



East Midlands Neonatal  
Operational Delivery Network

# ANNUAL REPORT 2020/2021



## Contents

Forward .....	3
Introduction & Welcome .....	5
Brief Background – National Context.....	6
Key Innovations & Developments.....	7
National Neonatal Critical Care Update.....	8
Deputy Lead Nurse Update .....	10
Parents Advisory Group & Family Integrated Care.....	12
Activity Report .....	14
Financial Report .....	18
Concluding Comments & Key Messages .....	19
Contact the Network Team.....	20

## Forward



Welcome to the East Midlands Neonatal Operational Delivery Network Annual Report for 2020/21 which has been an incredibly busy and quite unprecedented year. The national lockdown at the beginning of the year, due to the global pandemic, launched the Network team overnight into a world of working from home and Microsoft Teams calls, something which we would have hardly dared to imagine only 6 months before. However, despite this entry into a challenging new world there have been many developments and achievements throughout the year.

The pandemic necessitated a new way of working with the maternity teams, and the subsequent formation of the Regional Perinatal calls which formed part of the maternity safety cell. Data collection, SitReps, Duty Manager and admin rotas, along with the management of a regional mailbox all came into play. I am pleased to report that some lasting relationships were formed with the regional maternity teams during this time. This has subsequently developed further through the year with some collaborative working with the maternity team, and the ODN governance processes feeding into the newly formed Regional Perinatal Board.

At a Network level Covid-19 guidance was rapidly produced, along with a Midlands wide surge plan, and 2 metre risk assessments to enable the maintenance of consistent, safe evidence-based care across the Network. Weekly catch-up meetings ensued which were extremely well supported by all the constituent units. In response to the service needs the Family Integrated Care Project was ceased for 6 months but resumed as soon as possible in September. Zara Doubleday concluded the project with an audit of progress over the year which will be a useful benchmark for the Care Coordinators to build upon when they join us. Our thanks go to Zara for all her hard work while she was with us. We wish her every success in her new role.

June saw the hosting of the Network move over to Northampton which was a significant challenge for the Network team while we were still in a national lockdown. New processes had to be learned and relationships with the new hosts had to be formed virtually. The new office has been furnished, office equipment moved, and we hope to be able to take up full occupancy shortly.

Business as usual was able to resume with the aid of the now normal virtual meeting. Everyone rapidly got to grips with screen sharing, raising hands, screen freezing and mute buttons, which on occasion resulted in some much-needed humour.

As identified within the Network response to the National Critical Care Review, there is insufficient critical care capacity within the East Midlands. Undertaking the capacity review for the report, along with the findings from the GIRFT review, provided sufficient evidence that additional capacity is required within Leicester and Nottingham to ensure that extreme preterm babies can be cared for in a specialist centre within the Network. This subsequently led to the formation of the East Midlands Capacity Oversight Group which is attended by members of the National and Regional Teams and meets monthly. This has made significant strides forward to secure the necessary funding to expand the cot capacity within the two lead centres. Further collaborative working with our maternity colleagues has resulted in the In-Utero guidance and the 'Just Say Yes' policy to ensure that extreme preterm babies are born in a hospital with a Neonatal Intensive Care Unit. This has been an extremely successful project which commenced with the Network having significant outlier status of 67% and leading to 100% of babies being born in the most appropriate location at the end of 2020. This saw a bit of a dip during the second lockdown due to the late presentation of women in preterm labour,

and sick mothers who could not be moved, but there are already signs of a recovery. All cases where an extreme preterm baby is born in a location outside of a specialist centre are now subject to a thorough review, and any associated learning shared across the Network.

With the submission of the response to the National Critical Care Review, came allocation of national funding as part of the NHS Long Term Plan (LTP). This resulted in the allocation of Network funding for Care Coordinators, Workforce and Education, and Network based AHPS. The job matching and recruitment processes are underway, and it is hoped that the posts will be recruited to as soon as possible, and that these posts will greatly enhance the functionality and capability of the Network.

Towards the end of the year, we had to bid a sad farewell to Jo Behrsin who had provided excellent clinical leadership to the South Hub of the Network. We are sure that we will still see a lot of Jo in her new role and would like to thank her for all her hard work and contribution to the functioning of the Network. We would also like to extend a very warm welcome to Jane Gill who has stepped into the role with great enthusiasm.

After such a varied, uncertain, and at times scary year, I would like to extend my thanks to all the clinical teams for their hard work, and continued engagement which has enabled the smooth running of the Network. This working together has ensured that safe care has been maintained across the Network and has also ensured that parental access to the units has been consistent as far as is possible. Our thanks are also extended to Lynsey Jones and the PAG group who have continued to provide their unstinting support and have also embraced the world of Microsoft Teams to really good effect ensuring that the voice of the parents remains central to all that we do. I would also like to thank Chris Pallot and the ODN Board for their continued hard work and support.

Finally, my most sincere thanks must go the ODN Management Team who have risen to the challenge of home working, whilst maintaining and enhancing Network functionality. They have frequently gone well above and beyond, rising to all the challenges, while all the time maintaining a sense of humour. Their hard work, support and loyalty is all very much appreciated!

Although we enter 2021/22 whilst in a continued period of national uncertainty, and with the knowledge that there are still many challenges to come, I am totally assured that the future of the Network is bright, and that together we will all continue to make a significant difference to the babies and their families across the Network.

**Linda Hunn, Director/Lead Nurse**

## Introduction & Welcome



As will be scattered through all annual reports describing the year April 2020 to April 2021, we begin with the statement that this has been a year like no other, and hopefully like no year to come. The year saw big changes in how the team operated, including much involvement in both regional and national surge planning. For the first part of the year, much of the day-to-day business of the ODN was put on hold, and many meetings cancelled. Weekly clinical lead catch up sessions via Teams became the norm, as we

tried to co-ordinate care and consistency across the Network. This was welcomed by all as a good way to keep in touch and share how everyone was getting on.

As we moved on into the early autumn, with the initial promise of some return to normality, we resumed all of our clinical meetings, albeit via the medium of Teams rather than over a cup of coffee at the Kegworth Hotel. Everyone had to provide their own coffee and meetings have been scattered with calls of 'you're on mute' and 'I think you have frozen'. We have had superb engagement in the Clinical Governance meetings, numerous new and updated guidelines, and some excellent clinical forums, from routine saturation monitoring to the KP tool. We are very grateful to the clinical teams from around the Network for their whole-hearted enthusiasm and engagement in these meetings and events. It is even worse talking to a silent computer screen than it is to a silent room!

Mortality Oversight Groups were some of the first meetings to be reinstated and, again, much learning has come out to be shared. A new pharmacy group has begun and is still in its early days but, again, with much enthusiasm for sharing from those involved.

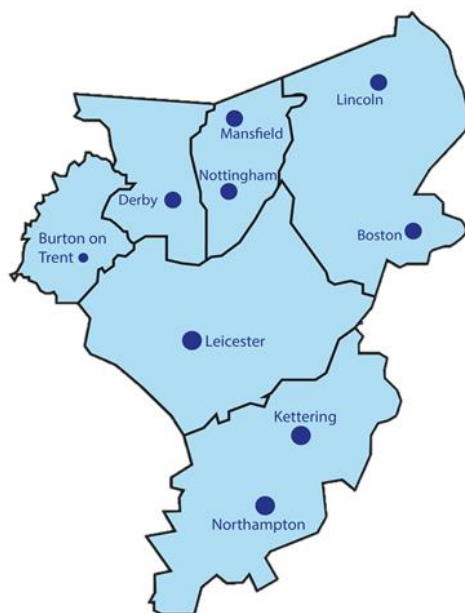
Towards the end of the year, we were sorry to say goodbye to Jo Behrsin, who has moved into the role of service lead for the UHL neonatal service. Jo began her time with the Network as Clinical Lead for the Central Newborn Network in 2015, and then as Clinical Lead for the South Hub when the Central Newborn Network merged with the Trent Perinatal Network in 2018. We would like to formally thank Jo for all her hard work and dedication to the ODN and we look forward to her continued engagement with the Network in her new role. Whilst we will of course miss Jo, we have been delighted to welcome Jane Gill, Consultant Neonatologist at UHL into her place.

Onwards and upwards for 2021/22 and we sincerely hope to see you all over a real cup of coffee at some point during that time.

**Anneli Wynn-Davies, Clinical Lead EMNODN (North Hub)**

## Brief Background – National Context

The East Midlands Neonatal Operational Delivery Network (EMNODN) was formed in April 2018 following the amalgamation of the East Midlands Neonatal units into a single ODN. The EMNODN works across the constituent neonatal units and alongside other stakeholders in order to implement the requirements as detailed within the NHS National Service Specification (E08/S/a) for Neonatal Critical Care which encompasses Intensive, High Dependency and Special Care services.



Operational Delivery Network (ODN's) work in collaboration across professional and organisational boundaries in order to improve service delivery, and to ensure that mothers and babies receive their care in the right place, at the right time, and that it is provided by appropriately trained staff.

Robust clinical governance processes have been devised to ensure that this takes place.

The Network Management Team works collaboratively with the Network constituent units within the defined governance processes, according to agreed pathways, and aims to develop common standards.

The constituent units, their clinical teams and board members are detailed below:

Trust	Unit	Board Member	Clinical Lead
University Hospitals of Leicester NHS Trust *	Leicester Royal Infirmary	Jon Currington Head of Tertiary Partnerships	Dr Joanna Behrsin
	Leicester General Hospital		
Nottingham University Hospitals NHS Trust *	Queen's Medical Centre, Nottingham	Tim Guyler Assistant Chief Executive	Dr Lleona Lee
	Nottingham City Hospital		
University Hospitals of Derby & Burton NHS Foundation Trust	Royal Derby Hospital	Susan Whale Divisional Medical Director	Dr Nigel Ruggins
	Queen's Hospital, Burton		
Sherwood Forest Hospitals NHS Foundation Trust	King's Mill Hospital, Mansfield	Lisa Gowan Divisional General Manager	Dr Simon Rhodes
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	Simon Evans Chief Operating Officer	Dr Ajay Reddy-Hande / Dr Ruchika Gupta
	Pilgrim Hospital, Boston		
Kettering General Hospital NHS Trust	Kettering General Hospital	Polly Grimmett Director of Strategy & Partnerships	Dr Poornima Pandey
Northampton General Hospital NHS Trust	Northampton General Hospital	Chris Pallot Director of Strategy & Partnerships	Dr Nick Barnes

\*Centre Neonatal Transport service host organisation

## Key Innovations & Developments

- Submission of the East Midlands response to the NCCR
- Rapid production of Network wide Covid-19 guidance
- Development of a regional Covid-19 Midlands Surge plan
- Completion of 2 metre spacing risk assessment
- Maintenance of parent access throughout the pandemic
- Continuation of business as usual throughout the pandemic
- Weekly meetings with the clinical teams throughout the pandemic
- Participation in the development of the regional Perinatal board
- Formation of the East Midlands Neonatal Capacity Oversight Group
- Secured funding for additional Network roles
- Six monthly peer review and CCR action plan reviews with each Trust
- Commenced foundation program development project
- Nurse staffing gap analysis for the National Team
- Completion of the Network wide regional preterm birth project in collaboration with the Maternity Clinical Network, resulting in increasing number of babies being born in a maternity unit with a collocated Neonatal Intensive Care Unit
- Production of Parent Covid-19 information leaflet
- Implementation of virtual Parent Advisory Group meetings
- Education program through virtual clinical forums
- Completion of the Family Integrated Care project

## National Neonatal Critical Care Update

Following the East Midlands capacity review and the publication of the Getting it Right First Time (GIRFT) data, it was very clear that the critical care capacity within the East Midlands is inadequate for the activity which is generated across the Network. Being able to articulate this, along with the outlier status for the Network and the associated outcomes, has ensured that the East Midlands capacity became a priority area to address, both from a regional and national perspective.

As a result, the East Midlands Capacity Oversight Group was formed, which is made up of representatives from the 2 Lead Centres, the Regional and National Teams, and the Network Management Team. The group meets monthly to drive forward the required increase in capacity within both the Lead Centres, and to ensure that any momentum is not lost.

The top priority for the group was to identify a set of mitigations to implement until the ultimate goal of increasing capacity within each of the 2 Trusts was reached. Each of the identified mitigations were evaluated regarding the potential impact and feasibility of implementing them across the Network. These were discussed and the feasible options agreed at the East Midlands Capacity Oversight Group. Subsequently a daily SitRep form is now completed by each unit, and the overall Network Opel level is calculated to ensure that everyone in the Network is aware of what capacity is available and where it is. Weekly meetings also take place to understand where the pressures are, and which units can provide some assistance if required.

Having undertaken the capacity review, and identified the associated nurse staffing requirements, ensured that when the nurse funding from the Long-Term Plan (LTP) was allocated that the 2 Lead Centres both received an allocation in order to increase their nurse staffing establishments, and ultimately assist in the aim to open the additional cots.

As a Network we were also fortunate enough to receive some additional funding which was shared between the two Lead Centres and the Network Management Team to fund an education post. This new post will ensure that the Network is able to deliver a foundation program which will ensure that all the new starters can understand the essential components of neonatal nursing, and are adequately prepared to undertake the QIS Course, which in turn will assist with the opening of additional cots when they are opened.

Each Network across the country was also awarded additional funding to recruit to the Care Coordinator and Workforce and Education lead posts, and Allied Health Professionals including psychology. These additional posts are very welcome, and we will look forward to having the all the professionals in post, as this will make a significant difference to the neonatal services across the East Midlands.

In addition to the lack of critical care capacity, there are also staffing issues within the individual units to be addressed. Additional funding is due to flow down from the National Team in 22/23 and work is underway with all the teams across the Network to identify all staffing gaps so that the data can be submitted when it is requested.

Parent experience will also be further enhanced, and we look forward to welcoming the Care Coordinators into post so that we will have a dedicated team to ensure that family integrated care is fully implemented across the Network. We also hope that they will be able to work collaboratively with the unit teams to maximise the parent access and accommodation.



Work will also be undertaken with any trusts which do not meet the requirements of the NCCR with regard to the number of critical care days delivered or the gestational cut offs. The Network pathway document will then be amended accordingly.

A joint review with the commissioning team of the transport provision for the Network is still required as part of the NCCR recommendations, and it is hoped that this will be undertaken in the next financial year. This should identify if there are any additional funding streams required and whether the pathways meet all the needs of the Network.

Six monthly meetings are underway with all the units to review progress against their NCCR action plans, and some progress is already being made. Assurance is provided to the National Team on a regular basis. However, there is still much to do, and this will continue to be the focus as we move into the next financial year.

## Deputy Lead Nurse Update



As everyone is aware the year began with the Covid pandemic. National advice from many sources, such as PHE, RCPCH and BAPM was changing rapidly as new information, data, and research on the impact of Covid for the neonatal population emerged. We saw a need for some neonatal specific guidance to support neonatal units with the management of babies with suspected or confirmed Covid-19. The EMNODN developed a guideline, which was shared with the West Midlands Neonatal ODN and a Regional guideline was created for use across the Midlands neonatal units. The EMNODN also produced a surge plan which was then agreed and adopted as a Midlands Regional Surge Policy for Neonatal Intensive Care during the Covid-19 pandemic. As the pandemic picture changes, we continue to work with the EMNODN units to support the development of a roadmap to return to 'business as usual'.

In October 2020 Susan Chisela joined the Network Team as the Education Project Lead. This post is a 12 month post funded by money from Health Education England (HEE) to develop and support the implementation of a Network wide foundation programme for neonatal nurses new to working within neonates. Susan has done a fantastic job of developing, in consultation with the Network education and practice development nurses, a comprehensive curriculum for the course and planning the programme. Taught sessions will be delivered virtually with clinical competences developed and assessed at local unit level, with the support of simulation sessions where necessary. The first EMNODN Foundations in Neonatal Care course will start in October 2021.

At the beginning of the pandemic there was some interruption to the university delivered neonatal Qualified in Specialty (QIS) programmes. However, as the universities brought the courses online, training was able to resume. Although meeting national standards for QIS nurses continues to be a challenge, several of the EMNODN units have made excellent progress towards meeting the national standards. It is anticipated that the Network Foundations in Neonatal Care course will further support this by strengthening the preparation of nurses new to neonates for the QIS and improving recruitment and retention across the Network.

With the arrival of Covid has come the need to provide education and training through virtual platforms rather than face to face study days and conferences. Due to very limited education resources within the EMNODN – specifically a lack of sufficient education staff – this has proved challenging. However, we are working with the neonatal transport educator to support CenTre Outreach Teaching (COT) sessions, the first of which was delivered in December 2020 and was very well evaluated. A second session is planned for May 2021. The Network will also be funding 2 virtual bereavement study sessions to be delivered by Bereavement Training International. We are now developing a business case and applying for funding for a substantive Network education team which, if approved, will enable us to provide a full programme of study opportunities and conferences in the coming year.

Although the Covid pandemic prevented face to face meetings, the Network Education and Practice Development Group has continued to meet virtually. Despite the increased demands on their time during the pandemic the education and practice development nurses have continued to be an incredibly enthusiastic and proactive team, sharing their education resources, ideas and innovations across the EMNODN. A 'Learning Library' has been developed on the EMNODN website. PowerPoint presentations and teaching sessions developed by staff within the EMNODN have been uploaded to the Learning Library and are

available for Network staff to access. A huge thank you to those staff who have very generously made their work available through the library. The resources will grow as more of the online teaching becomes available.

In 2019 the EMNODN led the revision of the CRG (Dinning) Workforce Calculator Tool developed in 2013. In collaboration with the National Lead Nurses the Neonatal Nursing Workforce Tool (NNWT) was agreed and presented to the Neonatal CRG. The tool was endorsed by the National Team and is being used to inform the allocation of the LTP funding for neonatal nursing workforce in support of the NCCR delivery nationally. Work to develop a workforce model for roles providing non-direct clinical care as described in the national service specification, such as, unit managers, educators, infant feeding support, continues.

A Nursing Workforce Gap Analysis was undertaken as part of the Network response to the National Critical Care Review. This gap analysis was refreshed using the NNWT in September 2020 and again in February 2021. The latter was used to provide the most up to date information to the National Team responsible for allocating the first year of LTP funding to support the delivery of the NCCR for neonatal nursing workforce. Gap analyses will continue bi-annually and will be used to inform the EMNODN Education and Workforce strategy currently being developed.

Despite the challenges the Covid pandemic has presented during the past year a lot of progress has been made to strengthen the role of the ODN in education and workforce development across the East Midlands. I'd like to thank the Network Lead Nurses, the Network Education and Practice Development nurses and the Network medical staff who have supported and contributed to this progress.

**Judith Foxon, Deputy Lead Nurse (Education & Workforce)**

## Parents Advisory Group & Family Integrated Care



From a parental point of view, this year has been an immensely challenging one with parental and extended family access being limited to an unprecedented level by modern day standards.

From an East Midlands point of view, although it has been over 12 months since siblings and grandparents had access to the units, the clinical teams have worked very hard to ensure that access for both parents has continued, something which was not replicated across the country. I am sure that parents are grateful that at least this element of the access could be maintained. The need to socially distance, wear masks, undertake regular testing, and in some units only have access to the unit on a rota basis, has been incredibly difficult for the parents going through the neonatal services. The long-term effects of these measures for babies and families are yet to be determined.

However, not everything about the pandemic was negative. We have spent many PAG meetings in the past discussing the possibility of remote meetings with no secure way of bringing that idea to reality. Now that we have the ability to meet on Microsoft teams, this has opened the meetings up to many parents who previously would have struggled to join the meetings due to the distances they would have had to travel, or childcare issues. The meetings through the past year have continued, and the attendance from the parents has gradually increased, with far greater parental engagement which has enriched the conversations and the sharing of ideas, and solutions to identified problems. I am sure that when society returns to normal, we will continue to embrace the concept of virtual meetings for at least some of the meetings.

We have also welcomed the engagement from the Lincolnshire Neonatal Voices Partnership which has illustrated to us how well the Neonatal Voices Partnerships can feed into the PAG, and we look forward to replicating the process across the Network.

One of the positives from the year, was the ability for the parents to input into the Network Patient and Public involvement strategy, and the resulting PAG work plan. This has given us a real focus and has ensured that the parent voice is central to the day-to-day work of the Network.

The Family Integrated Care Project which started so well was understandably paused in April due to the service pressures at the start of the pandemic. Zara Doubleday and the link nurses were pulled back to the neonatal units to work clinically. By September the project was able to resume with Zara completing the project by reauditing the units to ascertain what progress had been made and providing a good baseline for the new care coordinators when they come into post. Thanks, must be extended to Zara for her hard work and commitment to the project through what has been a very challenging time.

The Extreme preterm birth project started in September 2019 and ran throughout the year with parental involvement throughout. This has been an extremely successful project which saw 100% of babies being born in the right place by December 2020. It is extremely positive that all babies who are not born in the right place will have a case review and any lessons learned will be shared across the Network.

The year also saw the introduction of a charging model for the Bliss accreditation process and assessment. We were delighted that the Network has utilised the care coordinator underspend to provide funding to get to gold standard status across the Network.

The new financial year will see the appointment of a Care Coordinator Team. We will be fortunate to have a new Deputy Lead Nurse with a focus on Family Integrated Care and Patient and public involvement, along with a Care Coordinator. This is a very positive move, which will enable an increased focus on hearing the parent voice from all walks of society, along with the continued roll out of family integrated care across the Network. We also look forward to working with them to implement Neonatal Voices Partnerships in each LMNS which can then feed real time information from each of the regions into the PAG. We eagerly await their start date and look forward to working with them.

Finally, I would like to thank all the parents and staff for their hard work and dedication towards improving the baby and family experience through what has been a very challenging year. I sincerely hope that the new 2021/22 will see a return normal access to the units for parents, siblings and grandparents.

**Lynsey Jones, Parent Chair**

# Activity Report



All activity data has been downloaded from the BadgerNet system. All units in the Network subscribe to Badger, and data is entered at local level.

Activity care days are described in HRG groupings as this is the current commissioning currency. HRG 2016 was due to be introduced in 2020/21, but this has been delayed due to Covid-19.

## HRG Classification

HRG1	Intensive Care
HRG2	High Dependency Care
HRG3	Special Care
HRG4	Care with mother or carer present (transitional care)
HRG5	Normal care

At Network level, there has been a slight reduction in 2020/21 activity, compared to 2019/20, and most units have seen reduced levels of activity this year, compared to last. Overall activity at Northampton and King's Mill has increased, and while both have seen a significant increase in transitional care, Northampton has also seen an increase in critical care activity and a reduction in special care, whereas King's Mill's activity at both critical and special care have significantly reduced.

## Babies receiving care out of Network

	Babies	Out of Network babies	% babies out of Network
<b>2020/2021</b>	6,059	173	2.9%
<b>2019/2020</b>	6,173	221	3.6%
<b>2018/2019</b>	5,863	217	3.7%
<b>2017/2018</b>	6,067	207	3.4%

Care out of Network for East Midlands babies reduced by 1,185 care days, and 5.0% of care days were delivered out of Network, compared to 6.8% in 19/20. The percentage of East Midlands babies receiving all or part of their care out of Network has reduced from 3.6% in 19/20 to 2.9% in 20/21. East Midlands Neonatal ODN is therefore compliant with the national standard of 95% of babies who are booked in a Network receiving all of their care within that Network.

## Extremely premature babies born in a NICU

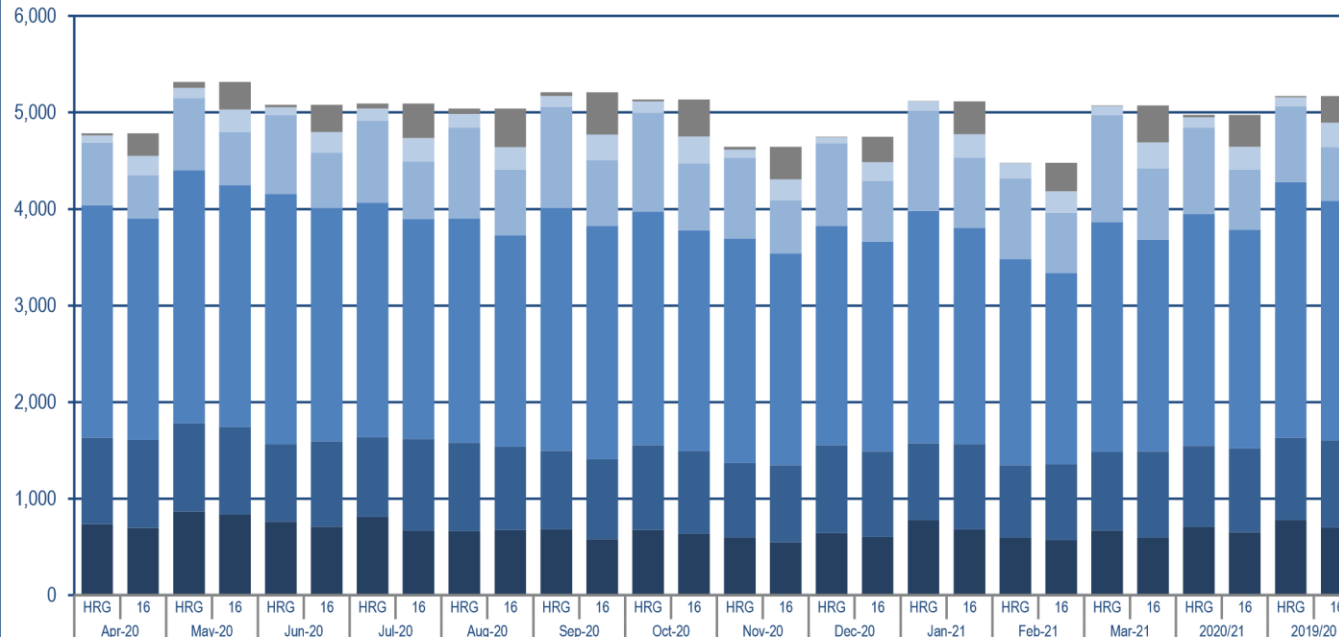
	Births <27 weeks	Born in NICU	Not born in NICU	% born in NICU
<b>2020/2021</b>	76	64	12	84.2%
<b>2019/2020</b>	91	61	30	67.0%
<b>2018/2019</b>	106	70	36	66.0%
<b>2017/2018</b>	100	59	41	59.0%

Mothers delivering very premature babies should give birth in hospitals where there is a NICU. This means that the baby can be taken directly to the NICU for immediate care, and mother and baby can remain in the same hospital. There has been a big improvement in compliance to this standard, from 67.0% in 19/20 to 84.2% in 2020/21. This may be due to an ongoing Network project which reviews in utero transfers and aims to optimise place of birth for very premature babies.

While there has been an overall decrease in activity across the Network in 2020/21, the pandemic has meant that the last eighteen months have been anomalous, and not necessarily representative of the general picture, which has seen demand higher than capacity over the past few years, resulting in high levels of care outside of Network. As part of the Neonatal Critical Care Review (NCCR), the Network produced an analysis of neonatal service capacity in the East Midlands, which found that critical care capacity within the region is insufficient to meet demand. We are working with trusts, commissioners and LMNSs to ensure that capacity is increased in order to ensure that babies and their families receive appropriate care as close to home as possible.

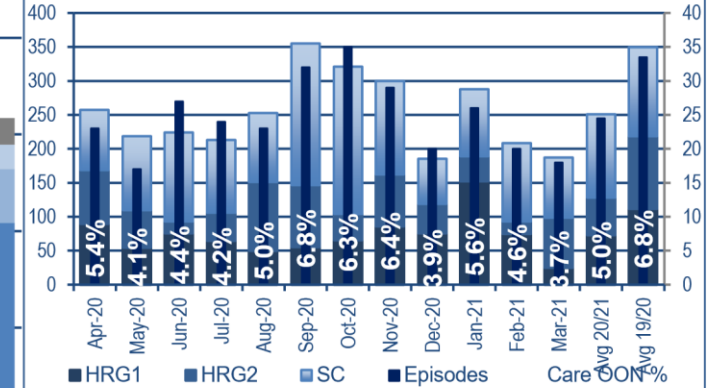
**Rachel Salloway, Data Analyst**

Activity by care level: HRG -v- HRG 2016

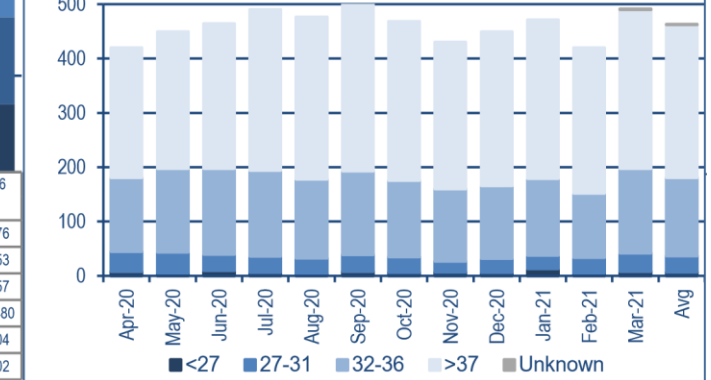


	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	HRG	16	Avg
0	22	232	62	287	25	282	52	356	53	399	37	438	21	384	30	339	7	262	1	341	1	294	4	382	26	333	14	276					
5	75	200	105	233	76	210	123	242	141	233	115	264	123	279	86	214	59	196	97	242	161	225	95	268	105	234	93	253					
4	648	450	750	550	819	577	850	595	943	678	1,043	680	1,018	695	837	552	857	628	1,039	728	835	621	1,108	742	896	625	787	557					
3	2,408	2,293	2,621	2,509	2,595	2,416	2,431	2,279	2,320	2,190	2,517	2,416	2,419	2,283	2,325	2,194	2,269	2,172	2,405	2,238	2,135	1,980	2,378	2,190	2,402	2,263	2,646	2,480					
2	893	912	911	901	799	883	823	950	921	862	815	830	875	859	770	797	909	885	795	885	749	787	815	893	840	870	853	904					
1	738	697	868	837	764	710	812	669	661	677	681	580	679	635	598	550	647	605	779	682	597	571	672	597	708	651	779	702					

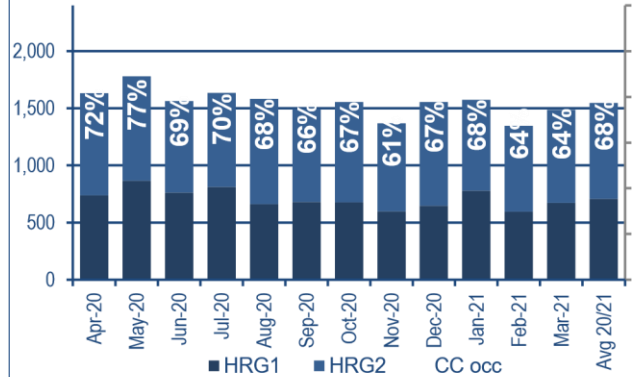
Care out of network



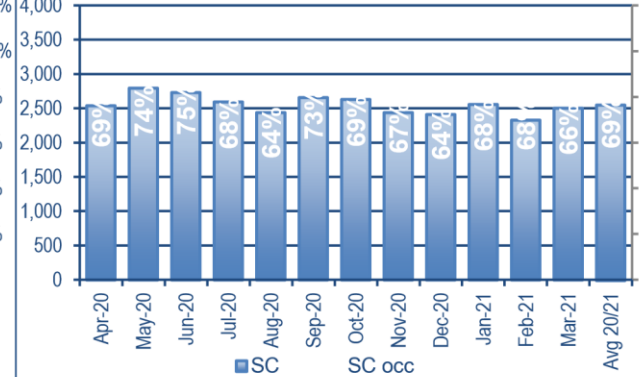
First admissions by gestation



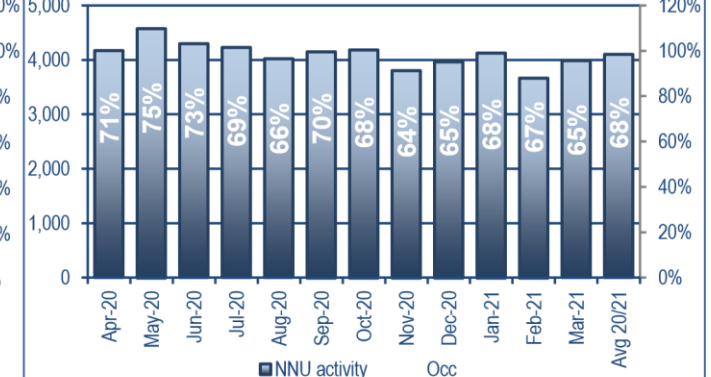
Occupancy: critical care



Occupancy: special care



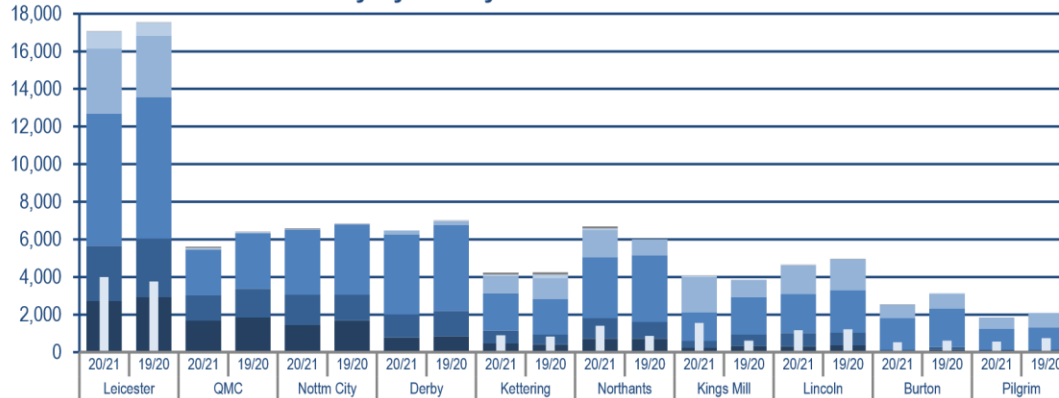
Occupancy: NNU overall





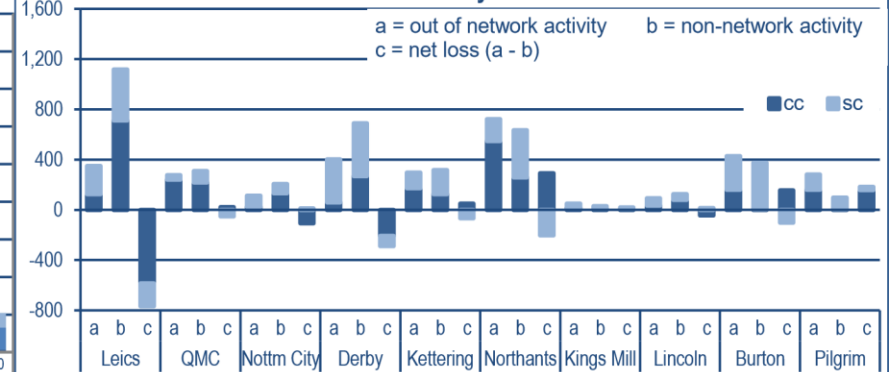
# East Midlands Neonatal Activity Report

## Activity by unit by HRG: 20/21 -v- 19/20

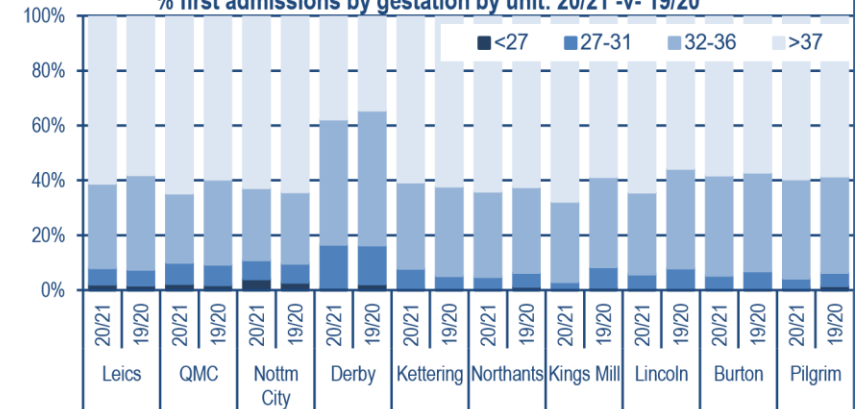


	Leicester		QMC		Nottm City		Derby		Kettering		Northants		Kings Mill		Lincoln		Burton		Pilgrim	
0 / unknown	9	10	68	1	33	1	0	1	104	123	97	26	2	0	1	1	1	0	0	0
5	891	719	52	54	9	34	12	10	112	198	1,461	826	1,891	889	1,509	1,640	706	759	601	761
4	3,475	3,242	21	13	20	1	194	199	869	1,109	1,461	826	1,891	889	1,509	1,640	706	759	601	761
3	7,017	7,534	2,440	2,960	3,470	3,735	4,269	4,573	1,998	1,895	3,230	3,555	1,504	1,997	2,093	2,257	1,683	2,053	1,119	1,192
2	2,949	3,111	1,344	1,524	1,603	1,371	1,228	1,350	691	522	1,091	902	372	599	712	688	47	129	38	43
1	2,719	2,924	1,683	1,845	1,445	1,689	777	852	457	410	711	708	231	340	307	355	77	149	89	77
total	17,060	17,540	5,608	6,397	6,580	6,831	6,480	6,985	4,231	4,257	6,682	6,018	4,062	3,870	4,629	4,944	2,533	3,142	1,847	2,074
of which, trans care	3,998	3,756	6	4	7	2	2	17	893	829	1,414	875	1,549	621	1,167	1,220	537	610	568	742

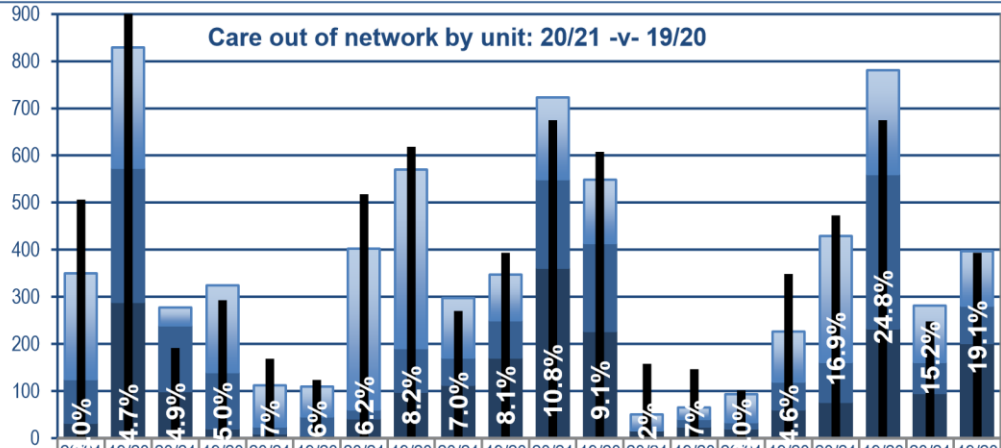
## Inter-network care by unit: 2020/21



## % first admissions by gestation by unit: 20/21 -v- 19/20

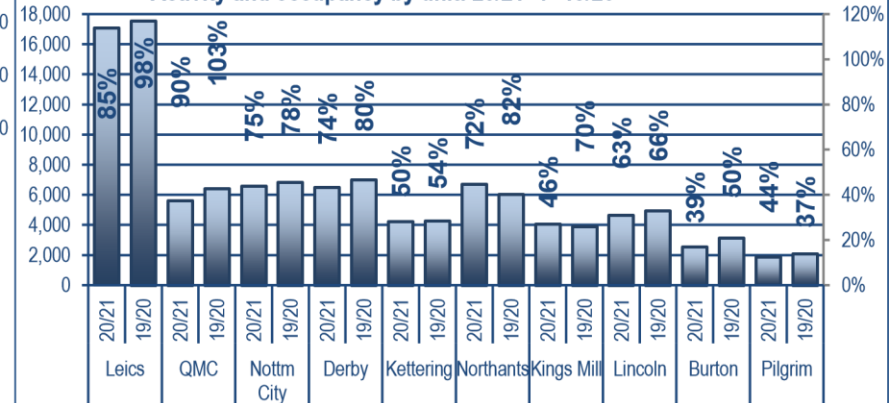


## Care out of network by unit: 20/21 -v- 19/20



	Leicester		QMC		Nottm City		Derby		Kettering		Northants		Kings Mill		Lincoln		Burton		Pilgrim	
SC	224	254	37	184	86	63	341	378	125	96	173	134	33	23	58	106	267	219	119	115
HRG2	92	284	141	119	16	39	18	94	58	78	187	186	0	17	13	58	84	328	65	78
HRG1	33	290	99	20	9	7	42	98	114	172	362	228	16	25	21	62	77	233	96	203
Episodes	45	82	17	26	15	11	46	55	24	35	60	54	14	13	9	31	42	60	22	35
Care OON (%)	2.0	4.7	4.9	5.0	1.7	1.6	6.2	8.2	7.0	8.1	10.8	9.1	1.2	1.7	2.0	4.6	16.9	24.8	15.2	19.1

## Activity and occupancy by unit: 20/21 -v- 19/20



## Financial Report

Due to the change of hosting arrangements in 2020 the finance report is divided into two sections, the expenditure while the Network was hosted in Derby and the expenditure for the remainder of the year while being hosted in Northampton.

Annual income from NHSE (Specialised Commissioning) £304,000

<b>UHDB expenditure</b>	
<b>Allocation</b>	<b>£ 67,864</b>
Management and Administrative staff	£ 27,142
Nursing and Clinical Staff	£ 36,564
<b>Total Pay Costs</b>	<b>£ 63,706</b>
Hosting fee	£ 1,176
Office Equipment	£ 480
Training / Course Fees	£ 0
Postage and Stationery	£ 33
Travel	£ 360
Phone	£ 95
Hospitality	£ 39
<b>Total Direct Non-Pay Costs</b>	<b>£ 2,183</b>
<b>Total expenditure</b>	<b>£ 65,889</b>
<b>Total Surplus 2020/21</b>	<b>£ 1,975</b>

<b>NGH expenditure</b>	
<b>Allocation</b>	<b>£ 236,136</b>
Management and Administrative staff	£ 120,611
Nursing and Clinical Staff	£ 97,098
<b>Total Pay Costs</b>	<b>£ 217,709</b>
Hosting fee	£ 6,150
Office Rental	£ 3,600
Office Equipment	£ 6,714
Training / Course Fees	£ 92
Postage and Stationery	£ 90
<b>Total Direct Non-Pay Costs</b>	<b>£ 16,646</b>
<b>Total expenditure</b>	<b>£ 234,355</b>
<b>Total Surplus 2020/21</b>	<b>£ 1,781</b>

Total underspend £3,756 which was due to reduced Network activities due to the work from home policy during the Covid-19 pandemic.

## Concluding Comments & Key Messages



This year's report demonstrates the amount of work that has been undertaken despite the unprecedented challenges that the whole of the NHS has had to face throughout the year.

Work to address the findings of the critical care review has been extremely positive with the desired outcome of increased capacity within the 2 lead centres becoming much more likely than has ever been the case previously.

This positive move is to be welcomed. I am sure that this project will continue throughout the coming year with the oversight of the East Midlands Neonatal Capacity Group.

It is very positive to see the numbers of extremely preterm babies born in the right place has already increased. If a baby is born in a location outside of a specialist centre a thorough review is undertaken to understand why, and any associated learning shared across the maternity and neonatal services.

The funding allocations from the Long-Term Plan are very welcome and will enable the team to further develop and offer increased support to the neonatal units across the Network. It will also go some way towards increasing the nurse staffing levels within the units, which in turn will have a positive impact upon capacity within the Network.

It has been very positive to see that parental engagement has remained high on the agenda with the completion of the Family Integrated Care project and the continued Patient Advisory Group meetings over Microsoft Teams. We look forward to welcoming the care coordinators and how they can further enhance the work to improve parent feedback and the family experience.

At the time of writing, the future still appears to be somewhat uncertain, and I am sure that there will be more challenges ahead. However, I remain confident that the neonatal services across the Network will continue to develop and improve so that the babies and their families receive safe evidence based and consistent care.

**Chris Pallot, Network Chair**

## Contact the Network Team

The Network office is based in Derby; Derwent House, Gosforth Road, Derby, DE24 8HU

The team can be contacted in the following ways;

**Anneli Wynn-Davies, Clinical Lead (North Hub)**  
[a.wynn-davies@nhs.net](mailto:a.wynn-davies@nhs.net)  
T: 01332 785376

**Jane Gill, Clinical Lead (South Hub)**  
[jane.gill@uhl-tr.nhs.uk](mailto:jane.gill@uhl-tr.nhs.uk)  
T: 0116 258 7729

**Linda Hunn, Director/Lead Nurse**  
[linda.hunn@nhs.net](mailto:linda.hunn@nhs.net)  
T: 07500 976640

**Judith Foxon, Deputy Lead Nurse (Education & Workforce)**  
[judith.foxon@nhs.net](mailto:judith.foxon@nhs.net)  
T: 07887 451537

**Rachel Salloway, Data Analyst**  
[rachel.salloway@nhs.net](mailto:rachel.salloway@nhs.net)  
T: 07715 497265

**Linsay Hill, Office Manager**  
[linsay.Hill@nhs.net](mailto:linsay.Hill@nhs.net)  
T: 07715 497260