

**Minutes of Board**

**Monday 13 November 2023**  
**10:00am – 12.00pm**  
**via Microsoft Teams**

**Present:**

Chris Pallot (CP), Chair, EMNODN (Chair)  
Lynsey Jones (LJ), Parent Representative & PAG Chair  
Judith Foxon (JF), Deputy Lead Nurse, EMNODN  
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub  
Mara Tonks (MT), Director of Midwifery, Family Health, KGH  
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands  
Matthew Warrilow (MW), Divisional General Manager, SFH  
Kerry Forward (KF), Head of Strategy Perinatal Programme, NHSE Midlands  
Philip Walmsley (PW), Divisional General Manager, NUH (left at 10:26)  
Muhammed Kathrada (MK) Head of Partnerships, UHL  
Simon Hallion (SH), Divisional Managing Director, Women’s & Childrens, ULHT  
Fiona Barnes (FB), Director of Nursing, Northamptonshire ICB  
Wendy Martin (WM), Associate Director of Nursing, Lincolnshire ICB

**In Attendance:**

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Linda Hunn (LH), Michelle Harris, Caroline Trevithick, Chris Weiner, Yvonne Higgins		
2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes from the Previous Meeting</b> The minutes from the previous meeting were agreed as an accurate record of proceedings.	<a href="#">A</a>	
4.	<b>Matters Arising/Action Log</b> A copy of the action log was circulated.		
5.	<b>Current Standards &amp; Drivers for Change in Neonatal Services</b> <b>5.1 Neonatal Critical Care Transformation Review (NCCR) Update</b> <b>Capacity</b> Capacity remains a major challenge across the East Midlands. The neonatal unit at NUH has been decanted and building work is underway with an anticipated completion date of Dec 2024. The position at UHL remains unchanged.		

	<p>SB shared that she had been informed by UHL that their Women’s and Childrens capital bid has been approved and a completion date of 2029 is anticipated.</p> <p><b>Staffing</b>  QIS nursing ratios remain a challenge in all of the East Midlands units and is a particular issue in the tertiary centres.</p> <p>A Medical, AHP &amp; Psychology gap analysis has been completed and was submitted to Specialised Commissioning, and the aim is to capture the gaps quarterly in future.</p> <p><b>Family Involvement</b>  There is continued progress with the FIC elements of the workplan. The Network has just appointed a second substantive Care Coordinator to support this work. In addition to this, a job description has been prepared for a Network Parent Engagement lead.</p> <p><b>5.2 National Funding (NCCR &amp; Ockenden)</b>  Data is collected quarterly to monitor progress against the recruitment to posts which are provided through national funding streams. The National funding tranche 3 of the NCCR funding for nursing quality roles flowed down this year. Recruitment to the posts for governance and education in nursing is progressing. Most trusts are now at recruitment phase and the ODN continues to monitor this.</p> <p>The Network continues to monitor the recruitment against the Ockenden funding for medical, AHP and Psychology provision, recruitment, and progress is being made. However, there are still some gaps with recruitment to some of these funded posts. There appear to be some issues within some of the Trusts identifying where this funding is.</p> <p>KF explained that funds for Ockenden has gone into baselines and systems should be ringfencing it for use in the way it was intended. CP asked that colleagues raise it formally if the funding cannot be located.</p> <p>MT voiced frustration about the way the funding has been allocated as it has not been communicated if it is recurrent or not.</p>		
6.	<p><b>Commissioning of Neonatal Services/East Midlands Developments</b></p> <p><b>6.1 NHSE Commissioning Update</b>  SB reported that a detailed gap analysis was undertaken in September to ascertain the costs associated with ensuring that all trusts could meet BAPM staffing standards The NUH funding has been agreed as part of the business case and will be released as and when the Trust start recruiting into posts. Within the Midlands a new group is being formed to look at strategies for increasing the workforce. As yet it has not been identified who will lead this project and how it will link with the</p>		

ICBs and the deanery. This program of work is likely to take 2-3 years.

A paper is being submitted to a joint committee in December to share any findings and to have wider discussion about next steps, timeline for implementation etc.

The Specialised Commissioning Team are trying to progress the other recommendations as per the East Midlands NCCR. There were at least 4 other trusts that require some reconfiguration with cot levels being amended or removed. Work will take place with those trusts through the contracts team, and they will also pick up some of the actions around the peer review recommendations such as additional parent rooms and unit configuration.

CP enquired if any BAPM funding will be recurrent. SB confirmed all funding related to BAPM will be recurrent and that it will be calculated based up current gaps. AHP gaps have been identified however it will not be easy to appoint to posts due to a lack of available workforce. Following the Oversight Group Meeting tomorrow, a paper will be submitted to the joint committee meeting in December, and then there will be a plan for notifying the Trusts of funding allocations.

CP asked if it would be possible to have a list of all funding that has gone to each Trust which can be shared with the meeting notes so that individual colleagues can then try to identify the funding streams. KF responded that with regard to Ockenden funding and any funding which flowed from the National maternity and neonatal programme, rather than the specialised commissioning route, would have been based upon population figures and went out to systems for systems to distribute. SB to provide a list.

### **6.2 Individual Trust and LMNS Updates**

MT reported the actions undertaken by KGH in response to the temporary designation of the neonatal service to a SCU.

### **6.3 Temporary Redesignation of KGH**

Following a temporary redesignation of the KGH neonatal service, a daily safety huddle has been instigated which is chaired by the medical director and chief nurse 7 days a week. Neonatal colleagues now join the maternity safety huddle which is now the bronze meeting and happens every day across the whole system of Northamptonshire, and then feeds in to the wider NHSE Silver meeting where of all actions and updates on the neonatal unit improvement plan are reported.

The service had anticipated a huge amount of resource would be required in light of the redesignation in terms of IUT transfers. However, this has not been the case and most transferred mothers have been for level 3 care and would have required transfer even if the unit were performing as an LNU.

**SB**

	<p>FB had no further update.</p> <p>AWD updated that there is work underway from an ODN perspective, with education provision from the clinical leads and the nursing education team. AWD and JG are meeting weekly with the clinical teams to discuss any babies that have received high dependency or intensive care.</p> <p>SB added that there is planned external peer review at KGH on the 28 November.</p> <p>JF reported that the most recent action plan was shared after last week's silver call. This details the actions and requirements of the trust before the service is redesignated as an LNU.</p> <p>SH updated on the paediatric service at Pilgrim which impacts on special care unit at Boston. A public consultation took place from the beginning of September. Trust Board support is agreed to continue the model which has been in place over the past two years, which will continue with the neonatal service providing full SCU service provision. This will go to the ICB on 28 November and full approval is expected.</p>		
7.	<p><b>PPI</b></p> <p>LJ reported that the PAG group meetings have been less well attended recently and LJ has been struggling for availability. The work around FiCare continues to progress well. LJ is encouraged with the progress with establishing NVPs in each of the regions and felt the next stage would be to bring them together.</p> <p>KF reported that the publication of National MNVP guidance is still awaited. There will be webinars in January to focus on neonatal engagement and how neonatal services become part of the MNVP approach for LMNSs.</p>		
8.	<p><b>Transport Service Review</b></p> <p>SB reported that there has been some progress since last meeting. The Regional Team now has 18 months of transport data, from both the East and West Midlands. A project team is being assembled to start to review the data and collate the pathways in place across the East and West Midlands.</p> <p>The new service specification will be used, and data will be benchmarked against it. It is hoped that there will be something to share shortly along with an options appraisal in the next few months.</p> <p>In the meantime, AWD suggested a Network level peer review of the service which was agreed. AWD to discuss with LH.</p>		AWD

<p><b>9.</b></p>	<p><b>Network Management</b></p> <p><b>9.1 Work Plan Update</b> The Board summary report and work plan up to the end of Q2 was provided.</p> <p>Areas of concern that continue to impact on the delivery of plan were outlined. There are still significant concerns regarding an inability to deliver on the NCCR recommendations due to capacity and staffing. The impact of transport boundaries was discussed. QIS ratios remain low and the ODN continue to work with the Trusts to address this.</p> <p><b>Post meeting note: Board Summary Report for item 9.1 has been updated and can be viewed <a href="#">here</a>.</b></p> <p><b>9.2 Budget Update</b> Board Summary Report and budget update provided.</p> <p>There are still challenges around achieving an accurate capture of the budget although LH is working with finance to address, and it is gradually improving.</p> <p>There is an underspend against some lines and LH is waiting for on clarify from finance around this. It was reported that additional funding has been confirmed for new posts and recruitment has been commenced.</p> <p><b>Post meeting note: Board Summary Report for item 9.2 has been updated and can be viewed <a href="#">here</a>.</b></p>		
<p><b>10.</b></p>	<p><b>Governance &amp; Safety</b></p> <p><b>10.1 Risk Register</b> Board summary report and Risk Register provided.</p> <p>The key areas outlined were outlined:</p> <ul style="list-style-type: none"> <li>• Risks around lack of capacity</li> <li>• Inability to meet the KPIs around preterm birth</li> <li>• AHP workforce.</li> </ul> <p><b>Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed <a href="#">here</a>.</b></p> <p><b>10.2 Reported SIs</b> <b>UHDB</b> Learning has been shared with the Clinical Governance Group regarding an SI.</p> <p><b>10.3 Network Mortality</b> A paper was circulated.</p> <p>There has been an increasing trend across the region, particularly at UHL and UHDB, with reviews commissioned by the LMNSs. The ODN Team are also reviewing all deaths over the last 2 years from across whole region. In addition, the ODN</p>		

continue to review all deaths within the Network Mortality Oversight Group.

CP asked when the learning from the reviews will be available. AWD would hope a report with themes will be available early next year.

MW asked if the region wide review had been notified to all. AWD confirmed this has been communicated through the Mortality Oversight Group.

**Post meeting note: Board Summary Report for item 10.3 has been updated and can be viewed [here](#).**

#### **10.4 Feedback from Clinical Governance Group**

A copy of the Board Summary Report and minutes from the July EMNDON Clinical Governance Group meeting were circulated for information.

This was a very collaborative meeting with good representation from all the Trusts. There were no issues identified for escalation to Board.

The next meeting will be on the 15 November which was rearranged due to the medical strikes. CP asked if the minutes can be circulated to the Board after the meeting. LSH to share once available.

**Post meeting note: Board Summary Report for item 10.4 has been updated and can be viewed [here](#).**

#### **10.5 Quality Data**

The Board Summary Report and Network dashboard were circulated.

AWD updated that there are a number of new measures this year which are taking time to embed into practice and some where the measures have changed. AWD/JG are talking to the NNAP team about one of the new measures regarding non-invasive ventilation. The clinical teams are continuing to look at the preterm optimisation pathway with passports being devised enabling the mothers to carry the information with them if they are transferred. Work is underway with maternity services to ensure there is appropriate perinatal optimisation.

**Post meeting note: Board Summary Report for item 10.5 has been updated and can be viewed [here](#).**

#### **10.6 NNAP Data**

There are areas where the ODN is an outlier have been identified. NEC rates are high across the region. An NEC bundle has been introduced and there is a research project underway across the region.

LSH

	<p><b>Post meeting note: Board Summary Report for item 10.6 has been updated and can be viewed <a href="#">here</a>.</b></p> <p><b>10.7 Activity Data (OPEL Status)</b> The Board Summary Report and the activity data were circulated.</p> <p>JF reported that there is a worsening picture around activity levels across the Network. The Network has recently been at OPEL 4 for the majority of the time reported. Primarily this seems to be due to a lack of nursing staff. The tertiary services often have cots closed due to insufficient nursing staff which results in babies be transferred out of region. Capacity calls are called as required to try to address this.</p> <p><b>Post meeting note: Board Summary Report for item 10.7 has been updated and can be viewed <a href="#">here</a>.</b></p>		
11.	<p><b>Local Neonatal Unit Initiatives</b></p> <p><b>11.1 NUH Business Case Update</b> NUH had left the meeting but had provided a written update:</p> <ul style="list-style-type: none"> <li>• The decant went well.</li> <li>• The old unit has been boarded up and building work has commenced.</li> <li>• Still on target for completion at the end of 2024/early 2025.</li> <li>• Funding still needs to be agreed with commissioning with regard to funding to meet the BAPM standards.</li> </ul> <p><b>11.2 UHL Business Case Update</b> No update provided.</p> <p><b>11.3 KGH Rebuild</b> MT been confirmed that the business case has been through the Trust Board, and the capital has been signed off to support the reconfiguration of the unit. However due to the temporary redesignation this is under constant review.</p> <p><b>11.4 QHB Reconfiguration</b> No one present to provide an update.</p>		
12.	<p><b>AOB</b> None</p>		
13.	<p><b>Date/Time of Next Meeting</b> Monday 19 February 2024, 10.00pm – 12.00pm, via Microsoft Teams</p>		