

## Minutes of Board

**Monday 17 February 2025**  
**10:00am – 12.00pm**  
**via Microsoft Teams**

### **Present:**

Linda Hunn (LH), Director/Lead Nurse, EMNODN  
Tracy Pilcher (TP), Chief Nurse, NUH  
Matthew Warrilow (MW), Divisional General Manager for Family Health, SFH  
Ilene Machiva (IM), Director of Midwifery, UHN  
Nick Mullholland, Deputy Chief Nurse, ULHT  
Sumana Bassinder (SB), Commissioning Lead, Specialised Commissioning NHSE Midlands  
Mina Bhavsar (MB), Maternity Transformation Programme Lead, LLR ICB  
Rabina Ayaz, Senior Officer, LLR ICB  
Letitia Harris (LH), Clinical Risk Manager, Derbyshire ICB

### **In Attendance:**

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

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
<b>1.</b>	<b>Apologies for Absence</b> Anneli Wynn-Davies, Jane Gill, Danni Burnett, Gisela Robinson, Paula Shore, Yvonne Higgins, Kay Darby Martin Fahy Mel Thwaites, Dean Howells, Julie Hogg		
<b>2.</b>	<b>Declarations of Interest</b> None.		
<b>3.</b>	<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>	
<b>4.</b>	<b>Appointment of New Chair</b> Julie Hogg (Chief Nurse, UHL) was the only expression of interest which was received. All in agreement.		
<b>5.</b>	<b>Matters Arising/Action Log</b> A copy of the action log was circulated, and the actions were discussed.		

6.	<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> Additional cots have been created at NUH within the new build at QMC. UHL also have additional cots, however these are not yet open. KGH will soon return to full LNU status which will assist with capacity transfers.</p> <p><b>Staffing</b> There are currently insufficient nursing staff to support the opening the additional cots. There are a large number of staff currently going through the QIS training course, however it will take some time before they are trained and have the correct level of competency.</p> <p><b>Family Involvement</b> Family involvement and implementation of family integrated care has made positive progress across the Network, however parent accommodation is still poor in some of the units which is linked to finance and estates issues.</p> <p><b>6.2 National Funding (NCCR &amp; Ockenden)</b> Additional funding for QIS training courses was allocated predominantly to NUH as they were able support some additional places. This has now all been allocated.</p> <p><b>6.3 Derogation Form</b> The new National Service Specification for Neonates states that all units are required to follow Network guidelines and if they opt not to, they will be required to formally derogate. A derogation form has now been linked to all Network guidelines with the expectation that this will be completed at Board level. Board members need to consider who will be signing the forms and sending a copy to the Network which will be shared with the commissioning team. This should also be considered from an LMNS/ICB perspective so that they have awareness and oversight.</p> <p><b>Board Summary Report for item <a href="#">6.3</a> has been updated and can be viewed here.</b></p>		ALL
7.	<p><b>Commissioning of Neonatal Services/East Midlands Developments</b></p> <p><b>7.1 NHSE Commissioning Update</b> Additional investment is unlikely during 2025/26 as the financial climate will be challenging. The Regional Team should have more information shortly.</p> <p>Specialised services will now be hosted by Birmingham and Solihull ICB as of July 2025. ICBs are now the commissioners of neonatal services.</p>		

	<p><b>7.2 Individual Trust and LMNS Updates</b></p> <p><b>ULHT</b> – there has been an increase in establishment at Lincoln, with a resulting reduction in the QIS ratio to 54%. There is a recovery trajectory which predicts an increase to 80% by January 2027. Boston is in a stronger position. If the current workforce is retained, they will achieve 99% QIS trained within the next 18 months.</p> <p>The Trust have adopted Criticool across both units and training has been organised.</p> <p>The action plan following the 2024 peer review has been submitted. One action point from this review was to increase the ITU capacity at Lincoln which has now been agreed. Staffing is being assessed to ensure this can be supported.</p> <p>SALT provision on both sites is still very challenging. There have recently been recruitments made for paediatric speech and language therapists within community settings and this will be assessed to see if they can provide any help on the neonatal unit. Additional ICB business case has been submitted to gain SALT support.</p> <p><b>KMH</b> – There are currently staffing challenges predominantly due to a lack of QIS trained nurses, although staffing remains safe. LH will be visiting KMH to speak about this in greater depth.</p> <p>The peer review action plan has been completed. Unfortunately, the peer review follow-up meeting had to be cancelled due to sickness, but this has been rearranged. Adjustments are being made to ensure there is a greater consultant presence in the new financial year.</p> <p><b>NUH</b> - QMC is expanding and now has 28 cots in addition to 18 cots at Nottingham City Hospital. By the end of March, there will 153 QIS trained nurses resulting in 72% compliance. From a medical staffing perspective, the consultant rota is now split. Tier 3 is compliant with monitoring across tier 1 and 2.</p> <p>TP discussed the ongoing challenges with managing cot capacity and ensuring adequate staffing.</p> <p>The transitional care business plan was signed off by the Investment Governance Committee last week.</p> <p><b>UHN</b> - NGH and KGH are facing similar staffing challenges but have ensured safe staffing levels through the use of locums and bank nurses.</p> <p>As the oversight process continues at KGH with the aim of returning to full LNU status.SB felt it would be beneficial for the</p>		
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	<p>wider Network to know when KGH are likely to be fully operational as an LNU.</p> <p><b>UHL</b> - There was no one present from the Trust to provide an update.</p> <p><b>UHDB</b> - There was no one present from the Trust to provide any update.</p>		
8.	<p><b>PPI</b></p> <p>Amanda Pike, EMNODN Parent and Families Engagement Lead, is working to increase membership of the PAG group and will be chairing these meetings going forward. Lynsey Jones (Parent Representative) and LH will meet to discuss who will be the most appropriate Board representative in future.</p>		LH
9.	<p><b>Transport Service Review</b></p> <p>The transport service peer review report is being written. One thing highlighted from the review is that a third of CenTre's activity comes from the West Midlands. Further work is required to understand how this affects the East Midlands. The report and its recommendations will be available by the next Board meeting.</p>		
10.	<p><b>Network Management</b></p> <p><b>10.1 Work Plan Update</b></p> <p>There are still concerns relating to delays in builds which impact on UHL and NUH. There are issues around the non-alignment of transport and network boundaries, and insufficient workforce in the MDT. Additionally, as previously discussed, there is a shortage of AHPs in many of the units, although this has seen some improvement in the last two years.</p> <p>The 2025/26 work plan has been sent out to the Board for approval, and some comments have been received. Please send any other comments to LH as soon as possible. Nil responses will assume agreement.</p> <p><b>Board Summary Report for item <a href="#">10.1</a> has been updated and can be viewed here.</b></p> <p><b>10.2 Budget Update</b></p> <p>There is a forecasted £117,000 underspend for this financial year's budget which is primarily due to delays in recruitment processes. Additionally, errors were made by financing at the beginning of the financial year as it assumed that all Network posts were set at the top of the bands which was incorrect and has led to significant underspend. Budget setting is underway for next year and it is hoped that it will more accurately reflect the position.</p> <p><b>Board Summary Report for item <a href="#">10.2</a> has been updated and can be viewed here.</b></p>		ALL

11.	<p><b>Governance &amp; Safety</b></p> <p><b>11.1 Risk Register</b></p> <p>The most significant risks within the East Midlands remain the lack of capacity, staffing, and the inability to meet KPIs for extreme pre-term birth. There are still a number of babies born in the incorrect setting or transferred outside of the Network which appears to be directly linked to the lack of critical care capacity. Compliance against the 'Just Say Yes' policy seems to have declined significantly and reintroduction and education with regard to the policy is required.</p> <p>There are business cases underway to increase AHP funding.</p> <p><b>Summary Report for item <a href="#">11.1</a> has been updated and can be viewed here.</b></p> <p><b>11.2 Learning from Incidents</b></p> <p>LH raised the importance of incident investigations being carried out by neonatologists to ensure that conclusions are realistic and achievable. If a neonatologist is not available within a Trust to undertake the investigation, then the Network clinical leads could provide some assistance. LH suggested an email to her in the first instance if assistance is required.</p> <p><b>11.3 Feedback from Clinical Governance Group</b></p> <p>One of the most important discussions at the last Clinical Governance Group was regarding the EMAS pathways for babies born at home and where they should be transferred to. A regional stakeholder meeting has been organised to discuss the issue.</p> <p>LH also discussed the changes to the national ROP guidance which is an issue across the country due a lack of ophthalmologists.</p> <p>Other topics discussed within the meeting included derogation, cardiac pathways and staffing numbers.</p> <p><b>Board Summary Report for item <a href="#">11.3</a> has been updated and can be viewed here.</b></p> <p><b>11.4 Quality Data</b></p> <p>Since the last quarter, there have been some improvements, with the compliance, however further work is required particularly with regard to the optimisation measures. The data also demonstrates that there are some difficulties transferring babies to PICU if they still require ICU or HDU care at 44 weeks. The EMNODN are working with the Paediatric Network to improve their capacity modelling.</p> <p><b>Board Summary Report for item <a href="#">11.4</a> has been updated and can be viewed here.</b></p>		
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	<p><b>11.5 Activity Data (OPEL Status)</b>  The data presented was from between 15 July 2024 and 10 January 2025, a total of 130 days. During this period, there were no days at OPEL 1, with most days at OPEL 3 or 4, illustrating the continued pressure throughout the East Midlands. Hopefully this will improve once the additional cots open at NUH and UHL.</p> <p>MW asked if it would be helpful for paediatric colleagues to join the capacity huddles. LH confirmed the blockages are predominantly in the tertiary services for ITU and HDU babies. LH also confirmed that the ODN has regular meetings with the Paediatric Critical Care Network to discuss these issues.</p> <p><b>Board Summary Report for item <a href="#">11.5</a> has been updated and can be viewed here.</b></p>		
12.	<p><b>Local Neonatal Unit Initiatives</b></p> <p><b>12.1 NUH Business Case Update</b>  TP will share the plan with LH and provided a brief overview to the group. Nottingham City Hospital has been redesignated as an LNU, QMC remains as a tertiary centre.</p> <p>There have been some areas of learning identified as there are differences in working since moving to the new unit. TP will bring a formal update to the next meeting.</p> <p><b>12.2 UHL Business Case Update</b>  Not available.</p> <p><b>12.3 QHB Reconfiguration</b>  Not available.</p>		<p><b>TP</b></p> <p><b>TP</b></p>
13.	<p><b>AOB</b>  None.</p>		
14.	<p><b>Date/Time of Next Meeting</b>  Monday 12 May 2025, 10.00am – 12.00pm, via Microsoft Teams</p>		