

## Minutes of Board

**Monday 12 September 2022**  
**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  
Tim Guyler (TG), Assistant Chief Executive Officer, NUH  
Jon Gulliver (JG), Commissioning Lead, Specialised Commissioning NHSEI Midlands  
Kim Attley (KA), Head of Midwifery, Kettering General Hospital  
Gillian Campbell (GC), Head of Paediatric Nursing, UHDB  
Kerry Forward (KF), Head of Strategy Perinatal Programme, NHSE Midlands

**In Attendance:**

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

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Susan Whale, Mara Tonks, Lorraine Binch, Lynsey Jones, Simon Evans, Sumana Bassinder, Michelle Harris		
2.	<b>Declarations of Interest</b> None.		
3.	<b>Minutes from the Previous Meeting</b> The minutes from the previous meeting were agreed as an accurate record of proceedings.	<a href="#">A</a>	
4.	<b>Matters Arising/Action Log</b> A copy of the action log was circulated.  The new data sharing agreement has been sent to each of the Caldicott Guardians for signature.		
5.	<b>Current Standards &amp; Drivers for Change in Neonatal Services</b> <b>5.1 Neonatal Critical Care Transformation Review (NCCR) Update</b> <b>Capacity</b> The EMNCOG has been paused and a review of the group will be carried out by LH, Matthew Day and Sumana Bassinder.		

<p>With regard to capacity the NUH business case continues to move forward and is expected to be delivered by the end of 2024.</p> <p>The UHL Womens and Childrens Hospital build has no projected delivery date as the Central Government HIP funding appears to have been ceased. There is currently no alternative plan in UHL other than to open the extra 8 cots which are currently closed. However, this will not fulfil the requirements of the NCCR. This remains a significant concern to both LH and Sumana Bassinder. It is unclear whether there will be any penalties if the East Midlands is unable to meet the requirements of the critical care review as anticipated.</p> <p>Discussion followed around what the remaining gaps will be when the additional cots are opened in NUH and UHL. It was agreed that the board need to have a clear understanding of what is collectively required of the ODN and what plans are in place for the short, interim and long term. It was agreed that the board should be confident that the right discussions are ongoing to try to resolve the issues, and secondly that everyone is clear where has been achieved and what the remaining risks are. It was agreed that the ODN will revisit the Capacity review and the Network response to the NCCR in order to be clear what the residual gap is.</p> <p>As this is not just an ODN issue it was suggested this is jointly authored with commissioning colleagues in collaboration with the two lead centres. KF thought it should be a commission led paper and taken to the various commission led groups. Paper to come back to board to get full support and then go to EMAP. This should also be shared with the ICB boards, and it was suggested the conversation is continued outside of this meeting. LH to pick up with MD and SB.</p> <p>AWD queried if the other Networks are experiencing similar issues. LH explained that the other Networks do not have the same capacity issues as the East Midlands, however they do have similar workforce issues and so there is a collective belief that no one will be able to fully meet the requirements of the NCCR.</p> <p><b>Staffing</b> The Medical and AHP workforce across the network still has very significant gaps and very little funding to improve the situation (see item 5.2 for update).</p> <p><b>Family Involvement</b> The Care Coordinator Team are making a very significant difference working with families, engaging in PPI projects and</p>		<p>LH/SB</p>
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	<p>translation of leaflets into the top 5 languages used across the region.</p> <p><b>5.2 National Funding (NCCR &amp; Ockenden)</b>  The Network units have been awarded some money through NCCR for nurse staffing which has been allocated to NUH, UHL, and UHDB. Expenditure against the trajectories is being monitored by the workforce and education team and is fed through to the National Team on a quarterly basis. This includes ensuring that any underspend is being used appropriately.</p> <p>The ODN has been allocated £897,700 from the Ockenden funding for medical and AHP workforce. The request from the National Team is that the Networks inform the Regional Commissioning Team where it is thought this money would be best utilised. The amount required to staff all the units to the required standards far exceeds the allocation so it is considered that the only fair way to allocate the funding will be by looking at the areas of greatest risk aided by linking it to the trust risk registers.</p> <p>JG endorsed the risk-based approach.</p>		
6.	<p><b>Commissioning of Neonatal Services/East Midlands Developments</b></p> <p><b>6.1 Individual Trust Contracts</b>  Nothing further to report.</p> <p>KF mentioned the possibility of working with the systems to ensure that AHPs are able to prioritise subspecialty training into neonates. LH assured the group that this work is in progress with the Network AHP team.</p> <p>KF felt it interesting to see where this sits in system workforce plans and if it has any weight of priority in the overall system plan. CP added would also be good to see where this sits within the regional workforce plan based on the issues being fed through to the Perinatal Transformation Board.</p> <p><b>6.2 Regional Perinatal Transformation Board Update</b>  The Perinatal Board has been cancelled due to lack of attendance. Nina Morgan, interim chief nurse is the new SRO for the programme and is targeting the ICB/LMNS SRO's to seek executive attendance at Board. A Perinatal Programme Transformation Steering group will begin to meet formally from October, which will be for the PMOs of the LMNSs.</p> <p>The next Perinatal Board is scheduled for the 06 December.</p>		

7.	<p><b>PPI</b></p> <p>There is a great deal of work underway including translation of parent leaflets, cot side visits, and discussions with parents at the peer reviews.</p>		
8.	<p><b>Network Management</b></p> <p><b>8.1 Work Plan Update</b></p> <p>Board summary report and work plan up to Q1 provided.</p> <p>The areas of concern are linked to the lack of critical care capacity and lack of funding streams for medical and AHP staffing.</p> <p>There is one area on the plan which is off track which is the review of transport services which was a requirement of the NCCR and which has not been undertaken. The review needs to be led by the Regional Commissioning Team who are reluctant to undertake it until the WMNODN complete their capacity review as it will be a Midlands wide review.</p> <p><b>Post meeting note: Board Summary Report for item 8.1 updated and can be viewed <a href="#">here</a></b></p> <p><b>8.2 Budget Update</b></p> <p>There is no budget report to present due to the NHS wide cyber-attack and consequent lock down of the IT systems. LH met with NGH finance team to request that all the income is accurately reflected within the budget statements, and they will be working on this when the systems are back up and running again. The Network is currently significantly underspent.</p>		
9.	<p><b>Governance &amp; Safety</b></p> <p><b>9.1 Risk Register</b></p> <p>Board summary report and Risk Register provided.</p> <p>Significant areas of with a high-risk rating include:</p> <ul style="list-style-type: none"> <li>• Insufficient Critical Care Capacity which has been further exacerbated by the cessation of HIP funding for the UHL business case. There is currently no alternative plan for the required capacity.</li> <li>• Lack of funding streams for the Medical and AHP workforce to meet BAPM standards</li> <li>• Low number of QIS nurses across the Network</li> <li>• Inability to undertake external reviews for PMRT due to a lack of identified time in job plans. The South Hub have a solution in that they have a representation from the LMNS rep, however this remains an issue in the North Hub</li> </ul> <p><b>Post meeting note: Board Summary Report for item 9.1 updated and can be viewed <a href="#">here</a></b></p>		

## 9.2 Reported SIs

Learning from recent SIs has been shared at the Clinical Governance Group and the ODN have had the opportunity to comment on reports.

## 9.3 Feedback from Clinical Governance Group

A copy of the Board Summary Report and minutes from the July EMNDON Clinical Governance Group meeting was circulated for information.

The following items were among those discussed:

- The group have engaged in conversations around pathway changes with an action for the ODN to explore the use of 'Referapatient'.
- Network pathways are now aligning to the Service Specification and as mentioned under item 8.1 the review of the to transport pathways is outstanding
- Exception reporting was discussed with the requirement for more timely reporting
- The requirement to have an external reviewer when undertaking PMRT

**Post meeting note: Board Summary Report for item 9.3 updated and can be viewed [here](#)**

## 9.4 Quality Data

The Board Summary Report and Network dashboard were circulated.

A Network Conference is planned at the end of September to focus on optimisation which will cover the areas within the dashboard.

**Post meeting note: Board Summary Report for item 9.4 updated and can be viewed [here](#)**

## 9.5 Activity Data (OPEL Status)

The Board Summary Report and activity data were circulated.

The report demonstrates the lack of capacity across the Network with the Opel status being consistently at OPEL 3 & 4. LH reported that the ODN spend a lot of time trying to manage the capacity across the Network and ensuring that babies are cared for in the right place at the right time.

**Post meeting note: Board Summary Report for item 9.5 updated and can be viewed [here](#)**

10.	<p><b>Local Neonatal Unit Initiatives</b></p> <p><b>10.1 NUH Business Case Update</b> None</p> <p><b>10.2 UHL Business Case Update</b> None</p> <p><b>10.3 KGH Rebuild</b> None</p> <p><b>10.4 QHB Reconfiguration</b> None</p>		
11.	<p><b>AOB</b></p> <p>LH raised a concern that the Network baseline budget is considerably less than the West Midlands (£227k with the same workload). LH has raised this with Sumana Bassinder as a concern, who will examine the funding streams. KF reported that she believes that the Regional Team are moving towards parity, and working closely with Sumana Bassinder and Sarah Simpkins, however this remains a work in progress.</p> <p>KF suggested it would be helpful for specialised commissioning/ODN to raise this issue at the next Regional Board.</p> <p>LH raised a concern about trust representation at the Board, as following on from the recent communication about the importance of board attendance, as there are still 3 trusts not represented at the meeting. JG and KF to highlight to LMNS SROs.</p> <p>ROP issues at UHDB. Derby has previously provided a ROP treatment service in addition to the two lead centres. Following the retirement of an ophthalmology consultant, Derby are no longer able to provide this service and at the moment cannot provide a screening service either. This has resulted in an increase in the capacity issues as babies are being moved out of UHDB into NUH and UHL for retinopathy screening and treatment. It was agreed that LH will add this to the Network Risk Register as an additional pressure on Network capacity.</p>		<p><b>SB/LH</b></p> <p><b>JG/KF</b></p> <p><b>LH</b></p>
12.	<p><b>Date/Time of Next Meeting</b> Monday 21 November 2022, 10.00pm – 12.00pm, via Microsoft Teams</p>		