

Minutes of Board

Monday 16 September 2024
10:00am – 12.00pm
via Microsoft Teams

Present:

Chris Pallot (CP), Chair, EMNODN (Chair)
Judith Foxon (JF), Deputy Lead Nurse, EMNDON
Lynsey Jones (LJ), Parent Representative & PAG Chair
Amanda Pike (AP), Parent & Families Engagement Lead, EMNODN
Anneli Wynn-Davies (AWD), Clinical Lead, EMNODN, North Hub
Jane Gill (JG), Clinical Lead, EMNODN, South Hub
Mara Tonks (MT), Director of Midwifery, Family Health, KGH
Matthew Warrilow (MW), Divisional General Manager, SFH
Danni Burnett (CB), Director of Midwifery, UHL
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands
Kerry Forward (KF), Head of Strategy Perinatal Programme, NHSE Midlands

In Attendance:

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

	Subject	Attachment	Action
1.	Apologies for Absence Linda Hunn, Kay Darby (LLR), Martin Fahy (Lincolnshire), Maria Laffan		
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 Estates work at NUH continues and is on track to be completed in December 2024. The ODN team will be visiting mid-October to review progress and to discuss plans for the opening of the additional cots There will need to be recruitment of additional		

	<p>staff in order to staff these cots and workforce trajectories will also be part of discussions.</p> <p>Staffing There are still staffing gaps across the Network, particularly QIS nurses, and work continues to improve the overall picture. Funding has been secured from NHSE for an additional 32 QIS training places and some additional educator support. The majority of these places have been allocated to NUH.</p> <p>There are still AHP staffing gaps, both within the funded posts, and also with insufficient funding to meet the gaps.</p> <p>Family Involvement There are no concerns to be escalated with regard to meeting the NCCR requirements in relation to family involvement in care</p> <p>5.2 National Funding (NCCR & Ockenden) The allocated money for AHPs has still not been utilised at KGH and there are reported issues in the Trust with locating the funding streams.</p> <p>There has been an additional allocation for nursing quality roles. These posts have now been filled with the exception of some education hours at UHL.</p> <p>There has been progress with recruitment to the medical funded posts.</p> <p>The additional QIS funding mentioned previously has been allocated recently</p> <p>CP enquired how decisions are made with relation to allocation of any additional funding. JF explained that the Trusts are consulted and with the recent QIS funding NUH was the only Trust with the capacity for the additional training places. UHL already had a large number going through the training and could not accommodate any extra due to the additional supervisory requirements. One other trust has since come back to say that they can support one additional nurse and JF is working work this through with the team.</p>		
6.	<p>Commissioning of Neonatal Services/East Midlands Developments</p> <p>6.1 NHSE Commissioning Update Neonatal services are now a delegated service to ICBs. From April 2025 the Specialised Commissioning Team will be hosted in full by BSOL (Birmingham & Solihull) ICB, with a small part of the service retained within NHSE to cover highly specialised services.</p>		

	<p>In addition, SB reported that good progress is being made with the reconfiguration of neonatal services in the West Midlands, with a proposal going to the Joint Committees in November. This will have a potential impact on the East Midlands, and any round table discussions/consultations will include the East Midlands.</p> <p>As part of the West Midlands work, the Specialised Commissioning Team are trying to work up a proposal as to how to fund additional capacity. Historically the 19/20 baselines were block contracts and in the case of NUH the additional BAPM funding was added to the pre-existing block. However, the plan in the West Midlands is to move around the capacity and associated funding</p> <p>There will be no discretionary spend in 24/25, and this position has remained unchanged. There is some capacity to make a pre commitment or a list of precommitments in 25/26.</p> <p>SB has had conversations with KGH in terms of reinstating their LNU designation, starting from end of September with babies at 30 weeks or with a slightly higher gestational birth weight. SB will keep the ODN Team informed.</p> <p>Gaynor Armstrong has been appointed as the Regional Chief Midwife and has been working on a part time basis with the team over the last few months. Sandra Smith will return to her role as Deputy Chief Midwife. The Regional Team has been increased with 3 x senior 8c midwifery posts: Jo Hadley and Lucy Johnston have commenced in post with a third person joining in October. These posts are to add value and strengthen the pathway approach from maternity to neonates.</p> <p>KGH have joined the MSSP and there is ongoing work at a national level to ensure that the maternity safety support programme encompasses neonates and looks at supporting QI improvements in neonates as required.</p> <p>KF reported that the Regional Perinatal Team may review who attends the ODN Board in future and will keep all updated.</p> <p>6.2 Individual Trust and LMNS Updates</p> <p>AWD updated that the new unit at QHB is due to open in October 2024.</p> <p>DB reported that UHL have had a visit from UCL to review the fetal medicine pathway. Alongside this there is some learning from the Glasgow model in relation to parallel planning. A working group will commence on 20 September and is being led by the psychologist and bereavement team.</p> <p>The UHL Team are working through the actions which were fed back during the neonatal peer review. The draft report has not</p>		
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	<p>yet been circulated. JF has had some conversations with the Trust with relation to escalation policies. There have been some challenging days over the past couple of weeks and the UHL Team are working to understand how they can work differently across the Network to better understand everyone's risks as there are ongoing concerns about this. CP asked DB for her views on the best ways to address this. DB felt that having regular touch point meetings with the clinical teams coming together would be useful. JG reported that the Network Team have reinstated the weekly capacity huddles, and when the Network is at OPEL 4 there is a safety huddle on Teams. It was noted that all teams have to have an understanding that when teams are saying they are stretched and busy, that they are, rather than constantly questioning if they are as busy as other units which impacts upon working relationships and morale.</p> <p>MT felt that it is really important that the calls are perinatal and include maternity teams from a senior nursing oversight perspective. JF can extend the invite but would need this information from all trusts as to who is the most appropriate person to invite. All to confirm to LSH who from the perinatal and neonatal perspective should be invited.</p>		ALL
7.	<p>PPI</p> <p>JF formally welcomed to Amanda Pike to the team as Parent and Families Engagement Lead. AP explained she was in attendance today to observe Lynsey Jones. However, Lynsey was unfortunately unable to attend the meeting due to technical issues.</p>		
8.	<p>Transport Service Review</p> <p>JF updated that there is a Transport Peer Review booked for 30 September 2024.</p>		
9.	<p>Network Management</p> <p>9.1 Work Plan Update</p> <p>The Board summary report and work plan up was provided.</p> <p>Items on the work plan which are red are as follows:</p> <ul style="list-style-type: none"> New unit at UHL and an interim plan for UHL to increase capacity have not progressed within the last quarter <p>Out of Network transfers are currently monitored at ODN level but not currently shared beyond this. Discussion is required for how to collate information and share with LMNSs, ICBs and Perinatal Network.</p> <p>JG asked SB about the Capacity Oversight Group and whether there was a plan to reinstate it. SB thought this would be a good idea and will take it back as an action to see if the meetings can be reinstated.</p>		SB

	<p>Post meeting note: Board Summary Report for item 9.1 has been updated and can be viewed here.</p> <p>9.2 Budget Update Board Summary Report and budget update provided.</p> <p>There is an underspend against the month 4 budget position. Now that the ODN have a much better finance team in NGH, they have unpicked the budget and identified that there is an ongoing underspend as all salaries had been costed at the top of the bands</p> <p>The ODN Team are actively trying to utilise this money and some of it has been used for fixed term contract increases. There is also an underspend plan which is being progressed. There are delays to recruitment of new posts due to long HR processes which is adding to the underspend.</p> <p>Post meeting note: Board Summary Report for item 9.2 has been updated and can be viewed here.</p>		
10.	<p>Governance & Safety 10.1 Risk Register Board summary report and Risk Register provided.</p> <p>The inability to deliver against the workplan due to lack of ODN workforce capacity was discussed. As LH is currently off, JF is covering the Director role as well as her own. The risk is therefore higher than normal at the moment.</p> <p>The risk of not delivering on the requirements of the NCCR in relation to capacity and staffing continues. JF highlighted that during the last few months, capacity has been particularly challenging with the Network frequently reporting an OPEL 4 status. There has been an infection outbreak at NUH which has further limited cot capacity, in addition to several babies >44 gestation who could not be transferred to paediatrics due to a lack of capacity. These babies incurred a total of 117 cot days, most of which were HDU cots. The Network are setting up a meeting with the Paediatric Critical Care ODN to explore how this can be resolved.</p> <p>SB explained that Specialised Commissioning are undertaking some work with the East and West PCCN ODNs regarding demand and capacity. It was noted that this extreme pressure on PIC has been seen across the country. CP felt that the leads from across both networks should be engaged in these conversations.</p> <p>Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed here.</p>		

	<p>10.2 Learning from Incidents There were 2 SIs presented with learning shared at the July CGG meeting.</p> <p>10.3 Feedback from Clinical Governance Group A copy of the Board Summary Report and minutes from July CGG was circulated.</p> <p>The group is very well attended with good engagement. It is anticipated that the new governance lead nurses will also be attending the meetings. It was noted that a deputy should attend if the clinical leads are not able to.</p> <p>Post meeting note: Board Summary Report for item 10.3 has been updated and can be viewed here.</p> <p>10.4 Quality Data The Board Summary Report and Network dashboard were circulated.</p> <p>The PERIPrem metrics have changed slightly due to a BAPM change to metrics.</p> <p>There have been a number of negative outlier notifications from NNAP for the 2022 data, and the trusts will be looking at this individually. The Network Team will aim to feed these back at CGG.</p> <p>Post meeting note: Board Summary Report for item 10.4 has been updated and can be viewed here.</p> <p>10.5 Activity Data (OPEL Status) The Board Summary Report and the activity data were circulated.</p> <p>Post meeting note: Board Summary Report for item 10.5 has been updated and can be viewed here.</p> <p>CP welcomed and introduced Maria Laffan who is the new CNO for Northamptonshire.</p>		
11.	<p>Local Neonatal Unit Initiatives</p> <p>11.1 NUH Business Case Update No one present to give any update</p> <p>11.2 UHL Business Case Update Nothing further to update on.</p> <p>11.3 QHB Reconfiguration Nothing further to update on.</p>		

12.	<p>AOB</p> <p>This was CP's last meeting as Network Chair, and from a personal perspective he extended thanks to the ODN team and the wider group for making chairing the group a pleasure. This was also MT's last meeting, and she extended her thanks to the group. Eileen McKeever, the DOM across NGH will be taking up the position to represent NGH and KGH moving forward. MT will be moving to UHCW as DOM.</p> <p>AWD thanked both for all their support over the years.</p>		
13.	<p>Date/Time of Next Meeting</p> <p>Monday 17 February 2025, 10.00pm – 12.00pm, via Microsoft Teams</p>		