

Minutes of Board

Monday 09 May 2022
10:00am – 12.00pm
via Microsoft Teams

Present:

Chris Pallot (CP), Chair, EMNODN
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub
Jane Gill (JG), Clinical Lead, EMNODN, South Hub
Lynsey Jones (LJ), PAG Chair, EMNODN
Michelle Harris (MH), Deputy Chief Operating Officer ULHT
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands
Joanna Morris (JM), Senior Quality Manager, Nursing Directorate, NHSEI

In Attendance:

Cara Hobby (CH), Deputy Lead Nurse (FiCare & PPI), EMNODN

	Subject	Attachment	Action
1.	Apologies for Absence Susan Whale, Simon Evans, Mara Tonks		
2.	Declarations of Interest None.		
3.	Minutes from the Previous Meeting The minutes from the previous meeting were agreed as an accurate record of proceedings.	A	
4.	Matters Arising/Action Log A copy of the action log was circulated. JG confirmed that she had assurance that the south hub units have external representation for PMRT reviews. AWD reported that this is not the case in the North Hub with the possibility of the LMNSs representatives acting as external reviewers. CP asked that the action be closed but if there are any significant issues AWD to feed back.		
5.	Current Standards & Drivers for Change in Neonatal Services 5.1 Neonatal Critical Care Transformation Review (NCCR) Update Capacity Work continues through the East Midlands Capacity Oversight Group to address the lack of critical care capacity within the Network. Nottingham have an interim plan which will provide additional cots on the QMC site by 2024. The date for completion of the Women's and Children's Hospital in		

Leicester, has been pushed back to 2027. This means that the likelihood of the East Midlands having sufficient capacity within the Network by the deadline for the NCCR, which is end of 2024, is unlikely. Leicester are working towards the opening of some additional cots on the current LRI unit however this has been pushed back due to the inability to recruit to the required number of nurse staff. However there has been some progress and the first two cots are due to open in June. The capacity issues along with the potential missed deadlines is all being reported regularly through the EMNCOG and have been escalated to the Regional Team, and also through to the National team.

Staffing

Funding from the LTP was secured for nurse staffing in Nottingham, Leicester and Derby and progress with recruitment to posts is being monitored through the National Team. The remaining units had sufficient numbers of nursing staff to meet the requirements. The greatest issue with nurse staffing is the QIS ratios which are very low.

National Funding

There is no funding flowing down from the National team for either medical staffing or for AHPs, and there are very significant gaps across the whole of the East Midlands. Again, this has been escalated through the EMNCOG to the Regional Team and onto the National team. The EMNODN is not the only ODN that is highlighting this as a significant issue to the ability to deliver on the NCCR, as there are significant gaps across the country.

Family Involvement

There is a large amount of work underway with the FIC Team and Parent Advisory Group to ensure that the parent voice is integral to everything within the work plan

CP enquired if there any NHSE/I mitigations being considered due to the inability to meet the 2024 NCCR deadline. SB reported that although the East Midlands response to the NCCR was completed in 2019, the West Midlands response has only just been shared, and that Specialised Commissioning are currently reviewing both plans together. The gaps in the East Midlands are known and are predominately around capacity which differs considerably from the situation in the West Midlands. Most of the issues in the East Midlands are caused by the need for new builds which the ODN cannot rectify. In terms of medical and AHP the Specialised Commissioning Team are still going through the investment prioritisation processes. The Regional Team are also reviewing if there is any scope to, facilitate any collaboration between the East and the West.

	<p>LH enquired if SB was aware of any repercussions from the National team due to the inability to deliver on the requirements of the NCCR. SB reported that she is not aware of any at the moment however, the Ockenden report has just been released with a focus on ensuring that there is capacity in the right place and that babies are born in the right place. As it is linked it so closely to the NCCR, there potentially may be major implications. Specialised commissioning have to regularly report progress on the NCCR to the National Team and risk are being flagged. As soon as SB becomes aware of any repercussions from Ockenden she will share them with the ODN.</p> <p>LH felt that all should be to be mindful that in addition to the capacity issues, medical and AHP staffing is also an issue outside of ODN control and felt that it should be noted that these are issues that the ODN cannot resolve alone.</p> <p>5.2 Ockenden A copy of the Network Ockenden review response was circulated.</p> <p>Post meeting note: Board Summary Report for item 5.2 updated and can be viewed here</p>		
6.	<p>Commissioning of Neonatal Services/East Midlands Developments</p> <p>6.1 Individual Trust Contracts SB updated the board that the contracts for 22/23 will be completed by the end of the week.</p> <p>The approach to neonatal commissioning at present has been generally consistent. There has not been anything in any of the Trust contracts which has not been uniformly applied across the whole of the Midlands. This will mean commissioning a baseline of activity based on 19/20 activity. There was a very small amount of investment money that has been split over very high-risk areas. There has been an amount identified for elective recovery which has to be allocated. There is a small pot of money which is currently under review in terms of prioritisation.</p> <p>The networks will be consulted to ensure consistent and fair approach across the region for all Trusts.</p> <p>CP asked when Trusts will know the outcome of the bidding processes. SB believes that feedback has already been given to some of the EM Trusts in the last week but final sign off is expected in the next couple of weeks.</p>		

	<p>LH commented that the Derby and Burton pathways have been changed in line with the service specification and this will likely be part of the contracting process.</p> <p>6.2 Regional Perinatal Transformation Board Update Not covered.</p>		
7.	<p>PPI LJ reported that there is nothing specific to raise as an exception. Patient and public feedback is being included during the peer reviews, which are underway at the moment. Every effort is being made to speak to parents and get their feedback at the cot side whilst undertaking the reviews and this will feed into the work plan.</p>		
8.	<p>Network Management 8.1 Work Plan Update Board summary report and work plan provided. The completed workplan and new 2-year work plan attached which has been agreed by Board members and has been enacted.</p> <p>The areas of concern are around capacity and staffing as previously discussed. It is also important to note that a review of the Transport Service has not been undertaken. Specialised Commissioning will lead on the review. LH has had conversations with SB and Dom Tolley about the necessity of undertaking the review, however the Specialised Commissioning Team are awaiting completion of the West Midlands response to the NCCR as they wish to undertake a joint Midlands transport review.</p> <p>CP thanked LH and the team for completion of the 2020/22 work plan.</p> <p>Post meeting note: Board Summary Report for item 8.1 updated and can be viewed here</p> <p>8.2 Budget Update Board summary report and budget provided.</p> <p>LH detailed in the summary what the issues have been over the previous year namely that the NGH finance team have not accurately reflected the Network income within the budget which has resulted in the budget appearing to be overspent when it is significantly underspent. The underspend has been rolled forward with the agreement of the Board from the previous meetings and the spending plan has been enacted. The team are working with the Finance department at NGH to try to ensure that everything is reflected within the budget for next year so that all the income can be reflected accurately and will make some meaningful sense when it is presented to the Board.</p>		

	<p>Post meeting note: Board Summary Report for item 8.2 updated and can be viewed here</p>		
<p>9.</p>	<p>Governance & Safety 9.1 Risk Register Board summary report and Risk Register provided.</p> <p>LH reported that the risk register highlights the insufficient critical care capacity and delays to the Leicester completion date. Medical and AHP staffing is also highlighted. QIS nursing ratios are also poor across the Network and have dropped due to the large recruitment drive to recruit nurse new to speciality. These nurses are completing the foundation program before they can go on to undertake the QIS course so it is expected that the ratios will improve over the next 2 years.</p> <p>LH also raised the insufficient or inadequate parent accommodation in some of the unit, not specifically Northampton which impacts upon the ability to move babies out to Northampton when trying to create capacity in Leicester because it is difficult to send parents from miles away when there is no accommodation for them.</p> <p>Work is underway with the Trusts to reintroduce access for siblings and extended families. Close working with the IPC teams is required as there are differing policies in each of the trusts</p> <p>Post meeting note: Board Summary Report for item 9.1 updated and can be viewed here</p> <p>9.2 Reported SIs The following SIs were discussed:</p> <p>CenTre ULHT SI has been completed and learning will be shared at the next clinical governance group meeting.</p> <p>NUH completed and learning will be shared at the next Clinical Governance meeting.</p> <p>KGH completed and learning will be shared at the Clinical governance Group meeting.</p> <p>NGH report received with a Network response being sent this morning.</p> <p>9.3 Feedback from Clinical Governance Group A copy of the Board Summary Report and minutes from the October 2021 EMNDON Clinical Governance Group meeting was circulated for information.</p>		

	<p>Post meeting note: Board Summary Report for item 9.3 updated and can be viewed here</p> <p>9.4 Quality Data (NNAP Report) The Board Summary Report and Network dashboard were circulated.</p> <p>Post meeting note: Board Summary Report for item 9.4 updated and can be viewed here</p> <p>9.5 Activity Data (OPEL Status) The Board Summary Report and activity data were circulated.</p> <p>AWD/JG reported that the data presented illustrates the daily capacity issues with the Network consistently being at Opel 3 or 4 which results in transfers across the Network in order to create capacity in the lead centres.</p> <p>Post meeting note: Board Summary Report for item 9.5 updated and can be viewed here</p> <p>9.6 Data Sharing This was a point initially raised by Mara Tonks.</p> <p>It was agreed that LH will draft a letter to request Board representation and seek permission to share data between Network Trusts.</p> <p>Post meeting note the data sharing agreement is being amended.</p>		LH
10.	<p>Local Neonatal Unit Initiatives</p> <p>10.1 NUH Business Case Update Updated earlier in the meeting</p> <p>10.2 UHL Business Case Update Updated earlier in the meeting</p> <p>10.3 KGH Rebuild LH understands this is proceeding</p> <p>10.4 QHB Reconfiguration LH understands this is proceeding</p>		
11.	<p>AOB None</p>		
12.	<p>Date/Time of Next Meeting Monday 12 September 2022, 10.00pm – 12.00pm, via Microsoft Teams</p>		