

Minutes of Board

Monday 21 November 2022
10:00am – 12.00pm
via Microsoft Teams

Present:

Chris Pallot (CP), Chair, EMNODN (Chair)
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub
Jane Gill (JG), Clinical Lead, EMNODN, South Hub
Tim Guyler (TG), Assistant Chief Executive Officer, NUH
Mara Tonks (MT), Head of Midwifery, KGH
Simon Hallion (SH), Divisional Managing Director, Women's & Childrens, ULHT
Susan Whale (SW), Divisional Director for Women's & Childrens, UHDB
Kerry Forward (KF), Head of Strategy Perinatal Programme, NHSE Midlands
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands
Simon Pizzey (SP), Head of Strategy & Planning, UHL

In Attendance:

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

	Subject	Attachment	Action
1.	Apologies for Absence Lorraine Binch, Lynsey Jones, Simon Evans,		
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.		
5.	Current Standards & Drivers for Change in Neonatal Services 5.1 Neonatal Critical Care Transformation Review (NCCR) Update Capacity Following the discussions at the last board meeting a full revised capacity review is underway to determine if the original calculations are accurate now that some of the Network pathways have been revised. The projected cot numbers will be provided as soon as the review is complete. The Nottingham business case is progressing which should provide nine additional critical care cots by the end of 2024. However,		

	<p>HIP funding has paused, and so there is concern that the additional cots will not be provided in Leicester if the new Women's and Childrens build is not completed. This is a significant concern as the East Midlands will not be able to deliver on the recommendations of the NCCR by the end of 2024. The Network Team have therefore recommended that the Leicester team develop an alternative plan to deliver the required number of cots within the current estate.</p> <p>Staffing</p> <p>The ODN have been monitoring nurse staffing and there has been quite a lot of recruitment across the Network, which has in turn diluted the QIS ratio. The current QIS ratio across the whole of the Network is around 45% against the national standard of 70 to 80%. Work is underway with the Education Team, and the units, utilising competency documents for non-QIS nurses, particularly in the period before they undertake the QIS training.</p> <p>Reassuringly, following a national call last week, other Networks are reporting that they are experiencing similar issues.</p> <p>Following the peer review process across the Network it has been identified that there are very significant staffing gaps particularly for the AHP and Psychology staff group. There are also some medical staffing gaps. The Network have secured some money from the National Team for the Medical, AHP and Psychology workforce, however this is a very small amount comparative to the other networks across the country despite the East Midlands reporting the largest gap in the country. SB has contacted the National Team to enquire how the funding was allocated, but to date they have not provided a response.</p> <p>The Network allocated the available funding on a risk basis, which resulted in the vast majority of the funding going to the two lead centres where the most acutely ill babies are. Every trust did get some of the allocation either for Medical staffing, AHP, or Psychology staffing, and expenditure against it will be monitored through the National Team in the same way as the nurse staffing allocations are. LH to keep all updated.</p> <p>CP asked that the Network Team keep him informed in terms of the National Team and any funding disparity. CP enquired if there were any issues that the Board will need to be aware of from the peer reviews. LH reported that the main concerns were workforce and capacity, however LH will produce an overarching report highlighting the key issues.</p>		<p>SB</p> <p>LH</p>
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	<p>Family Involvement There is a good deal of excellent work underway across the whole of the Network. The Care Coordinators continue to work with each of the trusts and the progress was really evident during the recent peer reviews.</p> <p>5.2 National Funding (NCCR & Ockenden) Covered above.</p> <p>5.3 Kirkup Report The report into Maternity Services in East Kent was recently published. A Board summary, the Kirkup report and a benchmarking document were circulated to the group. The Network benchmarks quite favourably against the four recommendations, however there may be further requirements from the National Team. These will be added into the document if and when they become available.</p> <p>Post meeting note: Board Summary Report for item 5.3 updated and can be viewed here</p>		
6.	<p>Commissioning of Neonatal Services/East Midlands Developments</p> <p>6.1 Individual Trust Contracts SB reported that there are no significant updates and reported that additional investments will go through the networks. There are separate communications coming through the LMNS regarding additional investments. Specialised Commissioning are engaging with individual LMNSs and are trying to come up with a suitable framework.</p> <p>The EMNCOG is to be recommenced and work is underway to ensure the correct membership of the group. SB is currently drafting a new TOR.</p> <p>LH reported that the individual ICBs asking the ODN to look at various projects which is resulting in additional workload for the Network Team.</p> <p>6.2 Regional Perinatal Transformation Board Update There has been no meeting since last Board.</p>		SB
7.	<p>PPI There is a large amount of FiCare work underway. Cot side visits to gauge parent feedback have commenced. The ODN has secured funding from the AHSN to create parent information videos and the Care Coordinators are currently working on these.</p> <p>A number of Network leaflets have now been translated into the top 5 languages used in the East Midlands and are available on the website.</p>		

<p>8.</p>	<p>Network Management 8.1 Work Plan Update The Board summary report and work plan up to the end of Q2 was provided.</p> <p>The continued areas of concern are:</p> <ul style="list-style-type: none"> • Network critical care capacity • Lack of capital and revenue funding streams • Impact of West Midlands activity on the East Midlands • Lack of identified funding streams to fill AHP, Psychology and Medical gaps <p>Post meeting note: Board Summary Report for item 8.1 updated and can be viewed here</p> <p>8.2 Budget Update No paper provided as NGH have still not provided a budget statement which reflects the overall Network funding and expenditure. LH has had extensive meetings with NGH finance to ensure the budget is accurate. Assurance has been given that this will be available by the end of November in a format that can be shared. LH to inform CP if this is not resolved by the end of November.</p>		<p>LH</p>
<p>9.</p>	<p>Governance & Safety 9.1 Risk Register Board summary report and Risk Register provided.</p> <p>The significant risks are:</p> <ul style="list-style-type: none"> • Insufficient critical care capacity within the Lead Centres • Potential inability to deliver on the NCCR by 2024 • Low QIS ratios • Insufficient AHP, Psychology and medical staffing <p>The issue of ROP treatment at RDH, and the transport provision to three of the West Midlands units which can result in an inability to meet time critical timeframes have been added to the Risk Register.</p> <p>As capacity and workforce are the recurrent themes that come across from all Board papers, CP and enquired at what point is a regional conversation required. SB confirmed this is a message that is being fed back to the Regional Team.</p> <p>KF requested that a paper be tabled at the next Perinatal Board meeting.</p> <p>Post meeting note: Board Summary Report for item 9.1 updated and can be viewed here</p>		

9.2 Reported SIs

Three SIs have reported to the ODN and learning shared at the October Clinical Governance Group. There were from the following:

- Centre/ULHT which was a really good piece of collaborative work between the two organisations
- Two incidents from NGH

9.3 Feedback from Clinical Governance Group

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

The main topics:

- NCCR and the revision which is underway
- Allocation of Ockenden staff funding
- Extreme preterm birth data, and the escalation work which is underway across the region to ensure that that mothers and babies receive their care in the most appropriate unit.

A Network conference was held in September with a focus on optimisation.

Post meeting note: Board Summary Report for item 9.3 updated and can be viewed [here](#)

9.4 Quality Data

The Board Summary Report and Network dashboard were circulated.

JG talked through the local data which is presented as SPC charts. The metrics have changed for 2022 which has resulted some deterioration in Network performance. There is now particular attention to whether steroid administration is provided within 7 days of preterm birth.

The dashboard now has an amalgamation of all the perinatal optimisation work to ensure that mothers and babies receive the full package of optimisation measures. The Network held a conference in September to highlight the requirements and to review how best to collectively address the requirements.

There is new metric around non-invasive respiratory support, which has caused some concern as the EM has very low BPD rates compared to the rest of the country while using invasive respiratory support. This was a discussion at the last Clinical Governance Group meeting, and it was agreed that AWD and JG will write to BAPM to ask for the motivation around this particular metric.

All 'missed' cases where babies are not born in the most appropriate unit are discussed and reviewed to ensure that the learning is identified.

<p>In summary performance is improving for most of the metrics.</p> <p>The NNAP report has just been released, which is split by unit and then by Network. As a Network 8 metrics improved since last year, 1 was the same and 2 were worse. The 2 where performance had deteriorated related to babies less than 27 weeks born in the right place, which is undoubtedly linked to the capacity issues, and the other is Nurse staffing.</p> <p>CP asked all to go through the individual details with colleagues.</p> <p>Post meeting note: Board Summary Report for item 9.4 updated and can be viewed here</p> <p>A late additional Board Summary Report was provided for the NNAP data, 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>23 days at OPEL 2 38 days at OPEL 3 16 days at OPEL 4</p> <p>It is of note that the Network was were at OPEL 4 for the entirety of last week, with no critical care capacity availability, which resulted in out of Network transfers.</p> <p>The data perfectly demonstrates the pressure which the ODN is under on a daily basis.</p> <p>CP enquired if the national picture is similar, and LH confirmed that other Networks do not have the capacity issues to the extent that there are in the East Midlands. CP felt that the time has come to involve more senior individuals regionally. KF suggested the paper for the Regional Perinatal Board providing the stark facts in order to push home to the system representatives that they are required to prioritise these issues within their systems and their Trusts.</p> <p>CP felt it is an ODN Board responsibility to voice concern in a positive way. LH to write paper for the Perinatal Board. LH reported that the Board also need to be mindful of the level of risk being carried as a Network and the individual units, particularly the lead centres.</p> <p>SP will link in with Jonathan Cusack, and Sue Macleod to come up with a plan to address the capacity in Leicester for sharing virtually and discussion at the next Board.</p> <p>Post meeting note: Board Summary Report for item 9.5 updated and can be viewed here</p>		<p>LH</p> <p>SP</p>
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<p>10.</p>	<p>Local Neonatal Unit Initiatives</p> <p>10.1 NUH Business Case Update TG reported positive progress, with the full business case for the maternity and neonatal redesign going to the Board this week. Alongside this significant decants will be required to undertake the work, and so capital for this been approved internally and revenue going to Board Thursday. Next step will be to go to NHSE JISK on 20 February so it is anticipated that by the at the next board meeting TG will be able to confirm sign off.</p> <p>The plan is to start decant work January 2023, with a full decant of the current QMC neonatal unit in September 2023, with the neonatal upgrade completed by December 2024.</p> <p>TG reported that recruitment is really important to ensure that the cots can be staffed, and recruitment activities have already commenced.</p> <p>TG thanked the ODN for the letter of support for the OBC.</p> <p>10.2 UHL Business Case Update SP reported that Leicester have launched a new Children’s Hospital Board which brings together all of the services which have an impact on children, but which are not currently delivered by the Children’s CMG, with a view of coming up with common themes.</p> <p>10.3 KGH Rebuild The high-level costing and phasing plan has been completed, which was taken to PF&R last Friday. There is still some further work around funding and capital streams to be undertaken.</p> <p>10.4 QHB Reconfiguration Capital scheme has been fully designed and the rebuild is due to start at the end of January 2023 and will take approximately 12 months to complete.</p>		
<p>11.</p>	<p>AOB MT gave apologies for the next meeting.</p> <p>LSH to forward invites to SH as Simons Evans will be leaving ULHT.</p>		<p>LSH</p>
<p>12.</p>	<p>Date/Time of Next Meeting Monday 20 February 2022, 10.00pm – 12.00pm, via Microsoft Teams</p>		