

**Minutes of Board**

**Wednesday 17 May 2023**  
**10:00am – 12.00pm**  
**via Microsoft Teams**

**Present:**

Chris Pallot (CP), Chair, EMNODN (Chair)  
Linda Hunn (LH), Director/Lead Nurse, EMNODN  
Jane Gill (JG), Clinical Lead, EMNODN, South Hub  
Mara Tonks (MT), Deputy Director or Midwifery, Family Health, KGH  
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSEI Midlands  
Gary Eves (GE), Neonatal General Manager, Family Health, NUH  
Amanda Markell (AM), Deputy Chief Operating Officer, ULHT  
Gwen Hatton (GH), Director of Nursing Paediatrics & Gynaecology, UHDB  
Matthew Warrilow (MW), Divisional General Manager, SFH  
Kerry Forward (KF), Head of Strategy Perinatal Programme, NHSE Midlands  
Paula Shore (PS), Director of Midwifery & Division Director of Nursing, SFH

**In Attendance:**

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

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Anneli Wynn-Davies, Tim Guyler, Susan Whale, Michelle Harris, Lynsey Jones, Sue Liburd, Chris Weiner, Fiona Barnes		
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.		
5.	<b>TOR</b> The TOR have been revised to include representation from each of the LMNSs. Voting rights are highlighted in the circulated version and it was agreed that the LMNSs should have voting rights. The changes will be accepted, and the amended version will be circulated.		

<p>6.</p>	<p><b>Current Standards &amp; Drivers for Change in Neonatal Services</b></p> <p><b>6.1 Neonatal Critical Care Transformation Review (NCCR) Update</b></p> <p><b>Capacity</b></p> <p>There is still insufficient critical care capacity within Network. The NUH plan is progressing and there should be an additional 9 cots available by the end of 2024.</p> <p>The UHL Women’s and Childrens’ plan is on hold as it is part of the Government HIP funding scheme which is currently paused. It is hoped that the UHL team will be looking at alternative ways of increasing capacity within the current UHL estate, particularly to open the empty room on the LRI site. Work is underway with the commissioning and UHL teams to review the options.</p> <p><b>Staffing</b></p> <p>Additional funding has been received for nurse staffing by NUH, UHL and Derby and the utilisation of the funding is being monitored by the Regional and National teams to ensure that the trajectories are met. The two lead centres are still a way off from recruiting to all the posts, which in turn has an adverse effect on capacity.</p> <p>There are still very significant Medical, AHP and Psychology gaps across the Network. The data has been forwarded to SB and her team in the hope that some funding can be secured for some of those posts for this financial year.</p> <p>SB reported that she has been working closely with the ODN to devise a detailed proposal around all the staffing gaps, bandings, and trajectories. She is now at the point of triangulating the investment bids from trusts and quantifying what these posts would look like across the region. SB is hopeful that this will be completed by the end of this week.</p> <p>CP enquired if there are sufficient numbers of staff available if the funding were available for all the posts. LH responded that there are some staff, however there will be a requirement to recruit the various professionals and to train them appropriately to the required standards. The AHP team have undertaken a scoping exercise to ascertain where there are professionals who are ready to step into some of the posts, and this information has been provided to SB.</p> <p><b>Family Involvement</b></p> <p>This is the area with the greatest amount of progress, and the Network Care Coordinators have made a significant difference. However, it is concerning that the 0.2 WTE link nurses will no longer be funded by the Network as this funding was from slippage. The Network Team are currently working with the Trusts to explore the possibility of them continuing to fund these roles internally.</p>		
-----------	--	--	--

	<p><b>6.2 National Funding (NCCR &amp; Ockenden)</b>  The Network was awarded some Ockenden funding for medical, AHP &amp; Psychology posts. The funding envelope was allocated and sent into the various trusts. The ODN have a responsibility to track expenditure of the funding allocation to ensure that it is being spent appropriately and that the slippage is all allocated to enhance medical, AHP and psychology provision. The Q4 data has been submitted to the National Team. There have been some issues across the Network with some units being unable to identify where the funding has gone into the Trusts.</p> <p><b>6.3 3 Year Plan</b>  The 3-year plan for Maternity &amp; Neonatal services was released last month. The ODN team were a bit disappointed that neonates was not mentioned as much as maternity services. It was noted that there is nothing significant or extra that needs to be added to the work plan.</p> <p><b>Post meeting note: Board Summary Report for item 6.3 has been updated and can be viewed <a href="#">here</a></b></p>		
7.	<p><b>Commissioning of Neonatal Services/East Midlands Developments</b></p> <p><b>7.1 NHSE Commissioning Update</b>  Contracting for 23/24 is underway. The planning for contracts is to be signed by the end of June. SB is in the final stages of reviewing the staffing gaps in the two lead centres, so she does not yet have yet a view of the size of the funding request against the available funding envelope.</p> <p>CP enquired when can trusts expect to receive the contracting documentation. SB reported that she is hopeful that it will be available by the end of the week. CP requested that SB ensures that the level of monitoring is manageable and to reduce bureaucracy where possible.</p> <p>GE raised the ongoing challenges around the ability to meet the BAPM standards. SB reported that from a planning perspective, the Regional Team plans aim for BAPM standards and the investment proposal that the standards are met.</p> <p><b>7.2 Individual Trust and LMNS Updates</b>  MT reported that a rise in less than 27 weekers born in Northamptonshire has been identified. The LMNS are undertaking a thematic review and will share any learning with other members of the Board for wider sharing across the systems.</p> <p>CP enquired if there are any early views on whether this is due to clinical issues locally, or lost opportunities to transport the women out. MT explained the issues are multifactorial. A system wide piece of work is required to encourage women in early pregnancy who experience pain to present to the maternity service earlier.</p>		MT

	<p>LH confirmed that a theme has been identified with an increased number of babies born before arrival with a steep increase of numbers compared to previous years. There is some work to review this in collaboration with the Perinatal Network.</p> <p>PS reported seeing the same trends and is happy to share their learning.</p> <p>JG explained that this will all feed into the preterm birth group, which is a collaborative group with the Perinatal Network to review all cases of preterm babies who are born outside of pathway.</p>		<b>PS</b>
8.	<p><b>PPI</b></p> <p>There is nothing specific to report as there has not been a PAG meeting since the last Board meeting. The Network Team are working with the LMNSs to develop NVP groups which meet with the national recommendations</p> <p>Educational videos are being produced for staff and parents with University of Northampton.</p>		
9.	<p><b>Transport Service Review</b></p> <p>This is a commissioning priority and cannot be undertaken yet as the West Midlands Neonatal ODN have not yet completed the capacity review. LH expressed concerns that the West Midlands activity and the non-alignment of the transport service to the Network units is impacting upon capacity which is a significant issue for the East Midlands. This item is to remain on the agenda.</p>		
10.	<p><b>Network Management</b></p> <p><b>10.1 Work Plan Update</b></p> <p>The Board summary report and work plan up to the end of Q3 was provided.</p> <p>The same issues were identified as in previous board meetings which were:</p> <ul style="list-style-type: none"> <li>• A lack of Critical care capacity within the two lead centres</li> <li>• The Impact of West Midlands activity on capacity due to disparity in the transport boundaries</li> <li>• Continuing low ratios for QIS nurses</li> <li>• A lack of identified funding streams for residual gaps in the medical, AHP, and Psychology workforce.</li> </ul> <p><b>Post meeting note: Board Summary Report for item 10.1 has been updated and can be viewed <a href="#">here</a></b></p> <p><b>10.2 Budget Update</b></p> <p>Board Summary Report and budget update provided.</p>		

	<p>LH reported that it has been a continual issue obtaining a meaningful budget statement which accurately reflects all the income and expenditure from NGH. As a consequence, some of budget lines appear to be vastly overspent and others appear to be underspent. Consequently, the provided budget statement is very difficult to interpret. However overall, the budget was underspent, much of which was due delays in recruitment to posts, or failure to identify suitable candidates. It has now been agreed that the underspend can be rolled forward into this 23/24.</p> <p>LH reported that the 23/24 budget allocation, after the pay increases does not meet the projected spend as there will only be £6k left for non-pay. This will be addressed this year by utilising the underspend, however this is not sustainable for the future. LH also highlighted again the large disparity between the funding envelope for the West Midlands who have significantly more staff with the same workload. This disparity will need to be addressed before the end of the financial year or a management of change process will be required for the East Midlands staff members.</p> <p>LH enquired if the Network could access meeting rooms in the Trusts free of charge to help to manage the budget issues. All present were in support of this.</p> <p>JG pointed out that Network level roles are the same for all teams regardless of the size of the Network.</p> <p>CP would like to know a date when these funding issues will be resolved. SB to take back to regional colleagues and will report back to the board before the next board meeting.</p> <p><b>Post meeting note: Board Summary Report for item 10.2 has been updated and can be viewed <a href="#">here</a></b></p>		<b>SB</b>
<b>11.</b>	<p><b>Governance &amp; Safety</b>  <b>11.1 Risk Register</b>  Board summary report and Risk Register provided.</p> <p>Following recent discussions with Keiran Caldwell, the Regional Team have requested that the patient level risks are removed from the register as these are the responsibility of the Trusts and/or the LNMNSs. The Network level risks will remain on the register.</p> <p><b>Post meeting note: Board Summary Report for item 11.1 has been updated and can be viewed <a href="#">here</a></b></p> <p><b>11.2 Reported SIs</b>  An SI from NGH was discussed at the April CGG and the learning was shared. Another 3 SIs are awaiting final reports for sharing at the CGG.</p>		

The Network have responsibility for oversight of SIs so JG requested that the Trusts ensure that 72 hour notifications are shared as this can be inconsistent. It will then be possible to circulate any immediate Network wide learning and the Network Team can also support the clinical teams if required.

### **11.3 Feedback from Clinical Governance Group**

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

This was a very collaborative meeting with good representation at the meeting from all the Trusts. There were no issues identified for escalation to Board.

**Post meeting note: Board Summary Report for item 11.3 has been updated and can be viewed [here](#)**

### **11.4 Quality Data**

The Board Summary Report and Network dashboard were circulated.

There are some new parameters which are currently being embedded into practice. A lot of the data has to be acquired from the maternity systems and it is hoped that the data collection will be better when maternity BadgerNet in place.

A PERIprem passport is out for comment and once this is agreed the optimisation SPC charts will hopefully improve.

MT reported that she attended the maternity summit, and that during the meeting Tony Kelly stated that some of the parameters will be set by the LMNSs rather than a being a national target. MT enquired if the ODN will be involved in any conversations around setting of these targets.

JG reported that there are already some issues with LMNSs having their own dashboards and targets for neonatal parameters, which creates difficulties as the national parameters will remain and these are what the clinical teams need to be working towards. The ODN sit on the LMNS boards and will be able to feed into the process but there has been no indication that the national targets are changing. The ODN team have tried to advocate that the LMNSs use the Network dashboard rather than creating their own.

**Post meeting note: Board Summary Report for item 11.4 has been updated and can be viewed [here](#)**

### **11.5 Activity Data (OPEL Status)**

The Board Summary Report and the activity data were circulated.

This demonstrates a slightly improving picture, which is probably related to an increased number of nurses being

	<p>recruited. The Network has been able to report 4 days in the last quarter at OPEL 1 and only 1 day at OPEL 4.</p> <p>LH thanked the Board and clinical teams for their collaboration leading up to last industrial action, which entailed moving babies out of Lead Centres to LNUs. This worked really well and prevented any disruption to the Network pathways.</p> <p><b>Post meeting note: Board Summary Report for item 11.5 has been updated and can be viewed <a href="#">here</a></b></p>		
12.	<p><b>Local Neonatal Unit Initiatives</b></p> <p><b>12.1 NUH Business Case Update</b> The Business Case has been approved by JISC and is now at full implementation stage. The paediatric surgery unit will be decanted this weekend which will allow enabling work to commence in readiness for the neonatal decant in September.</p> <p>The New Divisional General Manager for Family Health is Phil Walmsley.</p> <p><b>12.2 UHL Business Case Update</b> SP introduced himself as the Associate Director of Strategy &amp; Partnerships at UHL.</p> <p>There are a number of Women’s &amp; Childrens business cases. However, the Trust is not at the position of having a final list for internal funding. The list of proposals has been submitted to the Specialised Commissioning Team and a response is awaited towards the middle of June. In the meantime, the Trust is aware of the critical risks in terms of neonates and maternity.</p> <p>There is no update on the major capital build and the Trust are awaiting a formal announcement from Central Government.</p> <p>SP to share the Trust funding position with Network.</p> <p><b>12.3 KGH Rebuild</b> The business case for £10.3 million was rejected by the Trust Board and had to be revised. It has been remodelled with new cost of £4.6 million, which includes the LNU rebuild. This is now going back through for approval and so a further update should be available at the next meeting.</p> <p><b>12.4 QHB Reconfiguration</b> There were safety concerns around the geography of the neonatal unit on the Burton site. Capital funding for reconfiguration was secured and building work is underway. This is due for completion at the end of July 2023 and will provide an 8 space SCU, with a 4-cot co-located Transitional Care unit. Work is underway to devise a staffing model.</p>		SP
13.	<p><b>AOB</b> None.</p>		

14.	<b>Date/Time of Next Meeting</b> Monday 18 September 2023, 10.00pm – 12.00pm, via Microsoft Teams		
-----	---	--	--