East Midlands
Neonatal Operational Delivery Network

# Minutes of Board

## Monday 20 May 2024
## 10:00am – 12:00pm
## via Microsoft Teams

**Present:**
Chris Pallot (CP), Chair, EMNODN (Chair)
Linda Hunn (LH), Director/Lead Nurse, EMNODN
Lynsey Jones (LJ), Parent Representative & PAG Chair
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
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
Danni Burnett (DB), Director of Midwifery, UHL

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

| | Subject | Attachment | Action |
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| **1.** | **Apologies for Absence**<br>Gisela Robinson (UHDB), Kay Darby (LLR), Philip Walmsley (NUH), Clair Morley (NUH), | | |
| **2.** | **Declarations of Interest**<br>None. | | |
| **3.** | **Minutes from the Previous Meeting**<br>The minutes from the previous meeting were agreed as an accurate record of proceedings. | **A** | |
| **4.** | **Matters Arising/Action Log**<br>A copy of the action log was circulated. | | |
| **5.** | **Current Standards & Drivers for Change in Neonatal Services**<br>**5.1 Neonatal Critical Care Transformation Review (NCCR) Update**<br>**Capacity**<br>Building work continues at NUH and is due for completion in Dec 2024. The Peer review team were able to walk around the building site to appreciate the size of the new unit which will be four times larger than the original estate and will offer an additional 9 critical care cots. These will only be able to open if | | |

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| | they have the additional staffing required in place by December, and recruitment is underway.<br><br>Opening of additional cots in UHL has not yet taken place due to insufficient nurse staffing numbers.<br><br>**Staffing**<br>The East Midlands is most unlikely to deliver on the recommendations from the NCCR by end of December 2024 due to insufficient staffing levels. The AHP recommendations are not being met in any organisation, apart from UHDB, and there are no identified funding streams to meet the gap.<br><br>CP asked what the implications of not meeting the recommendations are from an NHSE national perspective. LH has asked if there will be any sanctions numerous times and believes that there will not be any as the East Midlands is, not the only network in this position. This was also SB's understanding.<br><br>**Family Involvement**<br>The ODN has performed well against the NCCR plan. There are several units which do not have sufficient parent accommodation. This requires capital funding, and available space within the estates. There are no identified funding streams to address this issue.<br><br>**5.2 National Funding (NCCR & Ockenden)**<br>Ockenden and LTP funding has been provided across the Network units for staffing. Most of these posts have been recruited to with the exception of several nursing posts. Some units have reported difficulties in locating this funding, and it has become evident that some of the funding is not very visible in the funding lines. The Network Team are looking into what is not evident and reporting the findings through to Specialised Commissioning and the National Team accordingly. There has been some confusion from Trusts thinking that funding is coming from the ODN which is not the case.<br><br>All asked to double check that the money is visible within the budget lines in their own organisations.<br><br>**5.3 Critical Care Service Specification**<br>The new neonatal critical care service specification has now been published and there are some points within the document for the Board to be aware of which are included in summary report.<br><br>• LNUs should not be accepting any out of Network IUT or ex utero transfers without prior discussion with the lead NICU. These will be discussed at the next CGG to ensure this is implemented. | | **ALL** |

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| | • Network units should use Network guidance and if they do not, they should formally derogate. Will need to agree as a Board how units derogate. Discussion followed around how this would be agreed and signed off at Trust level and it was agreed that this would probably be through the Quality committees. The Network Team will produce a formal derogation form for attachment to the Network guidelines.<br>• LNUs should only provide limited intensive care for usually less than 24 hours.<br>• LMNSs and provider trusts should work together with ODNs to ensure there is adequate capacity.<br><br>**Post meeting note: Board Summary Report for item 5.3 has been updated and can be viewed here.** | | |
| **6.** | **Commissioning of Neonatal Services/East Midlands Developments**<br>**6.1 NHSE Commissioning Update**<br>SB updated that all will be aware that neonatal services are now delegated services, which means that the ICBs are now commissioners for neonatal services. In terms of process decisions will be made through the MASCG group which meets monthly and is attended by the ICBs and NHSE.<br><br>In terms of planning for 24/25, NHSE have been advised centrally that there is no additional discretionary funding over and above the 0.6% uplift and 0.6% growth factor received from National Team. This will hamper the plans for investment into AHP and other staff groups to achieve the NCCR recommendations, but this will be across a number of NHSE regions.<br><br>It has been agreed that planning will not be paused, as there may be some potential change in the year around investment, as the gaps still need to be filled.<br><br>In addition, NHSE is being asked to make a significant saving of just under 5 million.<br><br>Specialised Commissioning are working with the ICBs, as Neonates and paediatric critical care are the priorities from the Womens & Childrens programme. The NHSE team will continue with the neonatal workstream, as there is still a lot of work underway in the West Midlands in terms of delivery of the NCCR, with reconfiguration and potential positioning of capacity. The East and West Midlands are functioning as one system.<br><br>KF confirmed her role is from a Regional Perinatal Team perspective. Nina Morgan, the Chief Nurse and SRO for MatNeo, has revised the Perinatal Board and the new operation begins in June. The requirement to have a neonatal | | |

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| | clinical lead as a member of the Board. AWD/JG to confirm to KF who that will be. The aim would be to take key updates from this group into Board as required.<br><br>**6.2 Individual Trust and LMNS Updates**<br>None. | | **AWD/JG** |
| **7.** | **PPI**<br>The Network have now appointed a Parent & Family Engagement Lead, LJ will meet with her to discuss refreshing and taking forward parent engagement processes.<br><br>The PAG group meeting was trialled in the evening a few weeks ago. LH updated that it went well, with some new parents in attendance.<br><br>Following discussion at the last Board meeting, LJ can confirm that neonatal leads are invited to the PAG meetings.<br><br>LH reported that the Network Team are currently undertaking the peer reviews, and as part of the process, they are looking very carefully at parent facilities, and parent accommodation, and speaking to some parents about their experiences. The findings will all be included in the reports. It is of note that the parent facilities are variable from trust to trust. | | |
| **8.** | **Transport Service Review**<br>CP noted that the Network team need to have a conversation about how to move this forward, as it is a significant pressure point due to the West Midlands activity which comes into the East Midlands. It was agreed that a peer review will be undertaken as an interim measure. | | |
| **9.** | **Network Management**<br>**9.1 Work Plan Update**<br>The Board summary report and work plan up to the end of Q4 was provided.<br><br>The continued issues are as follows:<br>• Critical care capacity<br>• Staffing<br>• Impact of West Midlands activity on the East Midlands because of non-alignment of the transport service and the Network. This results in West Midlands activity being brought into the East Midlands which has not been modelled, and consequently impacts upon capacity.<br>• QIS ratios remain low particular in tertiary services.<br>• Lack of identified funding streams, for AHP, Psychology and Medical staffing.<br><br>The 2024/2025 workplan was presented for approval by the Board. CP urged some caution with regard to the ability to | | |

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| | deliver on all of the plan due to the investment constraints as outlined by SB.<br><br>All happy to approve.<br><br>KF noted that the Perinatal executive Team have been asked to look collaboratively at IUTs, so the wording of action may evolve.<br><br>**Post meeting note: Board Summary Report for item 9.1 has been updated and can be viewed here.**<br><br>**9.2 Budget Update**<br>Board Summary Report and budget update provided.<br><br>The 23/24 budget was underspent. The underspend has been carried forward into 24/25 and the team have agreed a variety of projects to use the funding for. LH is meeting with finance team this afternoon. The Network have had significant issues for last two years with receiving accurate budget statements. LH reported that there is now a new finance team who have been very helpful, and LH is confident that there will be accurately budget report for 24/25.<br><br>**Post meeting note: Board Summary Report for item 9.2 has been updated and can be viewed here.** | | |
| **10.** | **Governance & Safety**<br>**10.1 Risk Register**<br>Board summary report and Risk Register provided.<br><br>The most significant issues were outlined as below:<br>• Inability to deliver on NCCR.<br>• Network capacity and inability to meet national KPIs for extreme preterm birth.<br>• AHP workforce.<br>• Continued need for review of transport.<br><br>**Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed here.**<br><br>**10.2 Learning from Incidents**<br>These were presented at, and learning shared, during the February Clinical Governance Group.<br><br>The UHDB team shared feedback from the coroners' cases and learning shared across the Network.<br><br>The change to PSIRF reporting has stopped some of the SI's flagging which previously occurred. JG added from UHL perspective, that the trust objectives do not necessarily lend themselves to neonatal services particularly well. The Clinical Teams will be undertaking internal conversations regarding | | |

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| | how PSIRF is going to be used within neonatal services to ensure that issues are missed.<br><br>**10.3 Feedback from Clinical Governance Group**<br>A copy of the Board Summary Report and minutes from March CGG was circulated.<br><br>**Post meeting note: Board Summary Report for item 10.3 has been updated and can be viewed here.**<br><br>**10.4 Quality Data**<br>The Board Summary Report and Network dashboard were circulated.<br><br>JG flagged the missing data, which makes it difficult to interpret each of the metrics. A few units have been appointing data analysts although many have been members of the clinical team, who may not be the best people to undertake the role.<br><br>Where units are not performing well, conversations should be undertaken internally and through governance lead nurses. The Network Team are working hard with the clinical teams regarding implementation of PERIPrem across the Network.<br><br>**Post meeting note: Board Summary Report for item 10.4 has been updated and can be viewed here.**<br><br>**10.5 Activity Data (OPEL Status)**<br>The Board Summary Report and the activity data were circulated.<br><br>Of the 130 days within the reporting period, the vast majority of days (67) were at OPEL 4. This demonstrates a deteriorating picture. Some of this is due to the temporary redesignation of the KGH service, which has had a significant impact on UHL in that they have been unable to make high dependency capacity moves to KGH, which has caused significant issues and is far more than anticipated.<br><br>The sustained picture of insufficient number of nurses to match the activity and cot capacity is also a key factor in the determination of the Opel rating. The Network Team have now added an extra field to OPEL reporting forms so that it can be identified if units have less than 50% of the QIS nurses that they require. This is quite frequently an issue in the tertiary services.<br><br>MW asked if there is any obvious correlation with the OPEL status and any harm that has occurred. LH explained this is difficult to quantify, as the Network do not get reports of all harm that occurs, particularly since PSIRF came into place. It would be more important for the trusts to make any links if they | | |

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| | are evident as the Network do not have all the data to make a direct correlation.<br><br>CP noted that the Network was almost exclusively at OPEL 4 for October November and December which correlates with the KGH temporary redesignation.<br><br>The Network team have been undertaking a piece of work to review mortality and will be producing a report which will be brought to Board when it is completed.<br><br>**Post meeting note: Board Summary Report for item 10.5 has been updated and can be viewed here.** | | |
| **11.** | **Local Neonatal Unit Initiatives**<br>**11.1 NUH Business Case Update**<br>No one present from NUH to provide an update.<br><br>**11.2 UHL Business Case Update**<br>DB updated that there are no further details around the new hospitals programme at present. The Trust are engaging in a series of conversations at executive level so there will hopefully be more of an update for the next meeting.<br><br>DB also reported that the unit activity continues to increase, with some work to be undertaken in collaboration with ODN colleagues.<br><br>DB noted that UHL are undertaking joint mortality case reviews with Leeds. This is due to the fact that Leeds is a similar service in that it takes cardiac babies. DB confirmed that it is only the cardiac cases which are being reviewed. JG and AWD requested to have sight of the learning from these reviews when it is available so that it can be shared cross the Network.<br><br>It is anticipated that UHL will reach BAPM levels for QIS nurses by October 2026.<br><br>The service is also implementing full EPR and there is a whole programme team in place.<br><br>**11.3 KGH Rebuild**<br>The rebuild plans have been halted due to RAAC in the Rockingham Wing. There are plans being discussed to completely lose the first floor of the maternity building. There are no plans to relocate the neonatal unit within this first wave but there is a secondary plan to use modular buildings adjacent to the maternity building, and the Trust would look at then reconfiguring some of this area for a neonatal unit.<br><br>**11.4 QHB Reconfiguration**<br>No one present from UHDB to provide an update. | | **DB** |

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| **12.** | **AOB**<br>None. | | |
| **13.** | **Date/Time of Next Meeting**<br>Monday 16 September 2024, 10.00pm – 12.00pm, via Microsoft Teams | | |