NHS
East Midlands
Neonatal Operational Delivery Network

Minutes of Board

Monday 20 February 2023
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
Lynsey Jones (LJ), Parent Chair
Joyce Cousins (JC), Divisional Director, Family Health, KGH
Michelle Harris (MH), Chief Operating Officer, ULHT
Susan Whale (SW), Divisional Director for Women's & Childrens, UHDB
Gwen Hatton (GH), Divisional Nurse Director (Paeds and Gynae), UHDB
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands
Gary Eves (GE), Neonatal General Manager, Family Health, NUH

In Attendance:
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)
Anita D'Urso (AD), Psychologist, EMNODN

	Subject	Attachment	Action
1.	**Apologies for Absence** Kerry Forward, Tim Guyler,		
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** **Revised Response** A copy of the revised Network response was circulated. The capacity review has identified the need for more critical care cots as the number of care days for the 22 weekers is more significant than was originally anticipated. It is also thought that there is a larger critical care capacity gap since the original response due to the fact that UHCW is no longer part of the Network.		

	The Network is also undertaking a large number of care days for the West Midlands. Some of this activity is due to historical surgical pathways. To change some of these pathways would not be possible as it would also destabilise some of the surgical and cardiac services in Leicester. The surgical and cardiac care days were therefore factored into the projected cot requirements. QIS ratios remain very low and have further reduced due to need to recruit nurses to speciality who have not worked in neonates previously. This practice has therefore diluted the ratios, and this is going to some take time to resolve due to the time required for them to undertake the foundations and QIS courses. **Staffing** There are still significant gaps with no funding streams identified to address them, particularly for AHPs and Psychology. It was disappointing to hear that the formula for Ockenden funding was around population base, with no recognition around the fact that the Network starting position was identified by GIRFT as worst provision in the country. The lower allocation has only increased the gap further which is of huge concern. Some of the estate and parental accommodation is old and not fit for providing neonatal care. The report also identified that increased engagement is required from some of the LMNSs and ICBs and the Network continues to work to raise the awareness and importance of LMNS engagement. **Family Involvement** See item no 7. **Post meeting note: Board Summary Report for item 5.1 has been updated and can be viewed here** **5.2 National Funding (NCCR & Ockenden)** CH asked SB how the revised response will now feed into Specialised Commissioning and into NHS England. SB responded that it has been reviewed by the Regional Team and it has been agreed that the revised figures will be used for future planning, and they have been shared with the National Team to support bids for capital funding and to construct 23/24 funding proposals. Specialised Commissioning are undertaking an internal prioritisation process for funding, factoring in the ability to recruit to posts and whether previous allocations have been utilised. LH enquired whether there will be any sanctions if a Network cannot deliver on the NCCTR requirements, as is likely in the East Midlands due to these funding issues. SB responded that		

	there is an acceptance that there are delays in the system, especially as the capital funding issues are due to changes in the HIP funding scheme. GE enquired about the revenue funding for the Nottingham MNR business case, and SB responded that correspondence has been shared with NUH in support of the case.		
6.	**Commissioning of Neonatal Services/East Midlands Developments** **6.1 Individual Trust Contracts** The Specialised Commissioning Team have completed baseline finance positions for each provider trust. SB reported that neonatal services are a priority area for 23/24, to support the delivery of the NCCR, and the delivery of the expansion program, in particular to close the staffing gaps. CP summarised, that there will be a review of allocations and contracts with all providers which will assist the providers to bridge the gap which was outlined in the revised response to the NCCTR. SB confirmed this stating that funding increases would need to clearly illustrate a difference to the Network activity in the units where there had been increased investment, and an associated reduction in out of Network activity. SB added that the Regional Team need to agree a methodology for funding the units which is consistent across the Midlands as there is currently disparity between the East and the West Midlands. CP reiterated the importance of consistency with the funding streams across the 2 Network areas. JG stated the value of the Capacity Oversight Group, and enquired if there are any plans to reinstate the group in order to ensure oversight of trajectories. SB responded that the Regional Team are meeting with NUH and UHL to discuss their developments and staffing, and then the group will be reinstated. GE reported that there is a recruitment trajectory across Nottingham and Nottinghamshire LMNS and raised the issue of nurses moving from one unit to another. LH reported that there is always an element of movement from one unit to another that takes place. Ideally units need to be recruiting nurses who are new to speciality and training them, as there are not many QIS nurses available to recruit. In terms of Nottingham, LH felt that the Trust needs to be recruiting now in order to get nurses through the Foundations programme and then on through the QIS course, in order to enable the cots to be opened in time. It is therefore important to identify where there is revenue so that posts can be recruited to in time. **6.2 Regional Perinatal Transformation Board Update** Meeting dates have been removed from diaries while the regional governance processes are reviewed.		

	Following agreement at the last meeting, LH presented a paper illustrating the key messages from the revised response to the NCCTR to the last Regional Board, where no conclusions were drawn.		
7.	**PPI** The Parents group met in January having missed a couple of meetings. LJ reported that at Network level and unit level there is a very collaborative team who ensure that the parent voice is never forgotten, with a good deal of work being undertaken by the Care Coordinators. Capacity, staffing, and funding are all concerns from a family perspective. LJ expressed concern that the funding for the link nurses will cease at the end of the financial year as this funding was sourced from Network slippage. LH confirmed the Network have highlighted this to each of the individual trusts in the hope they can see the value of the roles and continue to fund them internally. Haddie Bills, Network Care Coordinator will be going on maternity leave and there are currently no funds to enable the Network to back fill her post which is of concern. CP confirmed that this will need to be reviewed as part of the overall budget settlement.		
8.	**Transport Service Review** SB reported that the transport service review is a regional priority. SB will be linking in with Dom Tolley as the review will be Midlands wide JG agreed the Midlands wide approach will be sensible but reiterated that it should be undertaken as soon as possible as it has a very significant impact on Network capacity. It was agreed that this will be included on agenda for next meeting.		**LSH**
9.	**Network Management** **9.1 Work Plan Update** The Board summary report and work plan up to the end of Q3 was provided. The work plan illustrates all the areas already discussed throughout the agenda. It is evident that there is a phenomenal of work being undertaken, which is unsustainable. LH highlighted that the team are working more hours than they are contracted to do in order to keep up with the constant requests from the national, regional, LMNSs, and ICB teams which are in addition to the work plan and this is really starting to take a toll. It was agreed that there may be a need to revise what can/cannot be delivered in year, particularly as there has been no confirmation of the 23/24 the budget.		

	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 provided. The 22/23 budget is underspent, which is primarily due to difficulties in recruiting to posts, and massive HR delays. LH reported that the Network have been informed by the Host Trust that it is not permitted to roll the underspend forward CP enquired if Specialised Commissioning could take back the underspend and then give it back to the Network. SB has asked the finance team for confirmation of the 23/24 budget and has been informed that some detail will be provided in the first week of March. CP felt that the East Midlands needs to have parity with the West Midlands. SB reported that she has flagged the lack of equity to Keiran Caldwell and Jon Currington, who fed back that the budgets were set up according to historical arrangements and that there will be no additional funding available for the Network. SB to discuss discrepancy between East and West with Finance team and look to levelling up. CP will speak to NGH about rolling the money forward. SB to ask finance colleagues if it can go back to Specialised Commissioning then to be returned to the ODN. **Post meeting note: Board Summary Report for item 9.2 has been updated and can be viewed here**		**SB** **CP/SB**
10.	**Governance & Safety** **10.1 Risk Register** Board summary report and Risk Register provided. Highlights: • Insufficient critical care capacity within the lead centres • Low QIS ratios • Lack of identified funding streams for Medical AHP and Psychology workforce. **Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed here** **10.2 Reported SIs** Three SIs have been reported to the ODN and learning was shared at the October Clinical Governance Group. It was identified that the PSIRF process has failed to identify a serious incident and as a result there will be an education session about the process at the next Clinical Forum.		

	10.3 Feedback from Clinical Governance Group A copy of the Board Summary Report and minutes from the January EMNDON Clinical Governance Group meeting were circulated for information. The meeting was very well attended, with representation from all Trusts. Discussions included: • Preterm birth data and preterm optimisation work which is being undertaken with maternity services. • Exception reporting and the move to monthly reporting and through to the LMNSs. • Implementation of TC across the Network **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 are a number of new measures this year, which are slowly being embedded. WC is working with all trusts to improve the recording of data and performance against new measures. AWD/JG are discussing the non-invasive ventilation measure with NNAP. **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 activity data were circulated. LH reported that the Network is predominantly reporting OPEL 3 with only one day this month at OPEL 1. This data further illustrates the capacity issues and pressure on staffing across the Network. GE commented that it has become normalised to be carrying such high levels of risk on a regular basis. Discussion followed about the junior doctors' strike and the potential impact upon neonatal services. **Post meeting note: Board Summary Report for item 10.5 has been updated and can be viewed here** **10.6 Overarching Peer Review Report** The Board Summary Report and overarching Peer Review report were circulated.		

	The reviews were completed over the summer. LH commented on the poor estate in some of the units which is particularly difficult for parents. LH picked out some of the many areas of good practice in the report which will be shared across the Network. **Post meeting note: Board Summary Report for item 10.6 has been updated and can be viewed here**		
11.	**Local Neonatal Unit Initiatives** **11.1 NUH Business Case Update** The Business case being heard by NHSE JISC today. **11.2 UHL Business Case Update** No one present from UHL to provide an update. **11.3 KGH Rebuild** The Business case has been through Trust committees, still waiting for an identified funding stream and the best way forward. **11.4 QHB Reconfiguration** The neonatal and maternity project is due to start early March, and spans two financial years for capital. The Neonatal element is expected to take around 6 months to build before unit will move into its new surroundings.		
12.	**AOB** None.		
13.	**Date/Time of Next Meeting** Wednesday 17 May 2022, 10.00pm – 12.00pm, via Microsoft Teams		