Minutes of Board

Monday 19 February 2024
10:00am – 12.00pm
via Microsoft Teams

Present:
Chris Pallot (CP), Chair, EMNODN (Chair)
Linda Hunn (LH), Director/Lead Nurse, EMNDON
Lynsey Jones (LJ), Parent Representative & PAG Chair
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
Clair Morley (CM), Directorate General Manager, Family Health Division, NUH
Danni Burnett (CB) Director of Midwifery, UHL
Arne Rose (AR), Deputy Medical Director, UHDB

In Attendance:
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	**Apologies for Absence** Jane Gill, Gisela Robinson, Philip Walmsley, Anne Pridgeon, Chris Weiner, Kay Darby, Rosa Waddingham		
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** The Network capacity remains an issue and consequently it is unlikely that the East Midlands can deliver on the NCCTR plan by the end of 2024. The NUH project is underway with projected completion by end of 2024. The Network continue to liaise with UHL around the opening of additional cots which is		

	being hindered by a lack of staff. Longer term the UHL W&C rebuild is projected to be completed by 2029, which heightens the need to open additional cots at the LRI in the meantime. **Staffing** Across the Network there is QIS nurse deficit. The overall number of nurses is reasonable, but it will take for them all to train and achieve QIS status. The ODN continue to work with the Trusts and the HIE's to achieve the correct ratios as soon as possible. CP enquired where the data is submitted to. LH reported that it goes to the Regional Team and then onto the Neonatal Implementation Board. There is generally no feedback when it has been submitted. **Family Involvement** The ODN has performed well against the NCCR plan. There are still units which do not have sufficient parent accommodation which will require capital funding. **5.2 National Funding (NCCR & Ockenden)** There has been additional funding for the units from the LTP and Ockenden. The Network Team are working with the units to scope what posts have been recruited to and which are still vacant. This data is submitted to the NIB and Q3 data has just been submitted.		
6.	**Commissioning of Neonatal Services/East Midlands Developments** **6.1 NHSE Commissioning Update** SB provided an update for 2024/25. The Regional Team have just commenced the planning programme and have presented this to the ICBs as part of the delegation of neonatal services to the ICBs. There have been a number of meetings with the ICBs via the joint committee and the aim is that neonatal services will be a priority area for 24/25. The next stage will be presenting the required financial investment for staffing and achievement of BAPM standards. Work on this is underway but has not yet been presented to the ICBs. Conversations are underway with UHL about how they plan to open the additional cots, and they have mutually agreed on the required investment. CP enquired about the practicalities of planning for next year in the light of delegation. SB responded that decisions will be made by ICBs, with additional oversight through the programme board and ultimate accountability by the Regional Team.		

	LH expressed concerns about the delegation process as there are already multiple requests from multiple organisations, and the ODN ability to deliver on all these expectations. This is a concern shared by other ODNs across the country. **6.2 Individual Trust and LMNS Updates** DH updated that colleagues are working through the CQC improvements in joined up care Derby & Derbyshire, and that he would be happy to update on progress at future meetings if this would be helpful. AR queried the UHBD designation in light of the size of Derby and the LNU designation. AWD responded that there are no plans to change current designations and LH reported that the Network would not be able to deliver the correct number of critical care days, as detailed in the NCCTR, in all units if there were more NICUS. There is therefore no requirement for any other units to be designated as a NICU. SB added that decisions around designation are undertaken as a Network rather than an LMNS regional level.		
7.	**PPI** LJ had no major issues to raise and reported that the Network Team are moving forward with the parent focused agenda. There are plans underway to involve more parents involved by changing the timings of the PAG meetings to the evenings. The new Parent Engagement Lead post will hopefully be able to help with recruitment to the PAG.		
8.	**Transport Service Review** SB, CP and LH had a helpful conversation last week. The transport review will not be conducted as anticipated. However, itis a matter of critical importance to the Network that this work is undertaken as it impacts upon the overall Network capacity issues and flows. It was therefore agreed that this will be escalated within NHSE and that there will be an offline discussion about how this can be moved forward. This will be reported back to the next Board meeting.		**SB**
9.	**Network Management** **9.1 Work Plan Update** The Board summary report and work plan up to the end of Q3 was provided. The most significant issues were highlighted: • Transport boundaries not aligned to the Network • Critical Care Capacity • QIS ratios • Lack of identified fundings streams for AHP, Psychology & Pharmacy and the medical workforce		

	The 2024/2025 workplan is being developed. A summary has been provided to the ICBs for comment. The work plan will then be developed, following any comments from that group, with a relatively tight turnaround once any feedback has been received. It will then be circulated to board members for virtual approval.

Post meeting note: Board Summary Report for item 9.1 has been updated and can be viewed here.

9.2 Budget Update
Board Summary Report and budget update for month 9 provided.
The budget presented demonstrates an overspend, however it is expected that there will be an underspend at year end.
The Network have just been allocated a new accountant who is aiming to produce a budget which is clearer than previous statements throughout the past couple of years.

Keiran Caldwell has informed the ODNs that the underspend can be rolled forward. CP asked whether Keiran has cleared this with the host trust. SB will check and confirm.

Post meeting note: Board Summary Report for item 9.2 has been updated and can be viewed here. | | **SB** |
| 10. | **Governance & Safety**
10.1 Risk Register
Board summary report and Risk Register provided.

The key areas outlined were outlined:

- Inability to deliver on NCCR
- Capacity
- Inability to meet KPIs for preterm birth
- AHP workforce

LH reported that items 003/004 have been reworded to reflect the current risks now that there are additional staff within the Network Team.

Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed here.

10.2 Learning from Incidents
NUH SI
This was presented at, and learning shared, during the February Clinical Governance Group.

10.3 Feedback from Clinical Governance Group
A copy of the Board Summary Report was circulated. The minutes from the February EMNDON Clinical Governance | | **LSH** |

Group meeting will be circulated for information as soon as they are available.

The meeting was very well attended. Discussion took place regarding the following:

- A safeguarding audit across the whole Network to ascertain how many cot days are lost due to inability to place babies into care so that work can commence with social care to improve the data.
- Network Outlier status for extreme preterm birth not in a NICU. This is being discussed both through the LMNS and preterm birth group. The new Mortality Oversight Group TOR were ratified.
- Discussion around the Transport data compliance

Post meeting note: Board Summary Report for item 10.3 has been updated and can be viewed here.

10.4 Quality Data
The Board Summary Report and Network dashboard were circulated.

There have been a number of new measures introduced this year and a change in the parameters for some of the other measures. There is a significant amount of work across the region relating to extreme preterm care. Some of the measures are Improving but others require further work. NNAP are now reporting a composite measure of all the aspects which means that currently the Network is non-compliant.

KF asked what work was underway with the systems. AWD confirmed that work is underway on the PERIprem package and that LMNSs receive the data regularly. KF suggested speaking Charlotte Barry who can explore QI work with particular Trusts.

Post meeting note: Board Summary Report for item 10.4 has been updated and can be viewed here.

10.5 Activity Data (OPEL Status)
The Board Summary Report and the activity data were circulated.

The data clearly identifies challenges with regards to capacity. There were 73 days at OPEL 4 and 11 at OPEL 3 within the reporting period. LH expressed concern that there is almost an acceptance of the high level of risk the Network runs on at on a daily basis. The Network Team recently revised the OPEL reporting proforma and added in when staffing is less than 50% of the BAPM recommendations. This is a picture which is frequently seen, particularly in the tertiary centres. Currently it

	appears to be a deteriorating picture and LH is hopeful that it will improve when the additional cots are opened at NUH.		
	CP asked what the Network do about this issue. LH explained that capacity calls are organised when the Network is at extreme pressure with no capacity which sometimes results in the ability to identify 1 or 2 babies who can be transferred for capacity reasons.		
	AR enquired how this compares with other ODNs. LH reported that the East Midlands is the most challenged Network in the country for capacity and that this is well recognised by the Regional and National teams. Tertiary capacity is a significant problem at the moment, but it is hoped that this will be relieved when the additional cots are opened.		
	Work is underway to link with the Maternity OPEL reporting process.		
	MW enquired what does the modelling looks like when the NUH cots are online. LH reported that the cot modelling which was undertaken as part of the response to the NCCTR attributed the right care to the right unit, and once additional cots are opened then there should be a reduction in demand, as long as there are staff available to staff the additional cots.		
	KF asked how sighted the Chief Operating Officers (COOs) and people outside of the specialty are around these challenges. LH confirmed that the Network do not routinely have any contact with COOs.		
	DB reported that for UHL the COOs will see the monthly perinatal score card which includes neonates and the neonatal vacancy positions.		
	CM reported that NUH provide updates 3 x per day in terms of the status for maternity and neonates.		
	Post meeting note: Board Summary Report for item 10.5 has been updated and can be viewed [here](#).		
11.	**Local Neonatal Unit Initiatives** **11.1 NUH Business Case Update** The expansion program is due to complete at the end of this year and is on track. Recruitment is underway. **11.2 UHL Business Case Update** The BAPM standards are not currently being met. The Trust have recently launched the 'Power of Voices' culture programme. A Business case is being produced to secure the funding for the right number of AHPs for the future.		

	11.3 KGH Rebuild Work for the revised neonatal unit at KGH has been paused due to the fact that there is RAAC in the building. **11.4 QHB Reconfiguration** None		
12.	**AOB** None.		
13.	**Date/Time of Next Meeting** Monday 20 May 2024, 10.00pm – 12.00pm, via Microsoft Teams		