association + +
↳ circumstancial.

3 sets twins
1 set triplets

Plan / options

- External Review ; RCPCH / RCN
IAN to confirm TOR.

- Make a list of who needs to be
informed

- Clinicians want nurse removing – review of nurse support

- ? close or ↓ capacity.
- Ex Review
- Maintain safety & manage.