East Midlands Neonatal
Operational Delivery Network

Minutes of Board

Monday 29 November 2021
10:00am – 12.00pm
via Microsoft Teams

Present:
Tim Guyler (TG), Assistant Chief Executive, Nottingham University Hospitals (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
Jon Currington (JC), Head of Partnerships, University Hospitals of Leicester
Susan Whale (SW), Divisional Director for Women's & Children's, University Hospitals of Derby & Burton
Mara Tonks (MT), Head of Midwifery, Kettering General Hospital
Dom Tolley (DT), Commissioning Lead, Specialised Commissioning NHSEI Midlands
Kerry Forward (KF), Programme Transformation Lead, Perinatal Services, Midlands Regional
Samantha Jones (SJ), Head of Quality, NHSEI

In Attendance:
Linsay Hill (LH), Office Manager, EMNDON (Minutes)

	Subject	Attachment	Action
1.	**Apologies for Absence** Chris Pallot, Lisa Gowan, 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. LH has not received any further updates from Board members regarding capital requirements. LH has been involved in a number of national discussions around capital and there may be a national funding stream for capital requirements, so if there are any developed business cases it is important for LH to know. MT asked if a ballpark figure for KGH reconfiguration would be helpful, LH confirmed that would be useful to have the information. All to have a best position for anything in relation to capital requirements by next meeting, however this will need to be related to NCCR. There is no further information required from NUH and UHL.		

	DT asked if any national capital funding can support CenTre. LH confirmed this has not been mentioned but happy to put forward if there are any. DT posted a list on the meeting chat. This item can now be closed off on the action log. Sharing of risks across Network – LH and KF have had some discussion. However, as an update the Network have been doing a daily sitrep since the last board meeting which is providing a far greater level of understanding from units around what activity is being undertaken in the other units. KF happy to monitor the situation. TG suggested marking this action as complete on the action log.		
5.	**Amended TOR** The TOR were presented which should be reviewed annually. LH reported that there is a slight amendment in that KF has been included in the membership. It was noted that there is a missing bullet point against parent representative and that Samantha Jones should be added as a member. **Post meeting note: The TOR has been updated and uploaded to the website, a copy can be viewed here.** TG queried if there is an understanding how the ODN relates to ICSs. KF explained that Kieren Caldwell has taken a new role in NHSEI regarding development of networks across the region, and so nothing will change for specialised commissioning and ICSs over the next 12 months. However, there will be a discussion over the next 12 months in preparation for April 2023. LH confirmed that the current route into ICSs is via the LMNSs but the ODN Team have not been given any guidance about this will work moving forward. All happy to agree the TOR for the next 12 months.		**LSH/LH**
6.	**OPEL Status & Trust Escalation Process** Network have drawn up OPEL status guidance for the Network. A form has been devised for units to complete and send into the Network on a daily basis. This enables the Network to email out where the cots are, whether a unit is open/closed, and what the overall Network OPEL status is. This is then escalated on to Specialised Commissioning if the overall Network status reaches OPEL 4. This seems to be working really well and helping with movement of babies across the Network. The situation has been very difficult over last few weeks, proving difficult to maintain network functionality which has predominantly been due to nurse staffing. No units have met BAPM standards on a regular basis, and the lead centres particularly are under immense pressure. It is likely that this will persist until the staffing issues are resolved. TG asked if the daily data is being drawn into an analysis that might be useful for the Board to see and if there is anything else, we can or should be doing operationally or strategically to		

	try to move towards something better. LH confirmed that the data is collated, units given summary of their own data on monthly basis and data can be presented to Board if it is thought that it would be useful. LH to provide the summary data for the next meeting. The issue is that there is not enough capacity in the Lead Centres which is being addressed through the EMNCOG. Nurse staffing is an additional issue. NUH and UHL have been given extra money this year to recruit to extra nursing posts, however UHL have struggled to recruit to all their posts and there is some national oversight of this at the moment. There are several recruitment strategies which have been implemented and it is hoped that these will have a positive effect. LJ enquired about communication with parents on the units around these issues and if there are any problems arising as a result. LH reported that there is a parent information leaflet to explain potential moves and why this could happen and to ask for cooperation. To date the ODN have not received any complaints and the Network Team are liaising with units and parents to understand their perspectives.		**LH**
7.	**Current Standards & Drivers for Change in Neonatal Services** **7.1 Neonatal Critical Care Transformation Review (NCCR) Update** **Capacity** There is now only three and half years left to deliver on NCCR. From a capacity point of view extra capacity is still required in NUH and UHL and the capital for the projects still needs to be identified. LH shared concerns around where this capital is going to be sourced from and if the projects will be delivered in time. NUH require circa £25 million and UHL require an additional 4.6 million. **Staffing** Additional funding was awarded to NUH and UHL. All units across the country have just completed a national template outlining what nursing staff there are in post and how many are required so that the National Team can identify where further additional funding, which is flowing down in 22/23, should be allocated to. This should be confirmed at the end of the year. There is no extra money for either AHP or Medical staff which is an issue when delivering on the NCCR. This has been escalated nationally and is on Network risk register. The Network Team have now recruited to all Network posts with the exception of SLT. The successful applicants should be in post by February/March. TG enquired what action should be taken with regard to the lack of identified funding for AHPs and Medical staff. LH reported that funding requirements should be escalated to the LMNSs so that they can be passed to the ICSs with the aim of the ICSs identifying funding. This highlights the importance of units		

	attending LMNS meetings to highlight their issues. Action: LH to flag the funding issues at the LMNS meetings and organisations need to make sure that they are represented at meetings and suitable briefed so that they can support and reaffirm the specifics from each area. SW agreed that this is a significant issue that will make the units non-compliant but this is not due to the lack of effort in highlighting the issues. Network AHPs will be doing a benchmarking exercise but LH expects that the position will be pretty much as that which was identified within the response to the NCCR. **National Funding** Covered earlier in the meeting. **Family Involvement** Two care coordinators have been in post since May and have been undertaking a great deal of work with Units which is evaluating well. There has been a lot of work around diversity and FiCare and production of parent information. There are also link nurses in the units to work alongside the care coordinators.		**LH** **Unit Teams**
8.	**Commissioning of Neonatal Services/East Midlands Developments** **8.1 Individual Trust Contracts** DT reported that a review of the neonatal critical care transfer service specification by the CRG should be released in first draft format early next year. There will also be a review around paediatric critical care transfer services so there will be another service specification for those teams. There has been some conversation about co-dependency's between neonatal and paediatric critical care transfer teams, however there will be no major changes in the East Midlands. Specialised Commissioning has now completed the contractual obligation and procurement for new ambulance provider, St Johns Ambulance from 01 April 2022. The new base for the service is just awaiting sign off. There is ongoing work around the redevelopment and GIRFT actions regarding the NUH estates and plans. Specialised commissioning are just waiting for confirmation from Nottinghamshire ICS that the business case has been submitted to them and has been signed off. Confirmation is also requested that it has been through the HOSC processes. Specialised commissioning are also working with the trust to address the financial implications. **8.2 Regional Perinatal Transformation Board Update** LH escalated the lack of identified funding stream for the medical and AHP staffing. The inability to undertake external		

	PMRT reviews was also escalated. This requires a significant addition to work plans which has not been funded.		
9.	**PPI** PAG last met 16 September. Representation was not as good as usual. The Care Coordinators are working well, and there is a good deal going on in terms of parents and family care. The FiCare steering group has been formed, and LJ has met with Cara Hobby to discuss how the groups will feed into each other. The NVP event took place in October and LJ is hoping to get an update at next PAG on this. LJ also recently sat on the panel for the Network Deputy Lead Nurse post.		
10.	**Network Management** **10.1 Work Plan Update** Board summary report and work plan provided. Areas requiring improvement: • Critical care capacity: concerns are around the UHL project date being pushed back with an estimated completion date of 2027 • Lack of identified funding streams for AHPs and Medical staff • Review of transport service is outstanding which requires commissioning input Everything else either on track or complete. KF noted due dates have passed and wondered if the plan had just not been updated. LH reported that those items had been completed by the due dates LH has already formally escalated concerns around delivery of the NCCR and will continue to work with the appropriate regional and national groups. TG felt it would be useful to ask the question at the end of each Board if is there anything the Board needs to escalate **Post meeting note: Board Summary Report for item 10.1 updated and can be viewed here** **10.2 Budget Update** Board summary report and budget provided. Additional paper circulated around the underspend. National team have asked every Network for a comprehensive spending plan against the underspend from the recruitment of additional team members which should be committed to neonatal services in the spirit of NCCR. There were no objections to the plan and all those present were in agreement.		

	Post meeting note: Board Summary Report for item 10.2 updated and can be viewed here. Board Summary Report for 10.2 Additional updated and can be viewed here		
11.	**Governance & Safety** **11.1 Risk Register** Board summary report and Risk Register provided. LH highlighted the additions made to the risk register since the last meeting: • Insufficient/inadequate parent accommodation in some units • Reduced parental access for parents and extended families to units due to the pandemic • Inability to undertake external PMRT reviews • Inadequate estates in some units PMRT reviews, KF enquired if there can be some push back to the Trusts/systems to consider how they might begin to pick up this workload without additional funding. LH confirmed these discussions have taken place with the Trusts but the pushback is that there is no additional funding and that consultants already have full job plans. KF asked if this is on Trust risk registers and what their mitigations are. AWD confirmed this is a recurrent conversation on MSG agenda, AWD and JG to take forward the question around the risk registers. JG asked for clarity around what is required and if there is any published guidance. LH and KF to clarify with Anna Quinn. **Post meeting note: Board Summary Report for item 11.1 updated and can be viewed here** **11.2 Reported SIs** All reported Sis are still undergoing review. **11.3 Feedback from Clinical Governance Group** A copy of the Board Summary Report and minutes from the October 2021 EMNDON Clinical Governance Group meeting was circulated for information. Main discussions: • Neonatal aspects of Ockenden Recommendations • Progress and capacity against NCCR • Extreme preterm birth counselling and information **Post meeting note: Board Summary Report for item 10.3 updated and can be viewed here** **11.4 Network Dashboard** The Board Summary Report and Network dashboard were circulated.		**AWD/JG** **LH/KF**

	Standard NNAP data points, there is a new metric IVH rates which will be added. Chantelle Tomlinson is joining the Network team to look at early care guidelines which will pull in a lot of the quality issues. Working with MT around MatNeo sip and trying to do some collaborative work so as to avoid any duplication. Noticing Babies are getting too warm in the efforts to prevent hypothermia. This is now under review There is some very good work being undertaken in the Network to improve breastmilk rates LJ asked about the parents seen within 24 hours data. This has been discussed previously as being a data recording issue and may be this could be something the new Deputy Lead Nurse can work on improve on. JC felt it would be important to ensure that the data is publicised, and that everyone in the unit is seeing what is reported. He enquired if there anything that can be done to improve visibility to the more junior staff on the units. LH confirmed that some of this sharing has now commenced and the data is presented to nurses on the Network Foundation Programme to increase their awareness of its importance. LH also hopes that once Deputy Lead Nurse is in post that the visibility will improve further. TG asked if there is anything specific from CGG to escalate to Board, AWD confirmed that there is not. **Post meeting note: Board Summary Report for item 11.4 updated and can be viewed here** **11.5 Activity Data** The Board Summary Report and activity data were circulated. The data demonstrates what has been happening over last 3-6 months. • Increase in babies cared for out of Network • Term admissions well below the national average • CC review and the need to increase capacity • Expansion in NUH and UHL • Pushback of completion dates and the risk to the projects if capital funding is not secured **Post meeting note: Board Summary Report for item 11.5 updated and can be viewed here**		

12.	**Local Neonatal Unit Initiatives** **12.1 NUH Business Case Update** The main development has been a formal comms update which was sent out to all colleagues around the proposed neonatal expansion at QMC. This outlined the current position and the intended direction of travel. **12.2 UHL Business Case Update** There has been little change since the last update. Anticipated completion is now 2027. This project is part of the national hospitals programme with the challenge being that the pot of money is oversubscribed for all Trusts across the country. Design commences January 2022. JG added that UHL are still trying to open additional cots that are already there and to secure the required workforce to staff them. **12.3 KGH Rebuild** Plans have been produced and the area identified. LH is unsure when the work is due to start. **12.4 QHB Reconfiguration** The design and scheme has been produced by the Architect to create 8+1 cots at QHB. There was Insufficient trust capital in 21/22 and so the project is on an internal list to access any available capital next year. Until the capital is made available the project will not be able to be progressed.		
13.	**AOB** None.		
14.	**Date/Time of Next Meeting** Monday 21 February 2021, 10.00pm – 12.00pm, via Microsoft Teams		