NNU. mtg cont / LB. joined mtg.

In papers — shared learning.
Near miss incidents — 4 cases. Not previously known
Ruth has only seen them today. Anne-Marie reviewing.
Maybe another 4! ie 10 to 14.
Thematic review was a clinical review.
End is around environment issues. Need to grid this further 4.
Some babies graded - deterioration. — no cause! Not unheard of.
· Theme — stable, unexpected incident, crash. death
(deterioration).

Eirean has made point. Some babies did not respond to resusc as she wd hv. expected.
Potential things that cd hv. caused this? Breregh has sd Don't know
Dept. keep us out! Dept does not communicate.
Baby I&S for cooling — incident - POTENTIAL CLAIM!
Was in APRIL. & looking at it now.
- Comparison with national data paper.
- PM's reports. more about Mum. Do not appear relevant.
- No formal complaints from 2014 to date.
- CLAIMS — Mother D & Child A (Inquest)
+ potential in 2011 - obstetrics.
- 2015 causes of death in thematic review.
- Assurance - audit activity - no real concerns.
- Risk register - W & C's structure (governance) before escalation elsewhere. (see risks)
- Culture seems to be not to talk o/s W & C's (Speciality)
- KIRKHAM response - sep. obstetrics & neo-natals.
- ROTA's. confusing. Pulled Badger data for comparison.
→ need to ID. closure of unit.
- Sickness & AL. data being supplied by HR (ESR staff)
- Discipline - warnings to staff
- Review of staffing competencies AK has asked Eirean)
- Appraisals. mandatory trng - usually highly competent.
- No performance concerns

- On call rota's. - Dean.
- Dr. performance issues? - Jan Ellis checking
- Schedule 'highlighted yellow' for staff still to come.
- HR. re: Nurse: she has reported incidents!

SUMMARY. (RUTH)
- Concerned witchhunt for Nurse.
BUT F/time + addit hrs. means she is on duty more.
- Will get unknown outcomes
- Closed culture in Dept
- Concerned re: learning
- Do not know why this is happening.

LB. Do have concerns about safety in Dept.
Not infection control
Don't know why?
Safety issue — YET.

RM Is there stuff we do not know?
Something somewhere is WRONG.
Each case needs independent deep dive.

SPC. Emails from consultants.
SB → targeting one individual

LB. David Semple sd: "If SB. has a concern I believe him"
AK. Nothing personal bet. SB. & Nurse.
IH. Do they keep record of every resusc?

TC. Why shut unit? Press.
IH Consultants concern - series of deaths - investigated.
No indiv. concerns but collectively CONCERN.
Cannot explain sufficiently why our deaths higher than normal.
AK Hv. done review of obstetrics.
We shd not hv. received implicts — Steve Brierley did this.