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Andrew Cottom, Chief Executive **Y Prif Weithredwr**

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Dear Ms Chapman
Chair
Children and Young People Committee
National Assembly for Wales

Children and Young People Committee – Neonatal Services
Powys teaching Health Board submission

Powys teaching Health Board is pleased to provide the following information as evidence to the Committee for its work on Neonatal services.

Powys is the largest county in Wales covering approximately 25% of the land mass of Wales a distance of 130 miles from north to south, but only has 4% of the population at 130,000. Powys teaching Health Board (tHB) provides antenatal and postnatal midwifery care for approximately 1200 women and their babies a year, of which approximately 300 births are within Powys. The births within Powys are home births or births in one of six free-standing midwife led units, and Powys has one of the highest home birth rates in the UK. Powys does not have its own District General Hospital but secures services on behalf of its population from six main DGHs. Furthermore, although there are 10 community hospitals in Powys there are no inpatient services for children, of any age, with any condition, with all inpatient services for children being provided out of county. The District General Hospitals are:

Wrexham Maelor, Wrexham (Betsi Cadwaladr University Health Board)
Bronglais, Aberystwyth (Hywel Dda Health Board)
Singleton, Swansea (Abertawe Bro Morgannwg University Health Board)
Nevill Hall, Abergavenny (Aneurin Bevan Health Board)
Hereford Hospital (Wye Valley NHS Trust)
Royal Shrewsbury Hospital (Shrewsbury and Telford NHS Trust)

In relation to maternity and neonatal services, there is no single centre to which such women and neonates from Powys could be transferred, due to the considerable distances involved in accessing services. Working collaboratively, beyond our borders, is fundamental to how Powys operates. Provision for the residents of Powys therefore has to be included in the plans for maternity and neonatal services in both England and Wales.

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Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithredd Bwrdd Iechyd Lleol Addysgu Powys

We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

The neonatal networks therefore within Wales that have a consideration for Powys, include:

- North (Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital)
- South West (Bronglais Hospital, Withybush Hospital, West Wales General Hospital, Singleton Hospital and Princess of Wales Hospital)
- South Central (University of Wales Hospital, Royal Glamorgan Hospital and Prince Charles Hospital)
- South East (Nevill Hall Hospital, and Royal Gwent Hospital).

The neonatal networks with a consideration for Powys residents in England therefore are:

- Southern West Midlands Newborn Network – SWMNN (Hereford County Hospital, Worcestershire Royal Hospital, Birmingham Women's Hospital)
- Staffordshire, Shropshire and Black Country Newborn Network - SSBCNN (Royal Shrewsbury, University Hospital North Stafford, New Cross hospital).

Wherever possible the need for neonatal care is planned, and there are specific conditions and risk factors identified in the antenatal period that will determine the most appropriate clinical pathway for both mother and baby. In the rare event of a neonate being born in the community in Powys who requires any form of intervention, basic neonatal life support is provided whilst awaiting transfer to an identified DGH neonatal team. In the event of a neonate being born in the community that requires neonatal care they would be transported to a DGH by the ambulance service and accompanied by a Powys tHB community midwife. Such events have occurred but are exceptionally rare with the last incident occurring in 2007. In terms of specialist neonatal transport services (retrievals) there would be no retrievals from or to community based midwifery services as retrievals are inter-DGH. The ambulance service therefore has a key role to play. In order to ensure that midwives are well equipped to deal effectively with a 'neonatal emergency', the teaching Health Board ensures that all midwives undertake neonatal life support training in order to provide immediate life saving care to the neonates whilst the ambulance service responds.

Q1. A copy of your current local neonatal action plan, including information about the mechanisms you have put in place to monitor and evaluate the implementation of the key actions within these plans and timescales.

As outlined above, the role of Powys tHB is to secure services on behalf of its population and therefore does not directly provide specialist neonatal services. It also has a responsibility to ensure that access to services, and the quality of care received by Powys residents is good. The teaching Health Board therefore links into each service provider to ensure action plans in place to improve service provision are being implemented. As the All Wales Neonatal standards span the whole pathway, where specific standards apply

to community services provided within Powys tHB, these are monitored locally.

Within Wales, Powys tHB utilises the electronic self-assessment of the National Service Framework (NSF) by neighbouring Health Boards, including standard 3.32 in relation to Welsh Government standards for neonatal care to determine progress in implementing key standards. This provides Powys with information about the degree of compliance with agreed standards, audit processes and evidence to support scoring. This is reviewed formally annually and any areas of concern followed up with individual services.

In relation to services provided from England, the two main DGHs providing neonatal services to Powys residents are subject to a separate National Service Framework. A separate report is provided on outcomes within the relevant newborn networks, which is reviewed and discussed within Powys teaching Health Board (attached for SSCBNN and SWMNN). Issues of concern are escalated as necessary.

Powys is one of the seven Health Boards that participate in the arrangements for commissioning specialist services through the Welsh Health Specialist Services Committee. Overall responsibility for planning of services rests collectively with Health Boards and is discharged through the WHSSC functions in collaboration with Health Boards.

Q2. A copy of the latest annual report on quality of care (as set out in Standard 6.8 of the All Wales Neonatal Standards), alongside information on the number of instances of when patient safety has been compromised.

There are a number of ways in which quality of care is monitored and reported. Each of the host health boards receiving patients from Powys, with designated specialist centres, are responsible for ensuring and reporting overall compliance via NSF standard 3.32. The tHB is receiving some annual reports and is strengthening its approach is ensuring all reports are received and considered in a timely manner. Two annual reports are provided as examples.

The services provided in Powys are not specialist; therefore standard 6.8 does not apply to local services. Careful consideration however is given in governance and safety forums (such as the Perinatal Review Meeting) to pathways and incidents from which issues of concern regarding safety and quality may arise.

Powys tHB monitors all transfers of neonates and women from Powys community midwifery services, which are reported through the risk reporting system (Datix) and cases are reviewed by the Health Board ‘Risk midwife’. Where transfers of women have resulted in an admission to neonatal care this is included in the narrative of the incident report. A clear process is in place for escalating serious incidents, with a full root cause analysis review and a resultant outcomes report and improvement plan.

Complaints in relation to the service received in a neighbouring Health Board are managed between Powys teaching Health Board and the individual Health Board or Trust who undertake an investigation/review. There have been no complaints recorded in the last financial year.

Q3. An outline of any action taken and any plans for investing into neonatal services in the short, medium and longer term to ensure all services in your area are fully compliant with the Standards.

With regard to commissioning specialist services Powys participates in the WHSSC arrangements as outlined above. The neonatal capacity review was presented to the Director of Planning, 3rd February 2012, which was well received. The Committee will no doubt make itself familiar with this review and note the limitation of the review in relation to capturing cot requirements involving cross border transfers. This is an important issue particularly if Wales wishes to provide for all (where geographically practicable to do so) neonates.

Another important issue relating to cross border provision is linked to service reconfiguration. Trusts such as Shrewsbury and Telford NHS Trust have been reviewing and redesigning services in order to increase sustainability. This has meant a proposal for neonatal services to be transferred from Shrewsbury to Telford (20 minutes further away from mid Wales). This has caused concern for the population in mid Wales in relation to the 'moving away' of services and Powys teaching Health Board continues to work closely to ensure any proposals safeguard the interests of the Powys population.

Q4. The costs associated with cross border transfers, including the amount paid to English PCTs for the transfer of neonates as well as the income generated for Welsh providers.

It is important to note that for the Powys population much of the use of the NHS in England is planned and commissioned as a matter of routine, meeting the needs of the population and the geography. Some activity, largely special care cots, are included within local contracts with providers, especially those in England, other activity for neonatal intensive care is commissioned largely through Welsh Health Specialist Services Committee.

The table below shows the neonatal *bed days* commissioned by WHSCC for the two main hospitals in England used by women and babies from Powys.

	09/10	10/11	11/12
Shrewsbury	67	80	50
Birmingham Womens	6	0	1

The table below indicates a breakdown of the *episodes* utilised within Wales.

Provider	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012*
7A1 - Betsi Cadwaladr University Local Health Board		7	6	4	4	7
7A2 - Abertawe Bro Morgannwg University Local Health Board	15	4	8	10	4	3
7A6 - Aneurin Bevan Local Health Board	30	36	37	44	33	34
Grand Total	45	47	51	58	41	44

** this total may be incomplete*

Q5. Whether you have had any discussions with WHSSC and neighbouring LHBs about the overall increase in cots needed and any joint planning as to where they are located and at what level of intensity.

The demand from Powys residents for neonatal services is generally small (proportionately) as the above indicates. Patterns of activity are well established and discussions take place with each provider in relation to activity. There is a connection between Powys' Women and Childrens services and the neonatal network, ensuring that consideration is given to the standardised pathways into England.

As part of service sustainability across Wales, it will be essential for Powys to be represented at planning meetings. There is agreement that Powys will participate in the South Wales and the Mid Wales/Hywel Dda processes for service sustainability. A key work stream is the planning and provision of maternity and neonatal services.

The detail below outlines the capacity required for the Powys population.

Total Population 131,000 1200 births	Cot requirements per 1000 births[1]	Powys cot requirements
Neonatal intensive care (level 3)	0.75	0.9
High dependency care	0.84	1.08
Special Care	4.4	5.28

[1] British Association of Perinatal Medicine (2004) Designing a Neonatal Unit.

Q6. Whether any work has been undertaken with neighbouring Boards, or the Welsh Government via WHSSC, on workforce planning to address what impact changes to junior doctor recruitment and the number of training places in the future will have on services in coming years

Services within Powys are community midwifery led and therefore the changes to junior doctors are not applicable and would be considered by neighbouring Health Boards and NHS Trusts. Powys teaching Health Board recognises the challenges that the workforce issues present, particularly regarding medical staff and is committed to working with other Health Boards on service planning to ensure that services are accessible and sustainable.

Yours sincerely

Carol Shillabeer (Nurse Director)

(on behalf of)
Andrew Cottom
Chief Executive

Attachments
SSBCNN annual report 2010-11
SWMNN annual report 2010-11

NHS

SOUTHERN WEST MIDLANDS NEWBORN NETWORK

Hereford, Worcester, Birmingham, Sandwell & Solihull

ANNUAL REPORT 2010-2011

Winner of

"The All-Parliamentary Group on Maternity"

Maternity Services Awards 2011

"Most marked improvement in services to address health inequalities or improve outcomes for mothers and babies"

As we produce this fifth Southern West Midlands Newborn Network (SWMNN) Annual Report, it is time to reflect on all that has been achieved. This report aims to demonstrate the achievements in 2010-2011 on behalf of our constituent organisations, individual clinical staff and everyone involved with maternity and newborn care.

There have been several changes within the Network throughout 2010/11, the first being Rob Bacon standing down as Chair at the Board meeting in May 2010. We would all like to thank Rob for his contribution to the Network and for his continuing support and encouragement throughout his tenure as Chair. He was an inspiration to all of us, especially in how to Chair meetings and ensure everyone has a voice.

I took over as the Chair in July 2011 and have been working with the team since then.

Vicki Bailey and Jo Bussey also stepped down as parent representatives. We would like to thank them for the support we received over many years on all aspects of neonatal care.

We welcome Kate Branchett as the newest parent representative. Katie has an amazing energy and although she has only been with us for a short time she has already supported several projects, attended Board meetings, participated in the unit visits, been part of the Palliative Care Board and spoken on most of the days, as well as surveying parents on their experience of palliative care. We thank you Kate and look forward to your continued support of the Network.

We also welcome Katy Parnell (Network Speech and Language Therapist), and Laura Johnson (Network Dietitian), who are now established in their posts and doing excellent work.

The work of the Network has continued to strive toward improving care for the babies within the Southern West Midlands. We have worked on several issues over 2010/11. We successfully secured £150,000 from the Department of Health from the National money for Improving Palliative Care for Neonates. This money has been used for education and training for all staff involved with a baby that dies and their family. The successful project saw 570 staff attend training days that covered all aspects of palliative care. This project was in collaboration with the four Newborn Networks in the Midlands and they worked together to ensure we improve palliative care for babies and families.

The Network now has two years' data and for the first time we are able to produce a Neonatal Activity Annual Report. Network staff continue to submit data into the Clevermed neonatal data collection system (Badger). This enables the production of an activity report for the Network Board and to give monthly information to the Commissioners.

The perinatal mortality rate in the SWMNN continues to improve and this report will provide you with the data that shows more babies are surviving despite the increase in the numbers of babies requiring care. We will continue to work together, forging good working partnerships with each other, maternity service providers and most importantly, our parents.

The West Midlands Neonatal Transfer Service (WMNTS) continues to provide 24 hours, 7 days a week care for infants in the West Midlands area. This year the budget was increased further to include another 1 WTE Advanced Neonatal Nurse Practitioner and a full time Consultant Post. Dr. Alex Philpott was appointed and came into post in February 2011.

After the launch of the Taskforce document in November (2009), the Network Team revisited each unit, and assessed them against the Toolkit principles.

Congratulations to Dr Andrew Gallagher, Consultant Paediatrician at Worcestershire Royal Hospital, and a team of colleagues from across the UK who recently attended the annual Medical Futures Awards exhibition and prize ceremony to collect a prestigious award. The team have designed a newborn resuscitation trolley which will allow premature and unwell babies to be assessed and resuscitated alongside their mothers whilst the umbilical cord is left intact. This will provide several proven advantages to these vulnerable infants.

The new unit at Birmingham Women's Hospital opened in September 2010. The unit offers high quality services to medical and surgical babies within the Network and the "state of the art facilities" will hopefully improve the babies and families' neonatal journey.

Good Hope is currently undergoing a refurbishment and Heart of England Heartlands site will have a re-build starting later this year, which will greatly improve the neonatal unit.

The Special Care Unit and Maternity services at Sandwell site closed in January 2011. These services were transferred to the City Hospital site and the Trust continues to provide care to the local population.

A co-located Midwifery-led Unit was opened at City and a stand-alone Midwifery-led Unit is due to open in Sandwell later this year, which will enable choice to the local Health Economy.

I realise that this is a difficult time for everyone with the financial issues impacting all of us. We need to think smarter and ensure the service we provide is value for money. We need to continue working together to improve local care, and manage babies within the Network.

To everyone who is involved, thank you for your contribution and your continued support.

Patrick Brooke
Chair, SWMNN
Director of Consortium Development for Birmingham and Solihull Cluster

Communication and Stakeholder Engagement

The aim of the Network continues to be the engagement of all stakeholders to ensure we work together in the best interests of the babies. Good communication is central to achieving this, and it is a two-way process. The various Network meetings are a forum for communication, and work well, with good representation from all units across the Network. The Network covers a wide area geographically – covering Birmingham, Herefordshire and Worcestershire, and it is only by the engagement of stakeholders across the Network that we are able to achieve successful communication across such a wide area.

David Nicholson (13 April 2011) stated that Networks are the way forward in the NHS. "There is a central role for networks in the new system as the place where clinicians from different sectors come together to improve the quality of care across integrated pathways. So I want to put these networks at the heart of our efforts to renew and strengthen engagement."

Mary Passant
Network Manager/Lead Nurse

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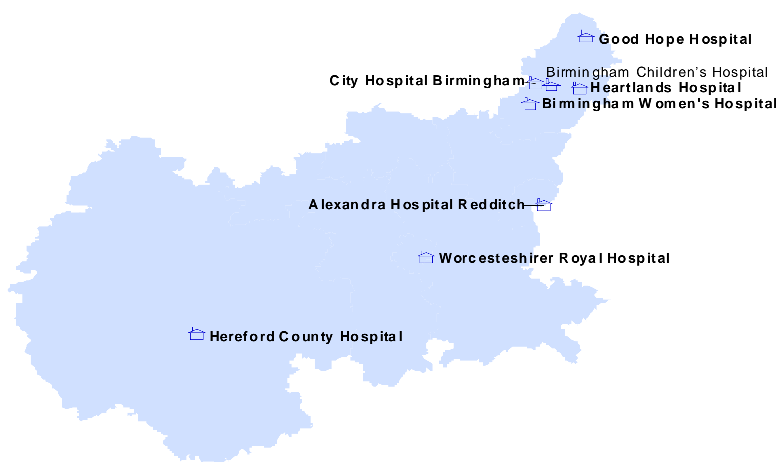
Appendix 1: Network Activity/Data Report (separate document)

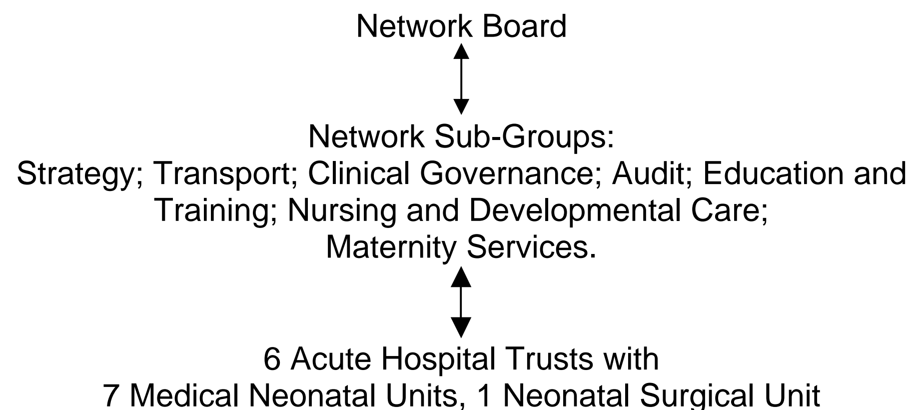
INTRODUCTION

The Southern West Midlands Newborn Network (SWMNN) continues to work to ensure that mothers and babies are cared for as close to home as possible, and that the smallest and sickest babies are cared for in recognised specialist care centres.

The data provided by the West Midlands Neonatal Transfer Service within this report demonstrates a change in the way service is provided. We have clear flow pathways for all babies requiring medical care. The Network Care Pathways, with signed agreement to the Network designation, have had a significant impact and an increase in occupancy rate in the two Neonatal Intensive Care Units within the Network. The units in the Network are working together to provide step-down care and freeing up of level 3 cots.

The parent involvement in the Network continues to be of great benefit, and parents continue to have their say in all changes to neonatal services.





The Network Board is chaired by Patrick Brooke, Director of Consortium Development for Birmingham and Solihull Cluster. The Network Board is responsible for leading the Network and is made up of the Network Lead Clinician; Network Manager/Lead Nurse; a Lead Clinician and Nurse/Manager from each of the Acute Trusts; Chairs of the Network Sub-Groups; parent representation; commissioning representation; a Public Health Lead; ambulance services and invited speakers.

The SWMNN continues to impact on the service provided for neonatal care and has made significant progress since it was established, achieving the goals set prior to the Launch of the Department of Health Toolkit For High Quality Neonatal Care in November 2009. We now have an opportunity to look at the way Neonatal care is provided and ensure babies receive the best quality services required to meet the Taskforce standards.

The Network website is a valuable resource providing up to date information on network activities for professionals, parents and the public. http://www.newbornnetworks.org.uk/southern/

KEY MILESTONES AND ACHIEVEMENTS 2010 – 2011

The key milestones for the Network in 2010-2011 have included:

- Winning the All-Party Parliamentary Group on Maternity – Maternity Services Award 2011.

  "For most marked improvement in services to address health inequalities or improve outcomes for mothers and babies" for the work undertaken by the West Midlands Neonatal Surgical Project and the reduction in out of region transfers.
- Active parent involvement in all aspects of the Network
- Palliative care project - £150,000 awarded from the Department of Health to improve Palliative care
- West Midlands Surgical Project and production of CDH pathway.
- Local and National Conferences, with many Network staff being invited key speakers.
- Network staff and parents speak on network study days.
- Continue to work closely with BLISS.
- Organising and running the West Midlands BLISS family support day.
- Invited to the Houses of Parliament for the launch of BLISS Annual Report .
- Network Speech and Language Therapist in post.
- Network Dietitian in post.
- Working with community team to produce a care pathway for babies with Down Syndrome.
- Regular Grand Rounds held, including Joint Maternity and Neonatal Grand Rounds.
- Continued to build strong communication between units within the Network, strengthening working relationships and sharing good practice.

  In addition to the Network Sub-Groups, the following groups meet regularly:

  - Neonatal Unit Managers
  - Neonatal Interest Group at Birmingham Children's Hospital
  - ANNP Group

- Successful establishment of Network Cooling Centre at Heartlands Hospital, with Network Cooling Lead post.
- Network Units participated in National Parent Survey.
- One telephone number for surgical referrals.
- The successful engagement with community paediatric service providers.
- Network Manager Member of NNAP Board.
- Working with West Midlands Specialist Services Agency (WMSSA) and neighbouring Networks to produce care pathways for surgery for the West Midlands.
- Inclusion of all Units in Network processes, with strengthening cross-Network links and tri-Network study days, stakeholder's events and conferences.
- Congratulations to Andy Ewer (Consultant Neonatologist at Birmingham Women's Hospital) for his work on the PulseOx study.
- Congratulations to Andrew Gallagher (Consultant Paediatrician at Worcester Royal Hospital) on receiving a Medical Futures Award for design of a newborn resuscitation trolley which allows the baby to be assessed and resuscitated alongside their mothers whilst the umbilical cord is left intact.
- Held fourth Stakeholders day in May 2010.
- Fifth Quad Network event/Network training day held in January 2011.
- The majority of the original targets in the strategy document have been met.

FINANCIAL REPORT 2011/12

The West Midlands Specialist Commissioning Team (WMSCT) holds the regionally allocated neonatal funding for the Newborn Networks. In 2011/12 £219,019 was allocated to the Network via Solihull Primary Care Trust, host of the Network infrastructure. This allocation funds salaries for Network Manager/Lead Nurse, Clinical Leads, Lead Obstetrician, Development Care Lead, Practice Educator and Network Administrator, Education Lead and Audit Lead. Plus education training and conference fees.

Southern West Midlands Newborn Network's commitments on the 2010/11 allocated funding

Previous recurrent funding	£1,090,000
2007/08 recurrent funding	£430,000
2008/09 recurrent funding	£379,500
2009/10 recurrent funding	£511,000
2010/11 recurrent funding	£0
Total	**£2,410,500**

Recurrent Funding committed to date

Network Infrastructure	£222,305	paid on invoice
HOE 2 ANNPs	£80,000	paid within contract
HOE Consultant x2	£215,000	paid within contract
HOE 11.5 Nurses	£373,750	paid within contract
City Hospital Consultant	£105,000	paid within contract
Hereford 2 Band 5 Nurses	£75,000	paid on invoice
SWB Breastfeeding advisor	£14,730	paid on invoice
SWB 5.75 Nurses	£189,750	paid within contract
BWH 3 Band 6 Nurses	£98,597	paid within contract
Network Transport Consultants	£330,000	paid within contract-Hosted by BWH
Network Transport Nurse Consultants	£118,000	paid within contract-Hosted by BWH
Network Transport ANNPs	£214,000	paid within contract-Hosted by BWH
Network Transport Nurse	£32,000	paid within contract-Hosted by BWH
Network Clinical Lead	£23,412	paid on invoice
Network Respiratory Physiotherapist	£30,405	paid on invoice
Network Dietitian	£20,948	paid on invoice
Network Speech & Language Therapist	£21,420	paid on invoice
Total	**£2,164,317**	
Grand Total	**£2,269,854**	

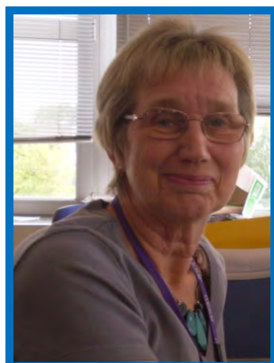
Non-Recurrent funding to date

BCH neonatal surgery development	£105,537
Total	**£105,537**

Specialist Lead Roles – Working Together to Improve Practice

During the past year the Network Allied Health Professional team has grown and it is exciting to see how our different roles overlap, complement, and support each other in providing holistic care for these babies and their families

It is very pleasing to see that across the SWMNN a developmentally supportive approach to neonatal care is now the norm rather than the exception.
Positioning for comfort and postural development, protecting from excessive light levels, encouraging Kangaroo Care from the earliest possible moment, and observing infant cues both for feeding and when performing painful procedures, are now, in the most part, accepted as the best possible way to care for fragile neonates.
Some things remain difficult to change - in particular noise levels are still often too high, disturbing babies' sleep and having negative effects on development.
However, progress continues to be made in all the Network neonatal units, improving life for both babies and their families. None of this would be possible without the continuing support of my colleagues, especially the Developmental Care links on each Unit.



Katie Thompson
Developmental
Care Lead

Achievements:-
In the last year I have continued to give presentations and teaching sessions, both within the Network and further afield.
Production of a PowerPoint presentation for junior medical staff, which will be available through Bliss.
Completion of :-

- Pain Assessment and Treatment Guideline.
- Bottle Feeding part of the Nutrition Guideline.
- Kangaroo Care Guideline updated.
- Developmental Care Guideline is in the final stages of a major update.
- A series of Information leaflets for parents "Supporting Your Baby's Development.
- DVDs for teaching. of Kangaroo Care, Respiratory Physiotherapy, and Cares

The future:-

- Possible investment by Bliss in a Family centred Care Co-ordinator to work in collaboration across the Network.
- Further DVDs of Developmentally Supportive Care practices.
- Continue to raise the profile of developmentally appropriate care both locally and nationally.

The respiratory physiotherapy role has continued to be extremely rewarding and motivating, and has seen achievements in a number of areas.
I belong to the acute physiotherapy team at Birmingham Children's Hospital, and offer continued education there for physiotherapy staff on the management of the surgical babies on PICU and the wards. A physiotherapy care pathway for these babies will be devised within the next 6 months. Neonatal unit visits have been ongoing; these have included assessing and treating babies with the nursing staff, as well as advice regarding ongoing respiratory physiotherapy management.

Nicky Hawkes
Advanced Respiratory Neonatal Physiotherapist

The Chest Physiotherapy guidelines will be reviewed this year, and an audit of use of physiotherapy techniques in the neonatal units against the guidelines will be carried out by the end of the year.
Staff education continues through formal talks, and scenario/case studies.
During the next year other formats of ongoing staff updates will be explored.

I am a committee member of the National Neonatal Physiotherapy Group. This has led to involvement in a number of national initiatives:
1.Tteaching on the National Physiotherapy Neonatal Course which was hosted at Birmingham Women's Hospital in June 2011. As a result of its success, follow up days are planned in 2012.
2. As a result of the meeting of respiratory physiotherapy specialists in May 2011, it was considered vital to review and compare current evidence based practice with the aim of producing national recommendations for respiratory physiotherapy. In the longer term it was agreed to develop a competency framework for physiotherapists specialising in this field.
There has been considerable interest in the format of this unique Network role, and this has resulted in a number of speaking invitations across the country. Consequently respiratory physiotherapists have been keen to visit the neonatal units and observe current practice.
I thoroughly enjoy this post, feel very welcomed on the different units and have been hugely encouraged that practice in the units has changed significantly over the past 4 years. There is still much scope for development and I look forward to this with anticipation.

Neonatal Dietitian
Laura Johnson

I have been in post as the Network Dietitian since January 2011. It has been an extremely busy and challenging 6 months meeting all the Clinical Leads, Nurse Managers and local Dietitian's. The two main roles of my post are to provide specialist neonatal dietetic advice and also education and training to all members of the multidisciplinary team within the Network.

To date I have:-

- Written the draft Network enteral feeding guideline.
- Been involved in the development of surgical feeding algorithms with Tracey Johnson (Gastroenterology Dietitian at Birmingham Children's Hospital).
- Produced feed preparation guidelines and Gastro-oseophageal reflux pathways at Birmingham Women's Hospital.
- Advised on surgical patients within the Network and telephone advice to all units.
- Networking with staff in all units to ascertain the training needs.
- Lectured at surgical study day outlining Network post

My plans for the future:-

- Launch enteral feeding guideline and surgical algorithms this autumn.
- Lecture on surgical study day in October at Birmingham Children's Hospital.
- Lecture in Hereford in October at a Network study day on growth and centile charts.
- Produce teaching materials for Heartlands nursing staff course.
- Continue networking and visiting units to determine continued areas for development.
- Produce workshops on growth, centile charts and preterm nutrition for use within the network.

Network Speech and Language Therapist
Katy Parnell

I have been in post as the Network Speech and Language Therapist since August 2010. The Speech and Language Therapist role is an exciting addition to the Network team, providing education, training, specialist assessment and recommendations for management around feeding development and feeding difficulties in the neonate population.

To date I have:-

- Provided lectures on the Network study day in September 2010
- Lectured on neonatal pathway at BCU in February 2011
- Helped to develop Network guidelines on breast and bottle feeding
- Development of care pathways with local speech and language therapists inputting within the Network.
- Networking with staff in all units to ascertain training needs.
- Developing a referral pathway for units within Network who have no funded speech and language therapy support.

My plans for the future:-

- Target a feeding cue approach to shorten the transition from tube to oral feeding.
- Set up a working group to develop a guideline for feeding infants on ventilation systems.
- Lecture in Hereford and Heartlands on feeding development and difficulties in the preterm infant.
- Set up a local clinical supervision group for local Speech and Language Therapists working with neonates.
- Develop education workshops relating to feeding development for use within the Network.
- Continue networking and visiting units to determine continued areas for development.

Strategy Implementation Group and Future Plans for the Network

Alison Bedford Russell, Clinical Lead, SWMNN

The global financial tsunami has impacted on all our services, and NHS austerity measures have imposed a leaner working environment on each and every one of us. It has undoubtedly been a tough year. Nevertheless, or perhaps because we have been driven by the necessity to use our valuable resources even more carefully, the SWMNN member units have worked well together. It feels like we are more of a team, working towards the same ends, on different sites across the South West Midlands. I hope every single member of every unit, of all disciplines and grades, takes pride in their contribution to our joint successes. The increased activity, reduction in out of region and out of Network transfers, reduction in mortality, and having more babies delivered within Network care pathways is the result of great team-working. Everyone's contribution counts. There is a sense that improved communication; understanding of care pathways and warmth between units has been an important part of our success in providing more co-ordinated care for vulnerable babies and their families. Increasingly we are getting the right baby in the right place at the right time and this is an aspiration that has been adopted by the West Midlands Perinatal Network.

Winning the All-Party Parliamentary Group on Maternity Services Awards 2011, for what we have achieved together within the neonatal surgery project, is another example of an effective collaboration between member units especially Birmingham Children's Hospital, and with the commissioners. There has been a substantial reduction in inappropriate out of region transfers for neonatal surgery, as a result of this project which brought together surgery, newborn and transport providers with our commissioners. There have been significant individual contributors to the implementation of this project at "ground level" e.g. Bernadette Reda as the Outreach Surgical Nurse, but the success now and in the future is critically dependent on good team working across all sites.

One number for all surgical referrals i.e. for the neonatal surgical ward as well as PICU has taken a great deal of time and effort to achieve by a number of individuals at Birmingham Children's hospital. We give special thanks to Girish Jawaheer (Paediatric surgeon who chaired the group), and Mary Montgomery (Lead consultant for WMPRS) and Phil Wilson (Lead Nurse, West Midlands Paediatric Retrieval Service), for persevering with a number of meetings and initiatives which have made this happen.

During our appraisal visits, it was apparent that all units are using the Toolkit for High Quality Neonatal Services as a framework for service development. Increasingly Principles are being met, and the variance between member units is reducing. Each unit has been appraised against the Principles, and as intended the appraisals have been mostly well received and been viewed as opportunities to drive developments within Trusts. The SWMNN management group will continue to support units as much as possible to implement the Principles.

Other notable achievements have included:

The Palliative Care Project.
This project was funded by monies secured as a result of a successful bid to the Department of Health by Mary Passant, and has led to Regional study days, with very good attendance and feedback, and the development of a palliative care learning package.

More importantly, the days brought together healthcare workers, religious advisors and parents from across the country to exchange information and values as well as be educated. The bid has also funded Memory Boxes for all units in the West Midlands.

Data collection within each member unit, and the generation of annual reports from the data. The efforts made by a number of individuals across the Network have resulted in significant improvements in the quality of data collected. Every person who enters "Badger" data is to be congratulated on their efforts and attention to detail.

Vish Rasiah has continued to drive the use and development of this system, including the SWMNN Dashboard and putting together perinatal mortality reports, and is to be congratulated on his achievements. City Hospital hosted the first of our **Annual Perinatal Mortality Meetings** in October 2010, and have kindly agreed to host the 2011 meeting. While awaiting outcomes of discussions regarding which body will take over from CMACE, this "local" data is invaluable.

Unacceptable Perinatal Transfers Pilot – a BAPM initiative

Since the development of Newborn Networks whereby intensive care provision is concentrated in specialist units, it is recognised that there is a need for antenatal and postnatal transfers so that pregnant mothers and babies may access the appropriate level of care they require. The transfers may not always be "appropriate" e.g. failed transfer such that the baby remains at a unit providing a lower level of care than baby is expected to require; outside the region for non-clinical reasons (e.g. lack of staffed cots); outside the normal Network pathway (unless geographically appropriate); baby travels past the nearest within-region unit able to provide the required level of care for the infant when an appropriate cot is vacant and staffed at that unit; transfer results in twins or higher order births being located in different units; transfer is out of the mother's 'home' unit to accommodate another infant who requires a higher level of care.

In addition, antenatal transfers are not routinely and systematically documented in the way that postnatal ex-utero transfers are on the neonatal.net system. This may result in out of region transfer of a mother, between maternity units, unknown to the neonatal service providers.
Alex Philpott (NTS clinical lead) and Judith Forbes at Cot Locator have been collecting data for a BAPM pilot of how such data can be collected. Judith has been available (9-5, Monday to Friday), to inform you of where cots are available, and has been collecting information about in-utero and ex-utero transfers. She phones around on a twice daily basis to delivery suites as well as neonatal units, and relies on accurate information being given about both in-utero and ex-utero transfers.

Alex has been collating this data so we begin to have a reliable idea of how many mothers are going out of Network, how many out of region (very costly to us all and not good for mothers, babies and families), and how many are cared for appropriately within Network care pathways.

The Network has also been developing Strategies which are not explicit (though are implied) within the Toolkit. We strive not just to achieve the standards that have been set, but practice beyond those standards:

Development of Community Links

There has been much discussion on who will assess children for the 2-year follow-up, and who will input data appropriately. This led to the commencement of discussions with Community Paediatricians locally. It was also acknowledged that care for babies with neurological problems, and specifically of babies with newly diagnosed Down syndrome, was patchy. As a result there have been a number of meetings with our community paediatric colleagues, and a Network Care Pathway for babies with Down Syndrome is in an advanced stage of development. It is intended that this will form a foundation for the development of care pathways for a seamless transition for care of babies with all types of neurodisability, from neonatal units to the community.

Strategies to Improve Vitamin D Uptake – Healthy Start Vitamin D Supplementation

Hazards relating to the increase in vitamin D deficiency including rickets, have been highlighted in the popular press as well as in the medical journals over the past year. Vitamin D deficiency is a major health issue for mothers and babies within the Birmingham population, particularly in the North of the city and amongst certain ethnicity groups. As uptake of vitamin supplements has been poor, Heart of Birmingham PCT have recently agreed to provide Healthy Start vitamins to all mums and babies in Birmingham, irrespective of income and without prescription. The uptake is still only reaching between 10-25% of the most vulnerable.

At a Strategy Meeting attended by Eleanor McGee (Public Health Nutrition Lead, Birmingham Community Nutrition and Dietetic Department) and Maria Kidd (Public Health Nurse Specialist, NHS South Birmingham), suggestions on how newborn service providers could help to reach more mothers and babies were discussed and included: Vitamin D and information leaflets in Bounty Bags on discharge; issuing maternal vitamins at ante-natal clinics; increasing role of Community Midwives in this area; include information about vitamin D in Red Book; awareness campaign for staff at BWH; Pan Birmingham Commissioning Group to engage with midwifery leads to campaign for education and supply of leaflets; to replace Abidec with healthy start vitamins, which are free. We are still working on the ideal solutions.

Support of BCG vaccination

Likewise as TB notifications have been increasing, we have opened discussions with Dr Andrew Rowse, Consultant in Public Health, Heart of Birmingham Teaching PCT, to develop ways of working together to improve newborn BCG vaccination rates in the most vulnerable population.

Our main "new" strategy for 2011: The Development of the West Midlands Perinatal Network (WM PNN)

This is our BIGGEST future challenge.

In October 2009, the top regional priority that emerged was the creation of a regional Perinatal Network. The development of WM PNN is now well under way. Maternity and newborn services in the West Midlands face some specific challenges, in terms of increased activity levels, increased complexity and vulnerability of the population and consistently poor maternal and perinatal outcomes. The West Midlands is one of the most deprived regions in the country with one of the highest perinatal and infant mortality rates in England and Wales. Despite this, there remain inequalities and variations in service provision, practice, activity and outcomes across the region. There has been a historical disconnection between newborn and maternity service providers which has limited progress. This will be a "thing of the past".

There are numerous policies, guidelines, standards and evidence available that shape and drive the delivery of maternity and newborn services. "High Quality Women's Care" was published in July 2011 by the RCOG and emphasises the importance of working within managed clinical Networks.

The WM PNN will assist the development of the future strategic direction of maternity and newborn care. It will focus on ensuring that safe, effective, quality services are provided throughout the region whilst engaging parents and aiming for positive user experience.

The Network will lead the development of a region wide service specification for the commissioning of maternity services in order to ensure that all providers are delivering a minimal level of care to all populations within the West Midlands. The specification will provide core standards for providers to deliver and for commissioners to performance monitor and manage. The specification will be evidence based utilising national guidance and standards, where available. It will also take account of regional priorities around reducing inequalities and adverse outcomes for both mother and babies; whilst allowing flexibility for local priorities to be included. Initially the Network will act as a bridge to maintain service stability until such time as the GP commissioning consortia take charge of these arrangements and link to the existing Neonatal Specialist commissioning service. Ultimately the Network will continue to act as a forum to maintain a regional perspective and drive clinical quality and safety.

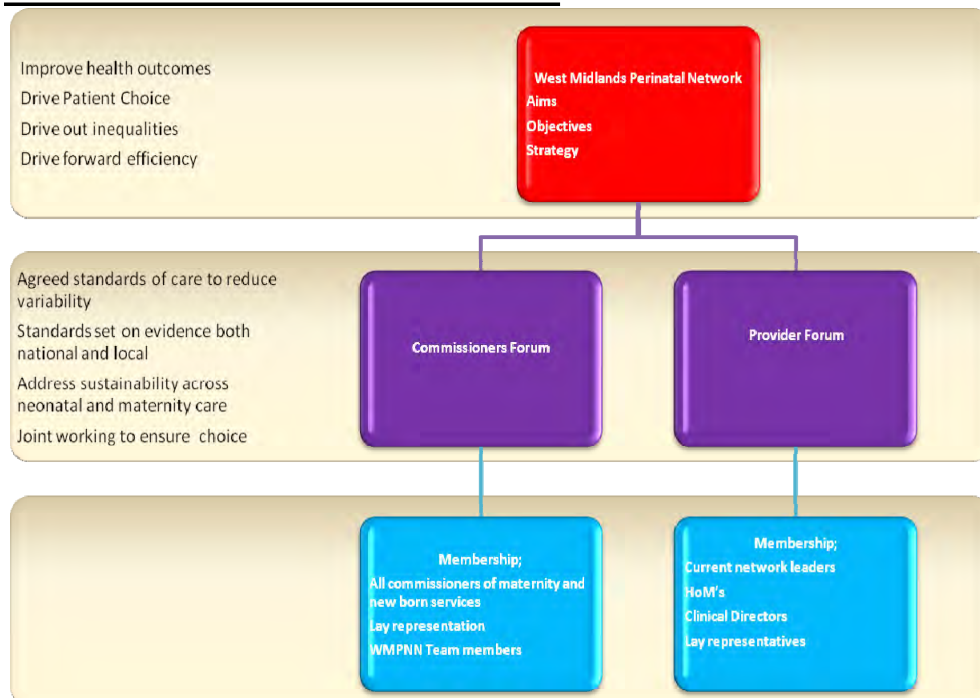
One of the key priorities is: “Right gestation, right place”, in line with our own Newborn Toolkit principles. The Newborn Network vision is to be able to collaborate with care pathway and guideline development; training eg for resuscitation and breastfeeding support; to address issues relating to the workforce, and support the development of appropriate roles eg midwives who in the future will be undertaking baby-checks for the normal newborn.

One of our biggest aims is to develop “One number” for ALL referrals, both in-utero and ex-utero, with a remit to locate a maternity bed and newborn cot as appropriate, and a supporting designated transfer service. Clinicians and midwives spending hours on the phone searching for an appropriate unit to transfer a mother and baby represents a huge and ineffective waste of resource. A strong collaboration puts this sort of initiative within our grasp.

The WMPNN is composed of the **WM PNN Board; a Commissioner Forum and a Provider Forum** (see WMPNN model below).
The Network has been updating care pathways to comply with the Toolkit definitions of Special Care Units (SCUs), Local Neonatal Units (LNUs), Neonatal Intensive Care Units (NICUs), and will continue do so in a greater partnership with maternity service providers and their commissioners. Our NHS Medical Director, Professor Sir Bruce Keogh, has warned us that mis-spending in one area of our services, places other areas at risk. Resources are seriously limited.

I urge everyone to look at their service developments within the West Midlands Perinatal Network joint strategy, rather then as individual service providers. Personal agendas have no place if collaborations are to succeed. Indeed in this climate we all need each other to thrive, and more then ever before we need to keep working together, in order to harmonise the activities of existing Maternity and Neonatal units, and assist the regional objective of improving outcomes from maternity and newborn care.

West Midlands Perinatal Network model



EDUCATION AND TRAINING GROUP

Jackie Stretton
Lead Practice Educator

Education Lead

The education team have focused on several distinct aspects:

- expanding the Network portfolio of study days and education events
- continuing the SHA Neonatal Pathway Pilot Project
- supporting and contributing to Advanced Neonatal Nurse Practitioner education.

A new development has been the successful running of the Neonatal Surgical Module.

Over the next year we will continue to work with our partners and introduce and design new education events according to need. Our philosophy is to encourage multi-professional, collaborative principles in the delivery of education and training for all staff who care for neonates in our Network and in line with the Neonatal Toolkit principles.

Achievements

- Established a regional education group to support implementation of the West Midlands Neonatal Nurse Career Pathway and Skills Escalator
- Invested in the education and development of staff with speciality roles within their units
- 3 students commenced the new ANNP programme September 2010 and are progressing through the pathway
- 4 students completed the ANNP programme in August 2011
- Change in Practice Award – Sonia Saxon and Kirsty Dixon attended a neonatal transport course
- Delivered a 'skills training week' for current ANNP students
- Delivered 1 x Neonatal staff nurse induction / Update (4 day programmes)
- Education and Training quarterly Bulletins
- 'Grand Round' events around the network
- Members of core Network team: presented at national and European conferences, published in international journals
- 7 Palliative care study days
- Development of neonatal palliative care e-module (in conjunction with Coventry University)

Other courses:

- Surgical Neonatal Nutrition study day
- Surgical Neonatal Nursing Module
- Parent representative study day
- Transport team training day

Main Activities

- Delivering network programme of multiprofessional study days / conference days
- Working with regional education providers to foster and facilitate education and training for staff involved in the care of the newborn in the SWMNN
- Working in collaboration with neighbouring networks & HIEs to assess the workforce development and training needs to meet the demands of the neonatal service
- Network regionally and nationally with education colleagues to share and develop good practice initiatives
- Provide academic and tutorial support to clinical staff

Research

Research activity continues across the network. The Pulse-ox study (BWH and collaborating centers) has finished recruiting; recruitment into BOOST-2 continues and a study of PCR in the diagnosis of early onset infection is ongoing (BHH research fellow supported by SWMNN). The I2S2 study is awaiting initiation at many units.

Future Plans

- To work in partnership with the Neonatal units, Perinatal partners, Trust Education and Learning Departments, the SHA/Workforce Deanery and HEIs to develop and deliver new education pathways for neonatal nurses.
- Continue to contribute to neonatal training programmes delivered by Trusts, Network & Universities
- To work with Trusts to review mandatory neonatal training
- Support multi- professional education and training events
- Develop the portfolio of Network Study days
- Introduce simulation training events
- Offer career pathway development advice and academic support to neonatal staff within SWMNN
- Support / sponsor education and training activity in line with Network objectives and work programme working towards the implementation of Principles 2 and 5 (DoH Toolkit 2009)
- Use interactive network resources to support education delivery

TRAINING UNDERTAKEN/ SUPPORTED BY SWMNN \FROM 1 April 2010 to 31 March 2011

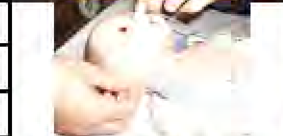
Course Title / Award	Cohort (commencement)	Provider	No of Delegates
Postgraduate Diploma MSc in Advanced Practice – Neonatal	Sept 2010 Sept 2011	Birmingham City University	7 3
SWMNN Neonatal Surgical Module	Sept 2010	SWMNN	5

MSc Advanced Neonatal Nursing Practice (ANNP Preparation)
Sarah Cormack
Armida Dela Cruz
Sheeba Binoy
Nicola Greco

Birmingham City University

(Including Dimensions in Health Care Neonatal Pathway and Stand alone Modules)

STUDENT	AWARD
Anita Gill	Advanced Diploma
Beverley Bowler	BSc
Patricia Clayton	Advanced Diploma
Amanda Calcutt	Advanced Diploma
Jennifer Luke	BSc
Stacey Shaw	Graduate Certificate
Helena Spencer	BSc with Commendation
Sara Wheatley	Graduate Certificate
Lisa Desjarlais	BSc
Andrea Genner	BSc with Distinction
Rosemarie McIntosh	BSc
Emma Raybould	BSc
Emma McEvoy	30 credits
Michelle Howes	30 credits
Jennifer Bradford	15 credits
Deborah Underhill	Advanced Diploma



STUDENT	AWARD
Rachel Richards	Graduate Certificate
Anita Patel	BSc with Commendation
Kerri Owen	Graduate Certificate
Elizabeth Mann	Graduate Certificate
Amarpreet Kaur	BSc
Lisa Rachel Holt	Graduate Certificate
Clair Finnegan	Graduate Certificate
Claire Butcher	Graduate Certificate
Sonia Allcock	Graduate Certificate
Lara Alamad	BSc with Commendation

Guidelines Sub-Group

The Guidelines Sub-Group, comprised of staff from each unit and chaired by Phil Simmons a Consultant based at Birmingham City Hospital, has spent another year busily working on Guidelines.

The group aim to produce clinical guidelines for use across the Network, based upon the best available evidence and expert opinion.

Our guidelines are designed to be internet based and incorporate links to the evidence and related information sources for staff and also parents.

Phil would like to thank all group members for their hard work this year.

This year we have continued our work, producing several new guidelines and renewing some of our existing guides.

We have worked closely with the new Nutritional Interest Group to create guidelines in this area. Topics include the initiation of Breastfeeding, Tube feeding and Bottle feeding. Our work with the Network Dieticians on an 'Enteral feeding in the preterm infant' guideline is almost complete and should be ready for final approval later this year.

We have continued to work with the Surgeons at Birmingham Children's Hospital this year, with four guidelines completed and 6 more underway.

Future Directions

The Network recently decided upon a new direction for our group. From January, we will be joining our colleagues in the neighbouring SSBC Newborn Network in work to produce joint guidelines for both Networks.

We look forward to contributing to this exciting initiative !

Phil Simmons
Chair, Guidelines Sub-Group

Clinical Audit and Data Sub-Group

It's been a productive year of unified Badger data collection from all the units in SWMNN. We all started Badger data collection on the 1st April 2009. As a result we have managed to produce our second financial year activity. Everyone, including junior members of staff, is getting more confident and competent in Badger data entry. Nevertheless, we need to standardise practices across the network in order to compare our practices. We have also managed to present the benefits of a unified Badger data collection for our network at our Quad Network Meeting and at the Perinatal Meeting in Harrogate this year.

This calendar year we have been able to publish our monthly SWMNN Dashboard. This was agreed at the Board level to monitor the trends of our activity, major outcomes, and out of region transfers. This would allow everyone to see where the activities were taking place and how best to support them. This has replaced the quarterly reports which I produced for the Board last year. With everyone's consent we are going to publish this dashboard on our website. We have managed to produce our own annual report for the SWMNN from the information provided by the respective units. We hope to have a more comprehensive report in the future especially focusing on the outcomes of the babies.

We were given 2 CQUINs last year; a) Parent consultation in the first 24 hrs and b) Breast milk during the admission for babies < 33 weeks. This was collected through Badger and reported by NNAP quarterly. The CQUINs for this year are a) ROP screening and b) Transfer back to local neonatal unit. We work with the commissioners to ensure that the CQUINs data can be extracted from Badger.

I have also supervised the audits for the Newborn Transport Team (NTS) looking at their cardiac transfers and babies needing PDA ligations. The cardiac transfers are safely carried out by ANNPs and it is clear that PDA ligations are increasing in numbers over the years and are rather time consuming for NTS. We are in discussion with Birmingham Children's Hospital to see if we can make the drive through PDA ligations more time efficient.

We are currently focusing our audits on the early hour care of babies less than 28 weeks gestation and the use of sucrose in our units. This is compared against our standards which are set out in our respective guidelines. We believe that these are two important areas of care for newborn babies where we need to comply with the standards.

With an established Badger data collection system, we are planning to review in more detail the major outcome of our babies in our network. In the coming year we are auditing the outcomes of babies with CLD, NEC and ROP. Furthermore, next year we aim to look at our three year running activity and trends in our outcomes.

Finally, we would like to encourage interested medical and nursing staff from all the units to join our SWMNN audit team. We look forward to working in partnership to successfully audit our practices in the SWMNN. To get involved or for more information, please contact Teresa (teresa.meredith@solihull-pct.nhs.uk) or myself (vishna.rasiah@bwhct.nhs.uk).

Vishna Rasiah
Clinical Audit Lead

Poster Presentations

1. **Perinatal Medicine 2011 Harrogate June 15th to 17th 2011**
   Analysing the major outcomes for babies born less than 31 weeks gestation within a neonatal network - The benefits of a unified neonatal data system.
   S Thomas, M Passant and SV Rasiah

2. **Perinatal Medicine 2011 Harrogate June 15th to 17th 2011**
   Impact of acute cardiac transfers conducted by the West Midlands Neonatal Transfer Service
   A Shenvi, J Harrison, A Skinner, A Dhillon and SV Rasiah

3. **Perinatal Medicine 2011 Harrogate June 15th to 17th 2011**
   Increasing demand for drive through PDA ligation conducted by the West Midlands Neonatal Transfer Service (WMNTS)
   R Rehman, A Shenvi, J Harrison, A Skinner, A Dhillon and SV Rasiah

4. **45th Annual Meeting of the Association for European Paediatric Cardiology, May 18 - 21 2011 in Granada**
   Impact of acute cardiac transfers conducted by the West Midlands Neonatal Transfer Service
   A Shenvi, J Harrison, A Skinner, A Dhillon and SV Rasiah

5. **Midlands Matters – Quad Network Meeting 27th Jan 2011**
   Review of transfers for PDA ligation conducted by the West Midlands Newborn Transfer Service.
   R Rehman, A Shenvi, J Harrison, A Skinner, A Dhillon and SV Rasiah

6. **Midlands Matters – Quad Network Meeting 27th Jan 2011**
   Impact of cardiac transfers conducted by the West Midlands Newborn Transfer Service.
   A Shenvi, J Harrison, A Skinner, A Dhillon and SV Rasiah

7. **Midlands Matters – Quad Network Meeting 27th Jan 2011**
   Analysing outcomes of babies born less than 31 weeks gestation: The benefits of a unified neonatal data collection system.
   S Thomas, M Passant and SV Rasiah

Maternity Sub-Group

The maternity subgroup has met on 2 occasions over the last year. Representation from all Trusts within SWMNN remains a problem, often due to internal clinical commitments but nonetheless turnout was encouraging. Efforts continue to provide a higher profile for the sub-group within the hospitals involved in the SWMNN, in particular to engage with obstetric and midwifery staff to produce a more balanced approach to our deliberations.

Guideline development continues to be part of our remit. For example the rewrite of the preterm guideline is in final draft form.

From an educational standpoint, Grand Rounds in Neonatology have been established since the beginning of the Neonatal Network. In the last year we carried out the launch of maternity rounds as guests of the City Hospital – thanks to Dr Neil Shah for the success of that event. Subsequently these two have been amalgamated to generate a more perinatal feel to the discussions.

Whilst we are able to monitor accurately *ex utero* transfers of neonates, it is more difficult determine the scale of maternity transfers and whether these are appropriate or not. We are carrying out work to audit this aspect of care to attempt to parallel the success seen in limiting neonatal transfers out of region.

We continue to work towards a more perinatal network. As mentioned in the previous report, this may involve further guideline development such as preeclampsia and growth restriction. As with the preterm guideline these may be introduced regionally ensuring consistency in care wherever a patient is admitted.

The underlying ethos of managed clinical networks is to ensure appropriate care at the appropriate place. Whilst this may be a reality for neonatal care there is some way to go before the same can be said for the whole of maternity care. It is encouraging that changes regionally make the prospect of true perinatal networks more likely and this can only be to the benefit of mothers and their babies.

Bill Martin
Obstetric Lead, SWMNN

SWMNN 2010-2011 Financial Year Activity Report for Therapeutic Hypothermia (Cooling)

Introduction

In May 2010, the UK National Institute for Clinical Excellence and the British Association of Perinatal Medicine published new guidance supporting the use of cooling as a routine treatment option for babies born with perinatal asphyxia. The following is the report for the last financial year since the treatment was officially commenced at Birmingham Heartlands Hospital (15/05/2010 to 31/03/2011) as a SWMNN centre for therapeutic hypothermia.

1. Number of babies who received treatment

A total of (19) nineteen babies received therapeutic hypothermia. This included both in born(4+ 1home) as well as referrals(14). The following are the units from where the babies were admitted

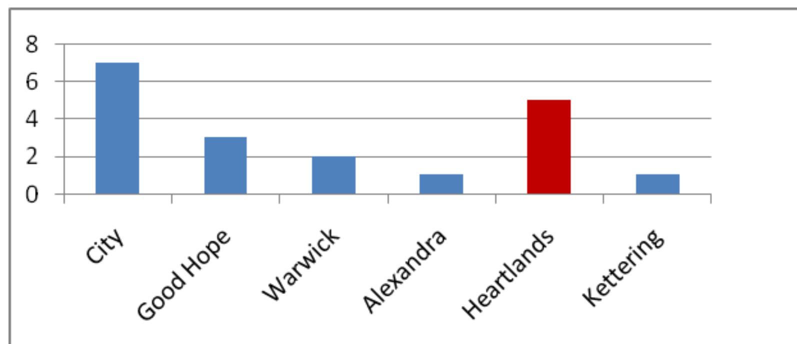


Figure 1.Number of admissions from units within and outside SWMNN network (15/05/10 to 31/03/2011).

2. Age when cooling commenced.

The recommended age for starting of cooling is by 6 hours. All the babies were commenced for cooling within six hours.

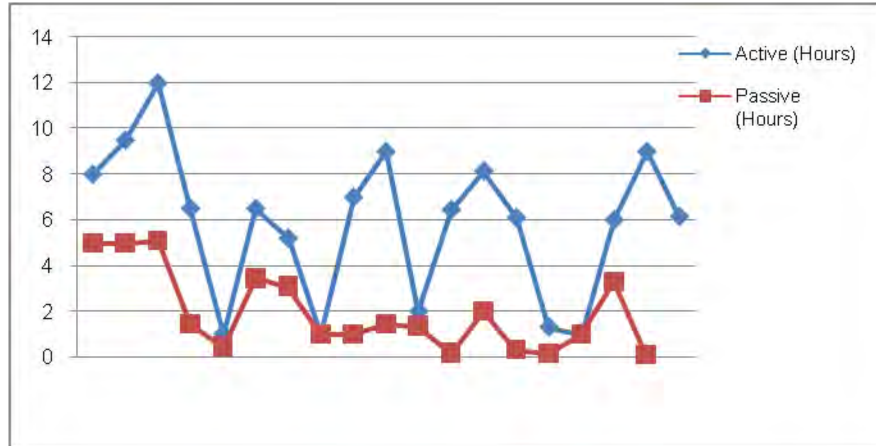


Figure 2 .Baby's age in hours when cooling commenced.

3. Distribution as per the severity of the HIE

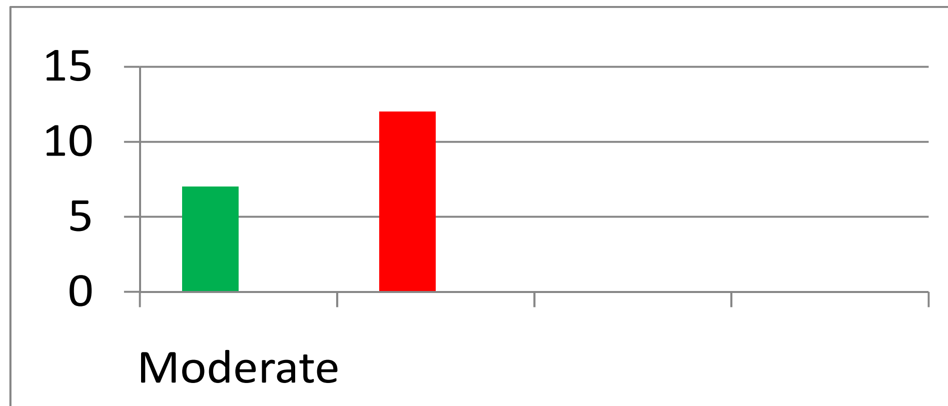


Figure 3. Severity of Hypoxic Ischaemic Encephalopathy.

4. Admission temperatures

The temperatures of the fourteen babies on arrival to the unit from the referring hospitals.The target range for cooling is $33^0 - 34^0$ C.

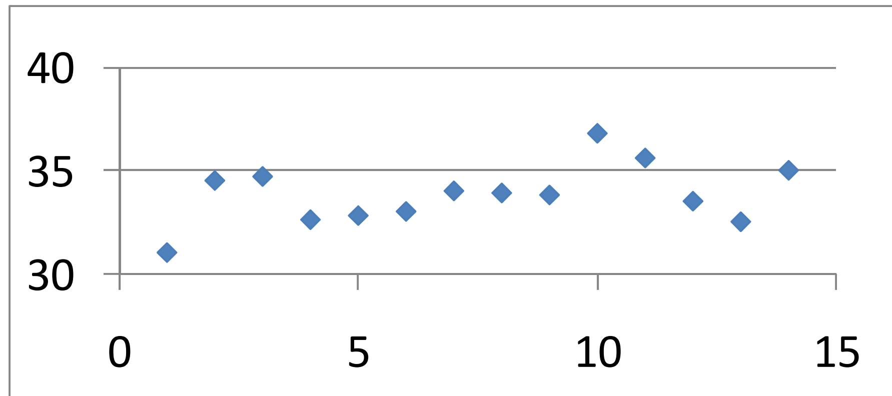


Figure 4. Admission temperatures.

5. Initial outcome after cooling treatment

All the babies who died were from the withdrawal of intensive care treatment.

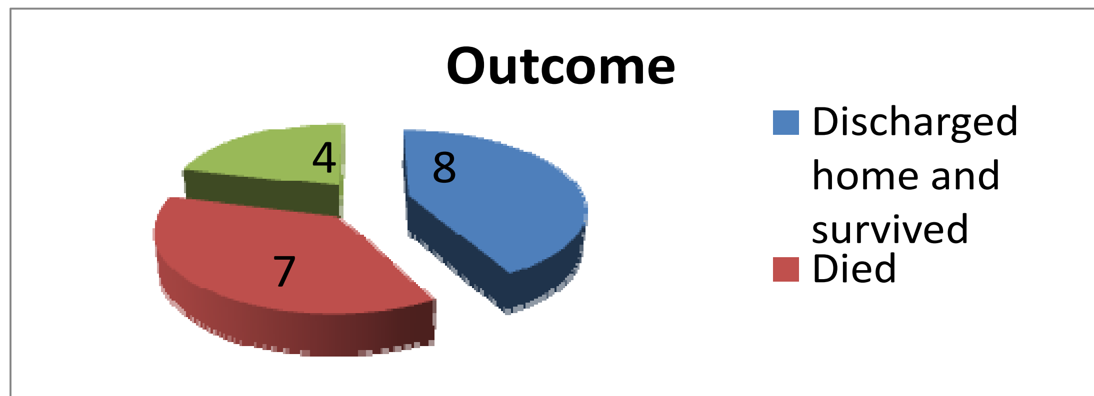


Figure 5. Outcome of cooling treatment.

6. Mortality based on the severity of HIE.

All the babies who died were from the severe group of HIE.

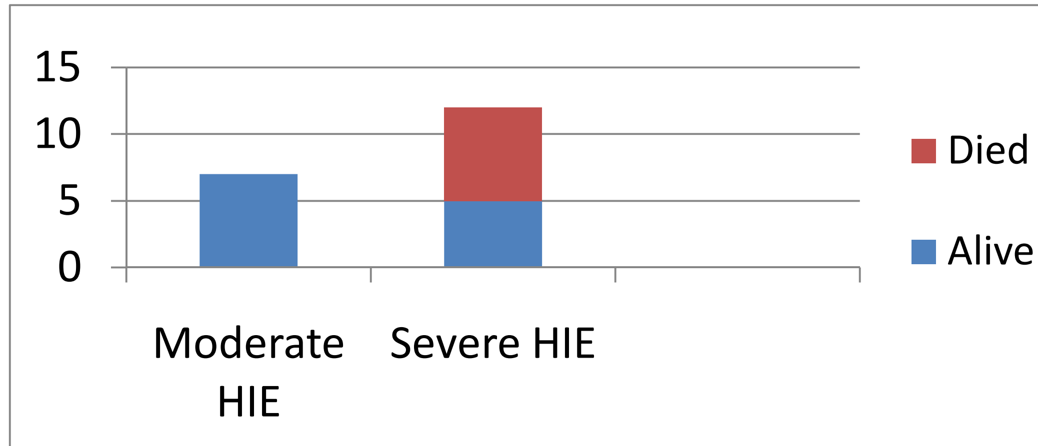


Figure 6. Mortality according to severity.

Vidya Garikapati

Cooling Lead, SWMNN
Consultant in Neonatology
Birmingham Heartlands Hospital

Neonatal Surgery 2011

The purpose of the Neonatal Surgery Project was to support services for newborn babies requiring surgery. In 2005/06, 106 babies were inappropriately treated outside the West Midlands; 52 of these were for neonatal surgery. In September 2007, an audit showed that only 66% of patients were admitted to Birmingham Children's Hospital (BCH) on the same day as a referral was made. Nine per cent of referrals were sent to other Trusts because they could not be admitted to BCH.

The Neonatal Surgery Service Specification is a commissioning document that laid out the requirements of the neonatal surgical service development between BCH and the Women's Hospitals. This service arrangement was commissioned by the West Midlands Specialist Commissioning Group to support the care of newborn requiring surgery across the region. The service continues to be supported and monitored by the **Neonatal Project Board.**

Key performance indicators: The key performance indicator relates to **out of region transfers.** These have decreased from 23 neonates in 2009/10 (14 required a cot on the Neonatal Surgical Ward (NSW) and 9 required Intensive Care Unit (ITU), to 9 neonates in 2010/11, (of which 5 required a cot on the NSW and 4 required ITU). More recently NSW and Paediatric Intensive Care Unit (PICU) have declined no baby and have imported babies for neonatal surgery from other regions.

Other performance indicators are: **Refused and delayed admissions, Number of admissions and bed days at Birmingham Children's Hospital, Lead Nurse activity and Transfers of surgical neonates between BCH and BWH.**

Outreach Nurse (Bernadette Reda) activity:

Nurse Outreach Episodes	Phone Contacts	Site visits	Total episodes of contact	Number of patients seen across all episodes of care
Quarter 1	35	137	172	27
Quarter 2	29	136	165	26
Quarter 3	25	74	99	22
Quarter 4	14	177	191	16
Annual Total	**103**	**524**	**627**	**91**

The 91 patients supported by Bernadette include babies actively discharged early from BCH, babies within BCH and pre-op babies before they arrive at BCH. The overall trend is for sicker, post-op babies, to be sent mainly to level 3 NNUs (the Women's, Heartlands and New Cross). The majority are patients transferred back from PICU, freeing up ventilated cots. The absolute number of less dependent patients transferred back from the Neonatal Surgical Ward has remained fairly static, but the number of surgical patients transferred out of BCH using the outreach service has increased over the year, reflecting increased activity overall as babies remain within region. The support needed by staff caring for surgical babies is mainly with stoma care, nutrition and fluid balance.

Training and Education. An extensive programme of education has been provided throughout the year for Network staff in general and in particular for BWH and PICU staff. In 2011 the focus will be to extend this to Heartlands staff.

5 Neonatal Nurses have completed the Neonatal Surgical Module and this is now being evaluated.

Bernadette also attends Outpatient consultations between Surgeons and parents for ante natal counselling. Written information about the NSW, and a visit to the ward are important parts of these sessions. Increasingly parents have already been given a leaflet about their baby's surgical condition by the Fetal Medicine teams (hooray!).

Guidelines for practice continue to be developed by the **Neonatal Standards & Practices Group (NSPG)** chaired by Mr Girish Jawaheer. A number of guidelines are available on the SWMNN website, along with parent information leaflets. The **antenatal care pathways** were also developed by this group. Mr Jawaheer also chaired the group who worked with Philip Wilson and Mary Montgomery at West Midlands Paediatric Retrieval Service (WMPRS) to develop a "one number for all neonatal surgery referrals" system. A number of guidelines are in advanced stages of development including for the management of congenital diaphragmatic hernia and for the nutritional management of, and care pathways for, surgical babies.

In addition to Bernadette Reda (Lead Neonatal Surgery Outreach Nurse) and Alison Bedford Russell (Neonatal Surgery Liaison Lead), to support the service, Mr Oliver Gee, Consultant Paediatric Surgeon was appointed and took up his post on 29th May 2011. Since June 1st, surgical review of babies on the neonatal unit at Birmingham Women's Hospital has occurred on a daily basis, Monday to Friday, following an 08.15hrs capacity meeting at BCH involving the Outreach Nurse and Surgeon, BWH Neonatologist, On-call Surgeon and Nurse in Charge of the Neonatal Surgical Ward.

The service is not perfect yet but efforts are ongoing and it is anticipated that the service will strengthen and improve in quality, including communication (which at times is still sub-optimal), as well as achieve zero out of region transfers. It has been a great boost to have won the **All-Party Parliamentary Group on Maternity Services Awards 2011,** for what we have achieved together, so far. This is the result of a highly effective collaboration between all member units especially Birmingham Children's Hospital, and with our commissioners.

Bernadette Reda
Lead Neonatal Surgical Outreach Nurse

Alison Bedford Russell
Neonatal Surgery Liaison Lead

West Midlands Neonatal Transfer Service (WMNTS)
2010 - 2011

WMNTS continues to provide 24 hours, 7 days a week care for infants in the West Midlands area. This year the budget was increased further to include another 1 WTE Advanced Neonatal Nurse Practitioner and a full time Consultant Post. Dr. A. Philpott was appointed and came into post in February 2011.

Activities

Overall, the activity for the year has reduced by 9% due to the launch of neighbouring transfer services (transfer requests/month 129 compared to 141 in the previous year).

WMNTS performed 81% of the transfers requested during this period. 12% of transfers were cancelled by referring units (e.g. change in baby's condition, availability of cots, parental consent or inappropriate referral). 7% were refused by WMNTS (staffing issues or already on transfer and unit could not wait).

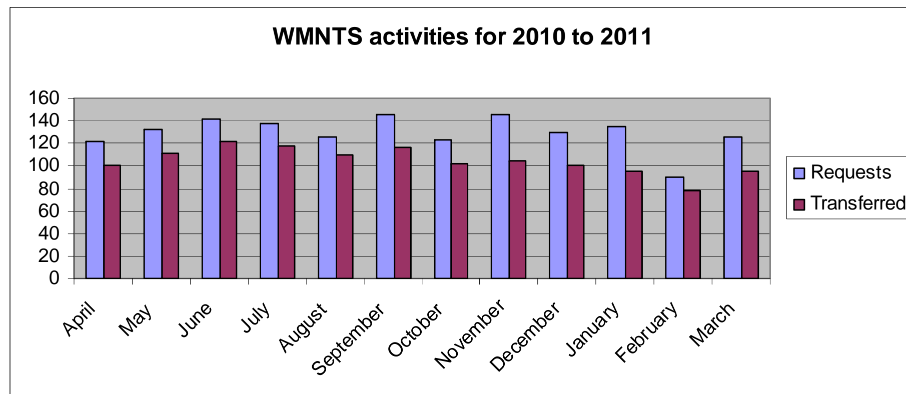


Figure 1

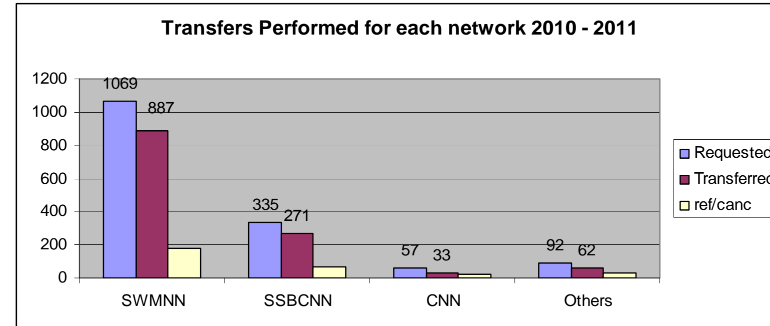


Figure 2

Transfers performed were for SWMNN (71%), SSBCNN (22%) and CNN and other networks (8%).

Only 9 babies were transferred out of region due to lack of capacity compared to 22 in the previous year.

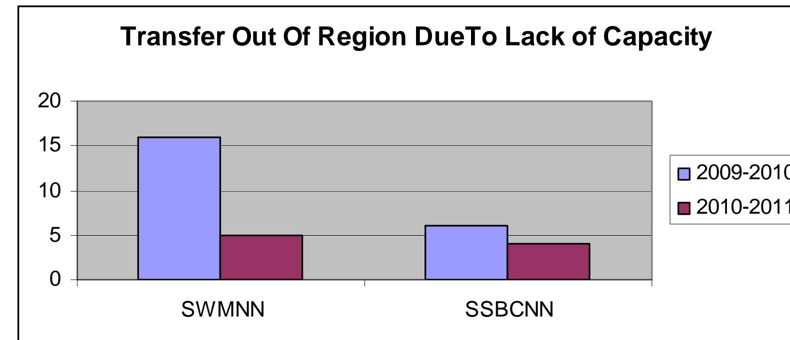


Figure 3

21 babies were transferred for cooling therapy and all reached the target temperature.

Funding
Pay budget for the year £1,080,723 (expenditure was £990,560 due to consultant post not filled until February 2011). Non pay budget was £401,653 and expenditure was £401,653.

Staffing

- The team consists of:
- 1 Consultant Lead (from February 2011)
- 3 PAs SWMNN & 2PAs SSBCNN Consultant Lead (to be appointed)
- 1 Nurse Consultant
- 4 Advanced Neonatal Nurse Practitioners
- 3 Trainee Advanced Neonatal Nurse Practitioner
- 1 Transport Fellow
- 8 Nurses (7.5 WTE)
- 1 Cot Locator Clerk
- 1 Administrator

Education
The WMNTS training day that took place on 4th May 2011 proved a great success with representation from all levels of nursing and medical staff across the networks. This enabled attendees to have insight into how the team work and various situations that arise during transfer. A further day is planned for December 2011.
All staff have attended the Therapeutic Hypothermia for Hypoxic-Ischaemic Encephalopathy Study day
2 staff have completed PanStar training
NTS staff continue to support local NLS courses

Audits
3 audits were presented:

1. Acute cardiac transfers provided by West Midlands Neonatal Transfer Service – Quad Network Conference
2. Review of transfers for PDA ligation conducted by the West Midlands Neonatal Transfer Service– Quad Network Conference
3. Gatroschisis transferred by the WMNTS – an oral presentation at Neonatal Society Spring Meeting

Clinical Governance
A total of 119 incidents were reported during 2010/2011, this equates to 9% of total transfers undertaken. Incidents were broken down as follows:

Type of Incident		No.	% of Total
Clinical	Temperature	12	10
	Staff shortages	7	6
	Clinical	29	24
Other	NTS incidents	4	3
	Communication	23	19
	Ambulance	8	7
	Equipment	19	16
	Escalation	1	1
	External	3	3
	CNN Transfers	12	10
	Personal Accident	1	1
	Total incidents	119	

Jackie Harrison
Nurse Consultant

Alex Philpott
Neonatal Transport Consultant

Kate Branchett, Parent Representative, SWMNN

It is almost exactly a year since I became involved with the SWMNN and I have enjoyed it immensely. Initially, I thought my involvement would be limited to quarterly board meetings and I was unsure how much input I would actually be able to have. However, without exception, everyone has been extremely welcoming and I really feel part of the team. I have learned so much this year, but I have also realised how much knowledge I already had, simply by spending so much time on the neonatal unit and asking questions whilst my daughter Molly was small. It is so easy to forget what a difficult, unnatural and indeed terrifying experience having a baby on a neonatal unit can be, especially when you are there every day. I am extremely thankful for the opportunity to be able to illustrate the experiences of real families and to try to help make improvements. I have taken every opportunity to become involved with Network events and I have been humbled by some of the lovely feedback I have received.

At my first Board meeting back in September last year, I was asked to become involved in the Newborn Palliative Care Project Team. I was happy to help, but I was concerned that my personal experiences weren't actually relevant, as I didn't really understand what palliative care actually was! However, as I became involved in the planning of the study days, I soon realised that we had indeed received palliative care, albeit for a very short time. These study days were difficult emotionally, particularly at first, but have really helped me on my own journey. I put together a presentation of parents' views and experiences, which I presented at each of the 'day 1' study days and I facilitated a round table discussion at both of the second days. As a direct result of these presentations, I have spoken at BLISS Palliative Care QuIP days in both Manchester and London and this has been a great opportunity to find out about and share best practice and ideas from other areas of the country. I was also filmed talking about our experiences for one of the online training aspects of the Newborn Palliative Care CPD module. I hope that the great work that is happening around the Network to help babies and families who need to receive palliative care can be continued, shared and consolidated to ensure all parents get the best possible experience at this devastating time in their lives.

I am involved in the Developmental Care Sub Group and I spoke about our family's experiences (both good and bad!) at the Developmental Care study day at BWH last year. I hope to do the same again later this year. It is disappointing that some study days have had to be cancelled due to lack of attendance, as from speaking to the staff that attended, the days are extremely useful. I helped to review the Parent Information Leaflets, along with some other parents from the C.A.L.M. support group and these have now been distributed across the Network.

I was also asked to speak about our experiences for the National Society of Physiotherapists at their study day that was held at BWH back in June. I was extremely pleased to be asked to do this, as I am passionate about ensuring that knowledge and expertise is shared across different organisations.

I was involved in the unit designation visits in November and December and I found it invaluable to be able to visit most of the units within the Network, as they are all so different. It helps to give me some insight, as we only experienced 2 units with Molly.

As part of these visits, we spoke to other parents and launched the BLISS parent questionnaire. Most units seemed receptive to our suggestions, but I would like to work to ensure that family centred care is key to the care of babies in all units within the Network.

I have attended some of the Grand Rounds and the Quad Network Day this year, mainly to ensure I have a good grasp of what is happening clinically and the issues that are being raised, as I feel my input is most valuable when I am well-informed. These have been fascinating and I hope to attend more in future.

I continue to help to run C.A.L.M. (Calling All Little Miracles) the support group we set up in Worcestershire back in early 2010. We meet at a local Children's Centre and these sessions are successful. We invite local companies to come along and do taster sessions of baby friendly activities and we always welcome health professionals to come along and speak to parents. It has become increasingly difficult to engage with and recruit new parents, but we are increasing publicity this autumn and hope to integrate the group more into the unit so that it is easy for parents to reach support right from the start of their journey. As a group, in January we managed to secure £6000 of funding for new breastfeeding chairs for the unit at WRH.

As part of my Network role, I am trying to help connect the various support groups around the region and this is something I hope to focus on in the coming months. I would like to help units to share information and support for parents across the Network, as I feel this will help in particular with when babies are transferred, as this is an extremely stressful time for parents. I have just been involved with reviewing the new parent information leaflets for the Transport Team and I feel these will be extremely beneficial in helping the transition from one unit to another.

I have also become more involved with BLISS. In February, I attended the Parents Information Day held at BWH. It was useful to meet other parents from around the country who were already or were considering becoming Parent Reps and to receive some training. I had input into the revised BLISS Parent Information Guide and I am on the advisory panel for Little Bliss magazine, with several articles in this magazine. I have been part of a joint project with BLISS and the University of Manchester to put together a questionnaire to gather parents' opinions about data gathering during the neonatal period. I have been invited to the House of Commons with BLISS and I am looking forward to this. I am excited about BLISS's new strategy and the development of new regional centres. Hopefully this will see the strengthening of BLISS's relationship with Newborn Networks and units both nationally and locally.

We have also been fundraising, as a family. My father ran the London Marathon on behalf of BLISS, raising over £4,500 and my mother and father in law held a concert also in aid of BLISS that raised almost £1,500. I organised a concert last October that raised over £1000 and my husband's school raised over £750 through a non-uniform day, both in aid of the Tiny Babies Big Appeal at BWH.

I have also been working with the National Childbirth Trust (nct) and I am a volunteer for their Shared Experiences Helpline, supporting parents who may have a baby in a neonatal unit and signposting to relevant support and information. Molly's story was also featured in nct matters magazine, partly to highlight that not all pregnancies go to plan!

West Midlands Neonatal Palliative Care Project

In August 2010 a bid was put forward to the Department of Health by the Networks for £150k for neonatal palliative care. The aim of the project was to ensure that the care of babies requiring palliative care needs was addressed and improved by implementing the pathway produced by "ACT" (Association for Children's Palliative Care 2009) and the recently published BAPM and BLISS documents.

This bid was successful and has enabled us to provide education and training for all nursing, medical staff and allied health professionals, as well as the voluntary sector on the needs of the baby and family requiring palliative care in the neonatal period.

The 4 Midlands Networks worked together using their existing management structure to support the project. The funding was used to invest in medical and nursing staff who provided workshops and road shows to inform and education staff around care of the dying baby and their family, and also ensure that staff had the knowledge relating to what happens after the death of a baby. Also as part of this project, we allocated funding to provide Memory/Journey Boxes to maternity and neonatal units in the Midlands.

Memory/Journey Box

Initially, the project appointed 4 Consultants/Champions who had an interest in palliative care, and set up a Palliative Care Project group which included the appointed Lead Clinicians, Network Mangers, Networks Practice Educators, parent representatives and religious and spiritual advisers. A series of 7 workshops and roads shows took place between January and June 2011, with 570 attendees from all areas of care across the Midlands, including medical/ nursing staff, midwives, health visitors, community staff and hospice staff, parents and religious and spiritual advisers. The aim is to implement an ongoing education programme on palliative care for the neonate and their family.

The first of these study days covered 'palliative care – where does it begin?', 'an obstetric perspective', followed by information on the national guidance from ACT, BAPM and BLISS. We then had some sessions on what palliative care is available for neonates and the ethical considerations at the end of life. On each of these days we were fortunate to have two parents speak about their experience and what they required from professionals during this stressful life event. This included feedback from a survey undertaken by one of the parents, when 25 parents who had lost their baby were asked for their comments. The afternoon sessions concentrated on faith, cultural and spiritual needs, followed by a panel discussion on meeting the religious and spiritual needs of families.

We then had a second day covering the role of the Coroner and the Pathologist, a talk from a Funeral Director, a Registrar of Births and Deaths who discussed the legal requirements regarding a dead baby, and a Psychotherapist's view on what happens when a baby dies from a parent's perspective. The afternoon was dedicated to a Pathway Planning Workshop.

All of the study days evaluated well with very positive feedback on the contents of the day. Some comments received from participants included:

- *"A thought-provoking and informative day, thank you. Especially the morning."*
- *"Ethical discussions very thought provoking. Parent views very useful."*
- *"Hearing comments from parents and being told what they need and want for their dying baby."*
- *"Excellent!..."*
- "*Parents experiences and what was helpful. We need to know what we need to do more of…"*
- *"Finding out what was available within the region for palliative care – also the parents perspective"*
- *"Erica Brown's session was fantastic. Very thought provoking and will make me consider my practice much more closely…"*

Reflection on some of the successes of the project

- The recommendations of the policy documents around neonatal palliative care have been disseminated to staff across the Midlands;
- Staff have a greater understanding of services available for babies and families to support them during palliative care;
- Staff have a greater understanding of the needs of parents during this very difficult time;
- An integrated care pathway for palliative care has been produced for the Midlands;
- The neonatal transport service is working with the local hospices to produce a document to transfer the dying or the dead baby to local hospital services or home;
- Valuable networking – staff within neonatal services have forged links with professionals in other areas of palliative care – e.g. Hospices, fetal medicine, Registrar for Births and Deaths, Funeral Directors, the Coroner's and Pathologist officers;
- An increased understanding of the diversity of ethical and spiritual needs of families.

So was this project successful? On the last day the Lead Obstetrician gave the talk on the Obstetricians perspective. During her talk she mentioned that for the first time a baby and their family had been transferred from her unit to the local Hospice for palliative care. Prior to the project, her team would not have even considered this as an option. As a Project Team we see this as a huge mark of our success.

Mary Passant
Network Manager/Lead Nurse, SWMNN

LEVELS OF CARE FLOW CHART

City Hospital NHS Trust
Local Neonatal Unit
Transfer in >26 weeks gestation
Transfer out <26 weeks gestation

Good Hope Hospital NHS Trust
Special Care Unit
30 weeks gestation and below to be transferred out
Women in labour 24-29+6 will be transferred out to appropriate hospital

Birmingham Women's NHS Foundation Trust
Neonatal Intensive Care Unit

All levels of care provided

Heart of England NHS Foundation Trust - Heartlands
Neonatal Intensive Care Unit

All Levels of care provided

Worcester Acute NHS Trust
Local Neonatal Unit

Transfer in >27+0 weeks gestation
Transfer out <27+0 weeks IUT

Hereford County Hospital
Special Care Unit

Women in labour of 30 weeks gestation or less to be transferred out. For twin pregnancies less then 32 weeks, triplets less then 34 weeks.

Alexandra Hospital Redditch
Special Care Unit

Babies born or women in labour less than 27 weeks will be transferred to a tertiary unit
27+0-33+6 transfer to Worcester
34+0 or above deliver at the Alexandra Hospital

Neonatal Intensive Care Units within the West Midlands:

SWMNN:
Birmingham Women's Hospital.
Tel: 0121 627 2686

Heart of England Heartlands
Tel: 0121 424 3520

CNN:
University Hospitals Coventry & Warwick
Tel: 02476 966668

SSBNN:
University Hospital North Staffs
Tel: 01782 552439

Newcross Hospital
Tel: 01902 694032

***ALL BABIES LESS THAN 26 WEEKS MUST BE TRANSFERRED TO A DESIGNATED INTENSIVE CARE UNIT**

Concluding Comments

David Nicholson (13 April 2011) stated that "*Networks are the way forward in the NHS. There is a central role for networks in the new system as the place where clinicians from different sectors come together to improve the quality of care across integrated pathways. So I want to put these networks at the heart of our efforts to renew and strengthen engagement.*"

This clear message means we have to continue to work together and ensure babies and families in the West Midlands receive the right care in the right place at the right time, and to agreed national standards.

This Annual Report demonstrates that following the publication of the Toolkit for Neonatal Services (2009) the Network Strategy is working towards meeting the Principles. It is very heartening to realise that many of the Principles (or what others may term "standards"), within this document are already met within our neonatal units, and where they are not there are intentions to work towards doing so.

It was with great pride that we accepted the award from "The All-Party Parliamentary Group on Maternity" from Anne Milton MP (Parliamentary Under Secretary of State for Public Health) on the 11th July 2011 at the Houses of Parliament. This award demonstrates the importance of partnership working. The surgical project was started in 2005 as a response to the units who felt babies needing Surgery in the West Midlands could not get a cot locally and babies and families were having to travel all over the UK to receive the required care. In fact in 2007/08 110 babies went out of the West Midlands for neonatal surgery in 2010/11 only 11 babies when out for surgery. Hopefully next year's report will show all babies remaining within Network for care.

As Alison has mentioned, the NHS tsunami is upon us, but I feel strongly that this should not deter us from our ultimate aims, and we should continue to work together in the best interests of our mums and babies.

The success of this Network is down to each and every one of us, and I would personally like to thank you for your continuing support, contributions, and time.

Mary Passant
Southern West Midland Newborn Network
Manager/Lead Nurse

Contacting the Network Office

The Network office provides a central base for receipt and distribution of information, and is always happy to help with any queries.

Address and contact numbers:

The Network is hosted by Solihull Primary Care Trust, and is currently based at the following address:

3rd Floor
Friars Gate
Stratford Road
Solihull
B90 4BN

Telephone: 0121 746 4463 (Mary Passant, Network Manager/Lead Nurse)
0121 746 4457 (Teresa Meredith, Executive Assistant)

Email: teresa.meredith@solihull-pct.nhs.uk
mary.passant@nhs.net
Website: www.newbornnetworks.org/southern

Mary Passant, Network Manager/Lead Nurse
Teresa Meredith, Executive Assistant

SOUTHERN WEST MIDLANDS NEWBORN NETWORK
Hereford, Worcester, Birmingham, Sandwell & Solihull
c/o Solihull Primary Care Trust
Friars Gate
Solihull
B90 4BN
0121 746 4457/4463
http://www.newbornnetworks.org/southern

SWMNN comprises:

Birmingham Women's Neonatal Unit	Neonatal Intensive Care Unit (NITU)	**Worcester Neonatal Unit**	Local Neonatal Unit (LNU)
City Hospital Neonatal Unit	Local Neonatal Unit (LNU)	**Good Hope Neonatal Unit**	Special Care Unit (SCU)
Heartlands Neonatal Unit	Neonatal Intensive Care Unit (NITU)	**Redditch Mother and Baby Unit**	Special Care Unit (SCU)
Hereford Special Care Baby Unit	Special Care Unit (SCU)		

Birmingham Children's Hospital Surgical Unit

Southern West Midlands, and Staffordshire, Shropshire and Black Country Newborn Networks were named the winner of the "Most marked improvement in services to address health inequalities or improve outcomes for mothers and babies" category at the awards, which acknowledge inspiring or innovative work in improving local maternity services. This award was sponsored by Pregnacare prenatal supplements.

The team was presented with their award at the All-Party Parliamentary Group on Maternity (APPGM) summer reception on Monday 11 July, at the Terrace Pavilion, Houses of Parliament, by Parliamentary Under Secretary of State for Public Health Anne Milton MP.

Mary Passant and Ruth Moore stated: "We are delighted that our work has been recognised by the APPGM. This award recognises the work of the West Midlands Neonatal Surgical Project team, which addressed quality and capacity issues. The project has resulted in a tenfold reduction in the number of babies transferred out of region. A neonatal surgical outreach nurse and visiting neonatologist have improved quality of care and co-ordination of neonatal surgical services, resulting in better care for babies and mothers, and approximately £4 million cost savings. We have also developed joint policies, procedures and care pathways which all aim to streamline and improve services for mothers and babies."

Staffordshire, Shropshire & Black Country
Newborn Network
Incorporating the Maternity Network

Annual Report

APRIL 2010 – MARCH 2011

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FOREWORD

It has been my great pleasure and privilege to Chair the Newborn Network for eight years and as this is my last Annual Report as Chairman, I wish to reflect on the Network throughout that period and not just the last year.

The Network's aim is 'Better Services for Mothers and Babies' and I am happy for our achievements as a network over the years to be judged against that aspiration.

The Network does not deliver front line services; its role is to help and support those who do, to deliver high quality services to our mothers and babies. We have consistently done this by developing a systematic and sustainable framework of quality and standards. Whether through the initial designation of units, our Neonatal Guidelines or the Standards Assessment Toolkit we have produced useable quality frameworks which help our units achieve the highest quality standards and the best outcomes.

Alongside the quality framework, we have worked using the unique nature of the Network to bring together Clinicians and Managers from across our Network to learn, to develop and to support each other in the pursuit of our aims. The education and training we have sponsored and provided has enabled both individuals and teams to raise their standards and achieve their personal and professional ambitions.

I was particularly pleased that in 2007 the Network was instrumental in establishing the West Midlands Neonatal Transfer Service, an essential part of an efficient and effective newborn service that had been missing.

I am also particularly proud of the role that the Parent Representatives have played in shaping and developing both the Network and services. Their drive, enthusiasm and challenge have been a major contributor to our success as a network.

Throughout the Network's life, it has had to change and adapt as circumstances and policy have shifted and it is only right and proper that we do. Whether it's responding to BAPM standards, the "Toolkit for High Quality Neonatal Services" or the QIPP challenge, the Network has constantly adapted to ensure we remained relevant and effective.

The future looks different for us all as the NHS is once again reformed. What is increasingly clear however is that clinical leadership, the integration of care along pathways not organisational boundaries, the systematic and sustainable framework of quality and standards, and real meaningful patient involvement are at the heart of the Government's policy for the future.

The way we have worked and delivered our aims as a Network is a clear example of how the NHS must work in the future. I look forward to the Network's way of working being developed further across the NHS.

I could not finish without thanking everyone who participated in the Network Board or its Sub Groups or made a contribution to our work. I have enjoyed Chairing the Network because we have made a real difference to mothers and babies, but I could not have done that without your help, support and enthusiasm.

I would in particular like to thank Ruth Moore and the Network Team, and Andy Spencer our Lead Clinician for your help, support and hard work.

I shall continue to follow your progress with interest and wish you all the best for the future.

Jon Crockett
Chair, Staffordshire, Shropshire and Black Country Newborn Network

INTRODUCTION

During the first half of 2010/11 the Network Manager/Lead Nurse role was undertaken jointly between Ruth Moore and Chris Thomas. Chris concluded her secondment as Network Manager/Lead Nurse at the end of Oct 2010 when Ruth returned following completion of her year long part time secondment with the East Midlands Specialised Commissioning Group.

Ruth Moore
Network Manager/Lead Nurse

Individual Trust visits were conducted in the second half of 2010/11 in order to;

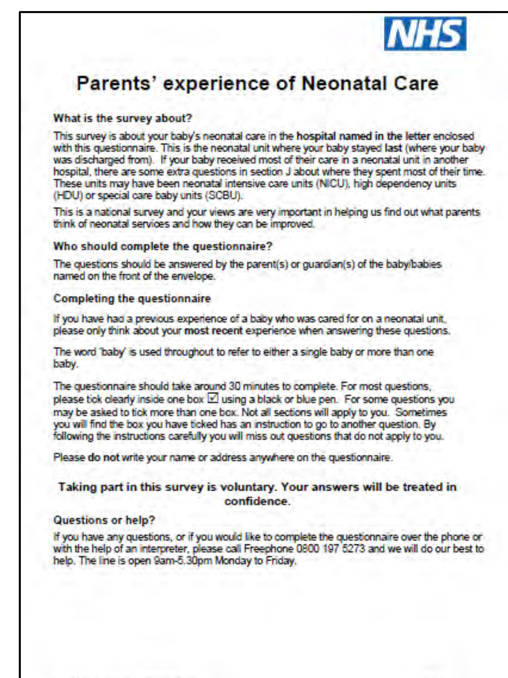
- Review the Trust's gap analysis with the Neonatal Toolkit for High – Quality Neonatal Services[1] and identify areas that require network support
- Discuss the Network standards assessment tool and demonstrate the new functions available
- Discuss the development of appropriate care pathways for women and babies within the Network with consideration of each hospital's position. Further information about the development of the care pathways can be found later in the Annual Report on page 7.

No.	Quality statements
1	In-utero and postnatal transfers for neonatal special, high-dependency, intensive and surgical care follow perinatal network guidelines and care pathways that are integrated with other maternity and newborn network guidelines and pathways.
2	Networks, commissioners and providers of specialist neonatal care undertake an annual needs assessment and ensure each network has adequate capacity.
3	Specialist neonatal services have a sufficient, skilled and competent multidisciplinary workforce.
4	Neonatal transfer services provide babies with safe and efficient transfers to and from specialist neonatal care.
5	Parents of babies receiving specialist neonatal care are encouraged and supported to be involved in planning and providing care for their baby, and regular communication with clinical staff occurs throughout the care pathway.
6	Mothers of babies receiving specialist neonatal care are supported to start and continue breastfeeding, including being supported to express milk.
7	Babies receiving specialist neonatal care have their health and social care plans coordinated to help ensure a safe and effective transition from hospital to community care.
8	Providers of specialist neonatal services maintain accurate and complete data, and actively participate in national clinical audits and applicable research programmes.
9	Babies receiving specialist neonatal care have their health outcomes monitored.

The National Institute for Health and Clinical Excellence (NICE) Specialist Neonatal Care Quality Standards[2] were published at the end of October 2010.

Nine quality statements were devised by the Topic Expert Group which drew on the Toolkit for High Quality Neonatal Services[1], Standards for Hospitals Providing Neonatal Intensive and High Dependency Care[3] and Standards for Maternity Care: Report of a Working Party[4]. Each quality statement is accompanied by quality measures which aim to improve the structure, process and health outcomes of specialist neonatal care. The quality standard requires that the physical, psychological and social needs of babies and their families are at the heart of all care given.

The Network's Standards Assessment Tool is currently being updated to ensure that it reflects all newly published national standards and principles relating to neonatal care which will facilitate the Network and the individual Trusts to assess themselves against the standards and formulate action plans where any gaps against the standards exist.



NHS

Parents' experience of Neonatal Care

What is the survey about?

This survey is about your baby's neonatal care in the **hospital named in the letter** enclosed with this questionnaire. This is the neonatal unit where your baby stayed **last** (where your baby was discharged from). If your baby received most of their care in a neonatal unit in another hospital, there are some extra questions in section J about where they spent most of their time. These units may have been neonatal intensive care units (NICU), high dependency units (HDU) or special care baby units (SCBU).

This is a national survey and your views are very important in helping us find out what parents think of neonatal services and how they can be improved.

Who should complete the questionnaire?

The questions should be answered by the parent(s) or guardian(s) of the baby/babies named on the front of the envelope.

Completing the questionnaire

If you have had a previous experience of a baby who was cared for on a neonatal unit, please only think about your **most recent** experience when answering these questions.

The word 'baby' is used throughout to refer to either a single baby or more than one baby.

The questionnaire should take around 30 minutes to complete. For most questions, please tick clearly inside one box ☑ using a black or blue pen. For some questions you may be asked to tick more than one box. Not all sections will apply to you. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Please **do not** write your name or address anywhere on the questionnaire.

Taking part in this survey is voluntary. Your answers will be treated in confidence.

Questions or help?

If you have any questions, or if you would like to complete the questionnaire over the phone or with the help of an interpreter, please call Freephone 0800 197 5273 and we will do our best to help. The line is open 9am-5.30pm Monday to Friday.

page 1

In 2010/11 the Network supported all the units to take part in the first national parent survey of neonatal care. The development of the survey followed the launch of the Toolkit for High Quality Neonatal Services in November 2009 and was taken forward by BLISS, the special care baby charity with support from the Newborn Networks.

Researchers at Picker Institute have coordinated the survey. Using Picker methodology the survey was conducted in 3 waves during 2010/11, all data has now been collected and reports from the survey are due to be published in Autumn 2011.

The Network parent experience survey stopped whilst the national survey was undertaken. The Network will work with all units to decide the future approach to take with regards to collecting, understanding and using parents experiences of neonatal care in the Network to improve services for babies and their families.

1 Department of Health (DH) (2009) Toolkit for high quality neonatal services. Available from www.dh.gov.uk
2 National Institute for Health and Clinical Excellence (NICE) Specialist Neonatal Care Quality Standards. Available from http://www.nice.org.uk/guidance/qualitystandards/specialistneonatalcare/specialistneonatalcarequalitystandard.jsp
3 British Association of Perinatal Medicine (BAPM) (2010) Standards for hospitals providing neonatal intensive and high dependency care. Available from www.bapm.org
4. Royal College of Obstetricians and Gynaecologists (RCOG) (2008) Standards for maternity care: report of a working party. Available from www.rcog.org.uk

NETWORK ACTIVITY/WORKLOAD

Activity/Workload

Each neonatal unit changed to the Clevermed BadgerNet neonatal data collection system from 1 April 2010 following the recommendation to move to this standardised system by the Network Data Group. This has enabled more detailed activity reports to be produced for this years' Annual Report which in the future will facilitate more meaningful comparison of data between Units, Networks and Regions as nearly all units in England use this system.

Table 1

Number of Babies admitted for a single network SSBCNN from 1 Apr 2010 to 31 Mar 2011 Gestation

Gestation	RWH	UHNS	S&TH	DGOH	WMH	MidStaffs	Total
Less than 22	0	0	0	0	0	0	**0**
22	0	1	0	0	0	0	**1**
23	7	4	1	4	1	0	**17**
24	8	6	6	2	0	2	**24**
25	9	10	0	1	3	2	**25**
26	13	7	9	3	4	1	**37**
27	19	9	5	6	5	4	**48**
28	12	9	13	5	14	2	**55**
29	21	21	4	13	13	3	**75**
30	16	20	9	10	9	2	**66**
31	12	30	12	15	15	7	**91**
32	25	22	19	25	21	13	**125**
33-36	188	115	229	162	134	77	**905**
37-42	224	174	433	174	190	94	**1289**
43	0	0	0	0	0	0	**0**
Greater than 43	0	0	0	0	0	0	**0**
Total	**554**	**428**	**740**	**420**	**409**	**207**	**2758**

The number of admissions in the network has increased by almost 23% compared with 2009/10 data, with the most significant increase being at S&TH (70% increase). The change in the data collection system to BadgerNet has enabled some neonatal activity to be captured that was previously missed including babies being cared for on post natal wards. Further investigation is required to ensure units are entering activity data in the same way to be confident in its comparison and to understand the implications of the change in activity from previous years.

The inclusion of the breakdown of admission by gestation/ birth weight in the annual report will be useful to review the impact of implementing the care pathways on where babies are born.

Despite the apparent significant increase in the number of admissions in the network in 2010/11 the split of care level days shows a decrease in intensive care activity in all units, an overall decrease in high dependency activity in the network and a significant increase in special care activity compared to 2009/10 data.

Table 2

Number of Babies admitted for a single network SSBCNN from 1 Apr 2010 to 31 Mar 2011 Birthweight

Birthweight	RWH	UHNS	S&TH	DGOH	WMH	MidStaffs	Total
Less than 500	2	1	1	0	0	0	**4**
500-749	23	7	8	7	5	3	**53**
750-999	32	25	15	8	12	4	**96**
1000-1249	32	29	16	14	21	9	**121**
1250-1499	31	32	18	23	19	6	**129**
1500-1749	20	44	34	32	33	15	**178**
1750-1999	45	35	41	40	50	17	**228**
2000-2499	190	55	189	92	96	37	**659**
2500-2999	70	60	128	61	62	39	**420**
3000-3499	44	62	130	68	49	24	**377**
Greater than 3500	65	78	160	75	62	53	**493**
Total	**554**	**428**	**740**	**420**	**409**	**207**	**2758**

Table 3

Number of babies and total care level days by hospital

Number of babies and total days of Intensive care

Unit	Unit Level	Babies	Less than 22	22	23	24	25	26	27	28	29	30	31	32	33-36	37-42	43	Greater than 43	Total
RWH	NICU	569	0	0	133	223	231	342	357	108	79	74	14	84	125	120	0	0	**1890**
UHNS	NICU	446	0	15	9	95	198	149	93	53	114	74	87	43	98	109	0	0	**1137**
S&TH	LNU	763	0	0	53	193	0	108	86	148	45	34	20	24	104	165	0	0	**980**
DGOH	LNU	433	0	0	44	15	13	14	71	22	34	31	28	25	150	47	0	0	**454**
WMH	LNU	422	0	0	1	1	12	5	49	97	47	52	60	24	56	53	0	0	**457**
Mid Staffs	SCU	207	0	0	0	2	2	0	3	0	0	3	10	3	28	5	0	0	**56**
Total		**2840**	**0**	**15**	**240**	**529**	**456**	**618**	**659**	**428**	**319**	**268**	**219**	**203**	**561**	**499**	**0**	**0**	**4974**

Number of babies and total days of High Dependency care

Unit	Unit Level	Babies	Less than 22	22	23	24	25	26	27	28	29	30	31	32	33-36	37-42	43	Greater than 43	Total
RWH	NICU	569	0	0	50	41	132	145	315	169	141	150	38	68	107	95	0	0	**1451**
UHNS	NICU	446	0	0	0	53	124	192	258	151	270	100	97	53	99	93	0	0	**1490**
S&TH	LNU	763	0	0	33	60	0	103	61	170	59	31	27	2	41	69	0	0	**656**
DGOH	LNU	433	0	0	0	13	27	71	54	64	117	66	31	43	38	87	0	0	**611**
WMH	LNU	422	0	0	0	0	21	28	131	239	57	48	85	52	102	123	0	0	**886**
Mid Staffs	SCU	207	0	0	0	0	0	0	0	6	4	20	5	27	14	32	0	0	**108**
Total		**2840**	**0**	**0**	**83**	**167**	**304**	**539**	**819**	**799**	**648**	**415**	**283**	**245**	**401**	**499**	**0**	**0**	**5202**

Number of babies and total days of Special care

Unit	Unit Level	Babies	Less than 22	22	23	24	25	26	27	28	29	30	31	32	33-36	37-42	43	Greater than 43	Total
RWH	NICU	569	0	0	30	49	142	62	185	553	366	389	298	552	1882	1347	0	0	**5855**
UHNS	NICU	446	0	0	0	38	192	152	195	208	521	462	619	445	1227	818	0	0	**4877**
S&TH	LNU	763	0	0	44	131	0	174	35	462	162	226	381	410	1940	1678	0	0	**5643**
DGOH	LNU	433	0	0	0	16	30	86	148	115	259	445	382	551	1518	648	0	0	**4198**
WMH	LNU	422	0	0	0	13	78	29	88	382	218	139	340	289	1309	896	0	0	**3781**
Mid Staffs	SCU	207	0	0	0	18	6	3	14	53	64	54	134	212	577	388	0	0	**1523**
Total		**2840**	**0**	**0**	**74**	**265**	**448**	**506**	**665**	**1773**	**1590**	**1715**	**2154**	**2459**	**8453**	**5775**	**0**	**0**	**25877**

Table 4

Number of admissions by referral type for a single network SSBCNN between 1 Apr 2010 and 31 Mar 2011

	Admissions from Within the network						
Referral Type	RWH	UHNS	S&TH	DGOH	WMH	MidStaffs	Total
Inborn Booked	451	372	686	384	373	182	**2448**
Inborn Booked Elsewhere	42	13	23	9	14	2	**103**
Inborn- unbooked	0	0	0	0	0	0	**0**
Readmission	5	2	2	7	24	5	**45**
Postnatal Transfer In	27	14	3	4	6	7	**61**
Home Admission	3	0	3	0	0	0	**6**
Cannot Derive	2	0	3	1	3	4	**13**
Total	**530**	**401**	**720**	**405**	**420**	**200**	**2676**

	Admissions from Outside the network						
Referral Type	RWH	UHNS	S&TH	DGOH	WMH	MidStaffs	Total
Inborn Booked	0	0	0	0	0	0	**0**
Inborn Booked Elsewhere	0	0	0	0	0	0	**0**
Inborn- unbooked	0	0	0	0	0	0	**0**
Readmission	22	15	14	7	6	4	**68**
Postnatal Transfer In	24	25	14	20	9	9	**101**
Home Admission	2	3	7	1	2	3	**18**
Cannot Derive	0	1	0	1	1	0	**3**
Total	**48**	**44**	**35**	**29**	**18**	**16**	**190**

	Total Number of Admissions						
Referral Type	RWH	UHNS	S&TH	DGOH	WMH	MidStaffs	Total
Inborn Booked	451	372	686	384	373	182	**2448**
Inborn Booked Elsewhere	42	13	23	9	14	2	**103**
Inborn- unbooked	0	0	0	0	0	0	**0**
Readmission	27	17	16	14	30	9	**113**
Postnatal Transfer In	51	39	17	24	15	16	**162**
Home Admission	5	3	10	1	2	3	**24**
Cannot Derive	2	1	3	2	4	4	**16**
Total	**578**	**445**	**755**	**434**	**438**	**216**	**2866**

The inclusion of the breakdown of admissions by referral type in the Annual Report helps the unit and network to review where the demand for neonatal services is coming from and the impact on capacity management. This will also be useful to review the impact of implementing the care pathways on where babies are born.

Table 5.

Number of distinct babies admitted for a single network and those that died SSBCNN Babies admitted from 1 Apr 2010 to 31 Mar 2011 Gestation and Birthweight

Network Admissions and Deaths		
Gestation	Admissions	Deaths
Less than 22	0	0
22	1	1
23	20	11
24	27	11
25	29	4
26	41	8
27	56	3
28	62	4
29	78	4
30	71	1
31	93	4
32	129	3
33-36	930	3
37-42	1329	8
43	0	0
Greater than 43	0	0
Total	**2866**	**65**

Network Admissions and Deaths		
Birthweight	Admissions	Deaths
Less than 500	4	2
500-749	61	19
750-999	109	15
1000-1249	133	7
1250-1499	136	4
1500-1749	184	4
1750-1999	232	2
2000-2499	676	4
2500-2999	431	3
3000-3499	390	2
Greater than 3500	510	3
Total	**2866**	**65**

Overall number of deaths in the network by gestation and birth weight are included for the first time in this Annual Report.

A more detailed process to review neonatal deaths is currently being piloted in the network by the QIPP Group to identify if any avoidable factors can be learnt and shared across the network in order to improve outcomes for mothers and babies.

Transfers

In 2010/11 WMNTS undertook 271 transfers for the units in our Network. There were 57 transfers out of the region, 44 of these were appropriate (35 appropriate surgical transfers to Liverpool, 4 appropriate transfers for surgical/specialist care not available in our Network, 5 appropriate back transfers of babies to units closer to home). 13 transfers outside of the Network were inappropriate, that is outside of the normal care pathway for babies in that unit, 7 due to cot capacity, 4 for surgery [4 less than in 2009/10] and 2 for cardiac reasons [2 less than in 2009/10]. There were a further 6 inappropriate transfers (3 less than in 2009/10) between units in our Network for cot management reasons. WMNTS also performed 25 back transfers of babies into the network. It is likely that these babies were born outside of the network as a result of an in-utero transfer possibly due to a lack of capacity. This is being monitored more closely in 2011/12 to understand where the pressures are; maternity and/or neonatal, through the exception reporting linked to the care pathways.

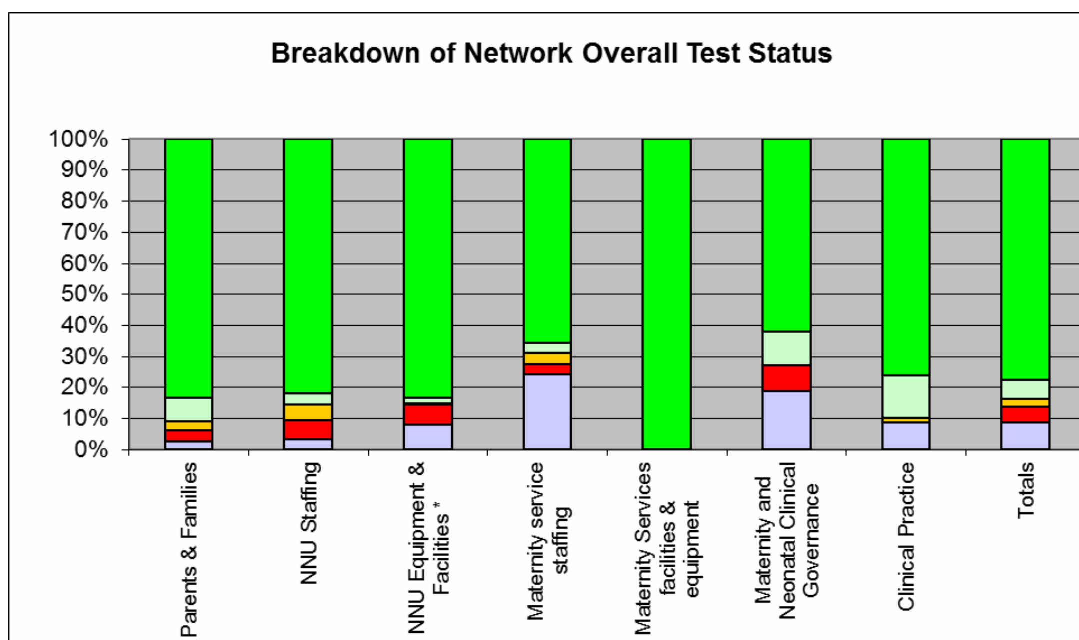
The number of inappropriate transfers to neonatal units outside of our Network is not significant with the Network meeting its target of keeping over 95% of babies within the normal care pathway for our Network.

NETWORK STANDARDS ASSESSMENT

The quarterly Network Standard Assessment Snapshot Reports at the Board meetings identify the progress units have made in meeting the standards during 2010/11. By March 2011 78% of all tests were fully met in the Network, compared with 73% in February 2010, with a further 8% partially or almost met. Only 5% of tests were not met. 9% of tests were unanswered, these were mostly relating to the few maternity service tests within the tool.
Below is the table and graphs from the March 2011 snapshot discussed at the Network Board meeting.

Network Status

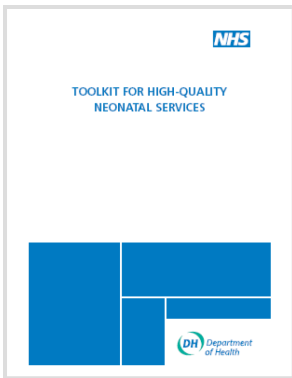
	Test Un Answered	Test Not Met	Test Partially Met	Test Almost met	Test Fully Met
Parents & Families	4	6	4	12	130
NNU Staffing	8	14	12	8	189
NNU Equipment & Facilities *	16	13	1	3	166
Maternity Service Staffing	14	2	2	2	38
Maternity Services Facilities & Equipment	0	0	0	0	6
Maternity and Neonatal Clinical Governance	30	13	0	17	98
Clinical Practice	12	0	2	19	104
Totals	84	48	21	61	731



During 2010/11 work was completed to develop the tool to include a facility for Trusts to export their data from the tool which can then be used as evidence of progress and to develop business cases as required for unmet areas. Visits to each Trust were completed towards the end of 2010/11 to demonstrate the new features to both neonatal and maternity colleagues.

Work was commenced to update the tool to reflect the Principles in the Toolkit for High Quality Neonatal Services and the NICE Standards for Neonatal Care which were published in October 2010. This work will be completed in 2011/12.

NETWORK CARE PATHWAYS DEVELOPMENT



"Neonatal Networks should lead the provision of neonatal care throughout the population they serve." (Toolkit for High-Quality Neonatal Services, 2009). Key objectives include:

- ensure babies and their families receive the highest quality of care, as close to home as possible;
- help hospitals providing maternity and neonatal care to work together effectively to plan patient care and optimise resources;
- create new clinically-effective pathways of care, covering all aspects of care and treatment including prevention;

The Staffordshire, Shropshire & Black Country Newborn Network has undertaken work to develop care pathways appropriate to the individual designation level of each Neonatal Unit in the Network.

Care Pathways Consultation Event

Stakeholders (Neonatal and Maternity services Doctors, Nurses & Midwives, Managers and Commissioners) were invited to participate in a consultation event in September 2010 in order to influence the development of appropriate care pathways in our Network.

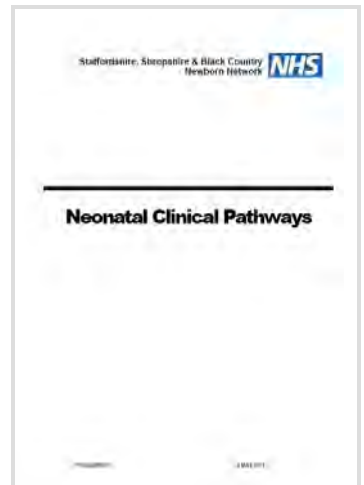
At the event there were short presentations about developing care pathways from the Network Management Team as well as the use of care pathways from the Commissioners' perspective.

The majority of the event was group work to gain stakeholder input into the development of appropriate care pathways within Network which also identified future work to be done.

During the afternoon of the event each area completed a draft care pathway template for their neonatal unit.

Following the event unit visits were held with the Network Management Team to discuss the content of the draft care pathways, the majority of which was agreed by the Network Management Team with a few exceptions relating to the gestational cut off for the Local Neonatal Units and also the location of the cooling services in the Network.

Progress has been reported through the bimonthly Network QIPP Group and at the quarterly Network Board. The process and care pathways have been collated into a Network Care Pathway document which includes an exception reporting process and a Parent Information Leaflet. The Specialised Commissioners have been involved throughout the process.



DRAFT TEMPLATE

Staffordshire, Shropshire & Black Country Newborn Network NHS

Care Pathway Exception Report

Referring Unit:

Baby:
Name:
DOB:
Hospital Number/NHS Number:

(Complete patient details or Affix Patient identification label on copy for patient notes)

Name of Consultant at Referring Hospital:

Date: Time:

Brief Details of the exception(s) to care pathway:

Network Lead Centre: (Tick box as appropriate) UHNS RWH

Name of Consultant at Network Lead Centre:

Outcome of Consultant to Consultant discussion: (Tick box as appropriate)

Baby to be transferred to:

Baby to remain at referring unit with the following agreed management plan:

Agreed Date for review with Network Lead Centre:

Additional Comments:

NETWORK SUB GROUPS

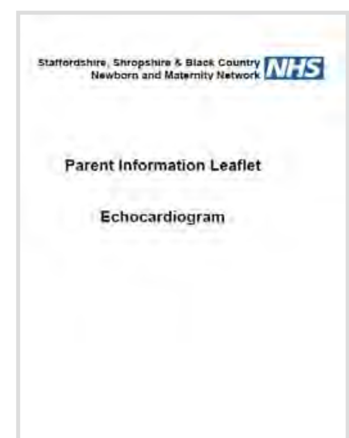
The Network Sub Groups undertake the main work of the Network. Each Group reports to the Network Board

Existing Groups in 2010/11

Group	Chair
Parent Representatives Group	Julie Ebrey
QIPP Group (Formerly the R,D & A Group)	Sanjeev Deshpande
Workforce Development Group	Chris Thomas
Guidelines Group	Kate Palmer
Equipment Group	Babu Kumararatne
Feeding & Nutrition Group (Formerly the Breastfeeding Group)	Gina Hartwell
Long Term Follow Up Group	Chrisantha Halahakoon
Resuscitation Group	Dave Roden
Transfer User Group (Formerly the Joint Transport Group)	Alyson Skinner

Network Groups Summary of Key Achievements in 2010/11:

- Monthly Parent Support Groups were commenced in Dudley and Wolverhampton and the Parent Support Group in Stafford was re-launched
- Network Parent Information Leaflets on Cranial ultrasound and Echocardiogram were agreed and a Parent Information Leaflet on how care is organised in our Network was drafted
- Feedback on the use of the third edition of the guidelines was collected and presented
- Work was commenced to develop agreed West Midlands neonatal clinical indicators
- GCP training requirements in the Network were collated
- Approval was gained to monitor mortality and serious incidents across the Network and work commenced to agree the process for this
- Training for Network staff observing and learning from Betty Hutcheon undertaking Bayley Assessments was completed
- All units were able to enter Bayley assessment data directly into the Badgernet system
- Annual Neonatal Breastfeeding Study Day attended by 21 delegates
- Network Neonatal Nursing Foundation Programme accredited by Wolverhampton University



Network Groups Summary of Key Objectives for Next 12 Months:

- Assist the neonatal units in the setting up of Helping Hands Groups in Walsall and Shropshire
- Provide an advisory role to discharge planning teams in the Network
- Agree and implement a process with the WMQI to monitor and report on agreed neonatal clinical indicators
- Collate and review neonatal safety incidents (NSIs), recommend and disseminate the lessons learned to the stakeholders
- Monitor and share learning of neonatal mortality within the Network
- Undertake a Network Education Survey to identify topics for Network Study Days
- Publish a fourth edition of the guidelines in Autumn/Winter 2011
- Widen participation in the neonatal guidelines to include South West Midlands Newborn Network
- Produce a report of network 2 year outcomes
- Hold an ultra sound scan machine equipment evaluation event in the network
- Update Network Resuscitation Guideline in line with updated Resuscitation Council NLS guidance
- Audit breastfeeding practice in neonatal units to ensure uniformity of practice across the Network

WEST MIDLANDS NEONATAL TRANSFER SERVICE (WMNTS)

Jackie Harrison
Transport Nurse Consultant

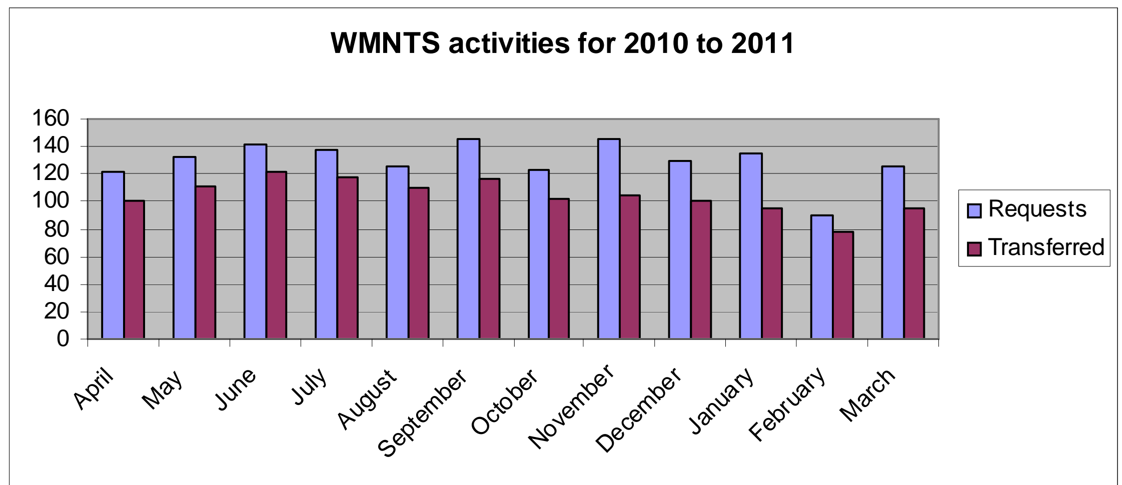
Alex Philpott
Neonatal Transport Consultant

WMNTS continues to provide 24 hours, 7 days a week care for infants in the West Midlands area. This year the budget was increased further to include another 1 WTE Advanced Neonatal Nurse Practitioner and a full time Consultant Post. Dr. A. Philpott was appointed and came into post in February 2011.

Activities
Overall, the activity for the year has reduced by 9% due to the launch of neighbouring transfer services (average transfer requests per month 129 compared to 141 in the previous year).

WMNTS performed 81% of the transfers requested during this period. 12% of transfers were cancelled by referring units (e.g. change in baby's condition, availability of cots, parental consent or inappropriate referral). 7% were refused by WMNTS (staffing issues or already on transfer and unit could not wait). See Figure 1.

Figure 1



Breakdown of the transfers performed for each network were; Southern West Midlands Newborn Network (71%), Staffordshire, Shropshire and Black Country Newborn Network (22%) and Central Newborn Network and other networks (8%). See Figure 2.

Only 9 babies were transferred out of region due to lack of capacity compared to 22 in the previous year. See Figure 3.

21 babies were transferred for cooling therapy and all reached the target temperature.

Figure 2

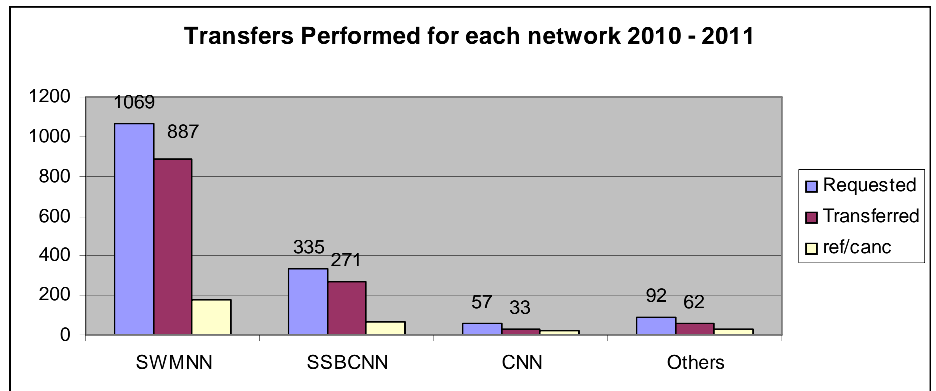
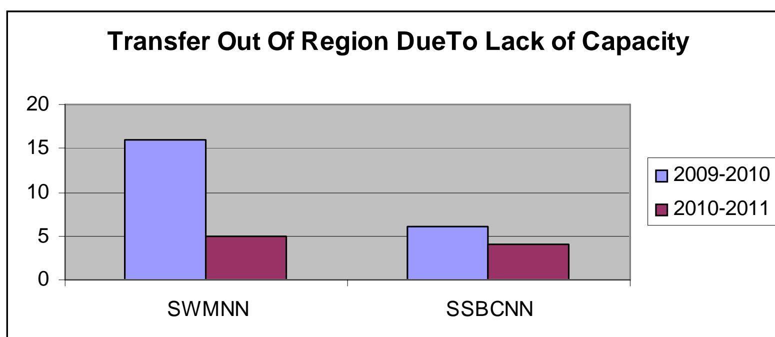


Figure 3



Funding
Pay budget for the year £1,080,723 (expenditure was £990,560 due to consultant post not filled until February 2011). Non pay budget was £401,653 and expenditure was £401,653.

Staffing
The team consists of:
1 Consultant Lead (from February 2011)
3 PAs Southern West Midlands Newborn Network Consultant Lead
2 PAs Staffordshire, Shropshire and Black Country Newborn Network Consultant Lead (to be appointed)
1 Nurse Consultant
4 Advanced Neonatal Nurse Practitioners
3 Trainee Advanced Neonatal Nurse Practitioner
1 Transport Fellow
8 Nurses (7.5 WTE)
1 Cot Locator Clerk
1 Administrator

Education
The WMNTS training day that took place on 4th May 2011 proved a great success with representation from all levels of nursing and medical staff across the networks. This enabled attendees to have insight into how the team work and various situations that arise during transfer. A further day is planned for December 2011.

All staff have attended the Therapeutic Hypothermia for Hypoxic-Ischaemic Encephalopathy Study Day.

Two staff have completed PanStar training.

NTS staff continue to support local NLS courses.

Audits
Three audits were presented during the year:
1. Acute cardiac transfers provided by West Midlands Neonatal Transfer Service – Quad Network Conference
2. Review of transfers for PDA ligation conducted by the West Midlands Neonatal Transfer Service – Quad Network Conference
3. Gatroschisis transferred by the WMNTS – an oral presentation at Neonatal Society Spring Meeting

Clinical Governance
A total of 119 incidents were reported during 2010/2011, this equates to 9% of total transfers undertaken. Incidents were broken down as follows:

Type of Incident		No.	% of Total
Clinical	Temperature	12	10
	Staff shortages	7	6
	Clinical	29	24
Other	NTS incidents	4	3
	Communication	23	19
	Ambulance	8	7
	Equipment	19	16
	Escalation	1	1
	External	3	3
	CNN Transfers	12	10
	Personal Accident	1	1
	Total incidents	119	

NEONATAL SURGICAL OUTREACH NURSE POST 2010

Quarterly Comparisons (Calendar year)

Period	Bed Days Saved on NSW & ITU	Out of Region Transfers
Quarter 1 (Jan – March 2010)	164 (9 pts.)	5
Quarter 2 (April – June 2010)	181 (8 pts.)	4
Quarter 3 (July – Sept 2010)	243 (9 pts.)	2
Quarter 4 (Oct – Nov 2010)	420 (12 pts.)	0
Annual	1008 (38 pts.)	11

Bernadette Reda
Neonatal Surgical Liaison/ Outreach Nurse

Financial Year
Out of region transfers have decreased from 23 neonates in 2009/10 to 8 neonates in 2010/11.
Of the 23 neonates, 14 required a cot on the Neonatal Surgical Ward (NSW) and 9 required ITU.
For period 2010/11, 8 neonates of which 4 required a cot on the NSW and 4 required ITU.

1.2 Point of Discharge
Comparing the number of general surgical (171) patients discharged home to those transferred to another hospital from the NSW.

2010	Quarterly Total Discharges	Home		Transferred	
1st Quarter	68	47	69.1%	21	30.9%
2nd Quarter	73	55	75.3%	18	24.7%
3rd Quarter	93	60	64.5%	33	35.5%
4th Quarter	67	53	79.1%	14	20.9%

The ratio of discharges to transfers has remained roughly the same over the year.
The majority of patients transferred out of Birmingham Children's Hospital (BCH) seen by the Outreach Nurse are from ITU.

Figures for 2009	
Total discharges for Specialty 171	290
Total Discharged Home from NSW	212
% Discharged Home	73%
Total transferred to other hospital /ward from NSW	78
% Transferred to other hospital / ward	27%

Figures for 2010	
Total discharges for Specialty 171	301
Total Discharged Home from NSW	215
% Discharged Home	71%
Total transferred to other hospital /ward from NSW	86
% Transferred to other hospital / ward	29%

1.3 Delayed Discharges/ Bed Days Lost on the Neonatal Surgical Ward (NSW)
This is the annual cot capacity occupied by patients who would be more appropriately cared for elsewhere rather than in a surgical cot on the NSW.

Quarter 1	151 Days	11%
Quarter 2	195 Days	14%
Quarter 3	54 Days	4%
Quarter 4	208 Days	15%
Total	608 Days	11%

1.4 Nurse Outreach Episodes

	Phone Contacts	Site visits	Total episodes of contact	Number of patients seen across all episodes of care
Quarter 1	35	137	172	27
Quarter 2	29	136	165	26
Quarter 3	25	74	99	22
Quarter 4	14	177	191	16
Annual Total	103	524	627	91

The 91 patients include babies actively discharged early from BCH, babies within BCH and pre-op babies before they arrive at BCH.

1.5 Number of patients transferred out of BCH with outreach support

	Arul	Jawaheer	Jester	Lander	Parashar	Parikh	Singh
Quarter 1	1		3	2		1	2
Quarter 2	1	1	1	3			1
Quarter 3	1		3	1	1	1	2
Quarter 4	1	4	1	5			
Total	4	5	8	11	1	2	5

Quarter 3 –There was a decrease in outreach activity due to annual leave. Education and training continued but was also slightly less.

The overall picture is one of decreasing phone contact with more distant Trusts and increasing number of visits to fewer, level 2 and 3 Trusts, closer to BCH. The trend is for sicker babies being sent to mainly level 3 NNU's (BWH, Heartlands, New Cross and North Staffs). The majority are patients transferred back from PICU, freeing up ventilated cots. As seen from the data above, the number of less dependent patients transferred back from the NSW has not really changed. The number of surgical patients transferred out of BCH using the outreach service has increased over the year.

1.6 Support Provided

The kind of support needed by staff caring for these surgical babies has remained constant and is mainly with stoma care, nutrition and fluid balance.

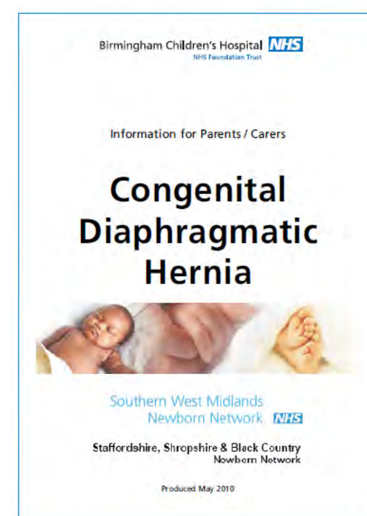
1.7 Training and Education

An extensive programme of education has been provided throughout the year for Network staff in general and in particular for BWH and PICU staff. In 2011 the focus will be to extend this to Heartlands staff.

5 Neonatal Nurses have completed the Neonatal Surgical Module and this is now being evaluated.

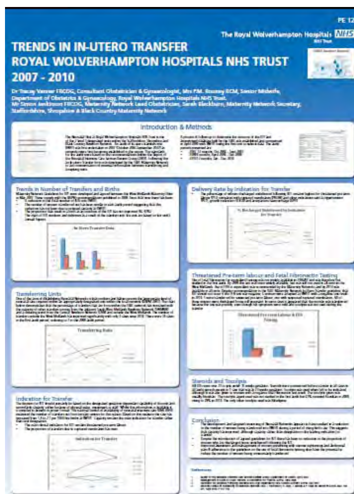
1.8 Parent and Family Support

The Outreach Nurse has attended several outpatient consultations between surgeons and parents for ante natal counselling. Written information about the NSW was provided and all the parents took up the opportunity to visit the ward. All the parents had previously been given the leaflet about the surgical condition by the Fetal Medicine Team.



Outreach Hospital	No. of contact episodes
•B'ham Women's	243
•Heartlands	61
•BCH	39
•New Cross	27
•City	17
•Russell's Hall	15
•Walsall Manor	15
•Sandwell	12
•Good Hope	6
•Coventry	5
•Warwick	5
•Hereford	5
•North Staffs	1

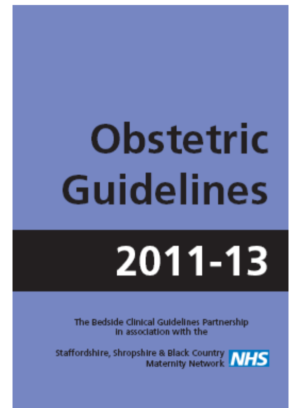
MATERNITY NETWORK



IUT Audit and Research Study

A poster of the Network IUT Audit was presented at the 2011 Quad Network Conference: 'QUALITY MATTERS' in Loughborough in January 2011.
Over 100 IUT's have been recorded, mostly from Royal Wolverhampton Hospital with some from University Hospital of North Staffordshire.

The IUT Research Project is looking at the psychological effect of transfers on parents. It is anticipated the study will be completed by the end of 2011 and the findings will be presented at the Stakeholder event in February 2012.



Network Obstetric Guidelines

The first edition of the Obstetric Guidelines book has been published and copies of the books distributed to all units in the Network. The book has been compiled as an aide-memoire for all staff concerned with obstetric management, towards a more uniform standard of care across the Network.

The book includes 50 guidelines that have been drafted with reference to published medical literature and amended after extensive consultation. The book is available to purchase by individuals outside of the Network at a cost of £10.00 ISBN 978-0-9557058-2-3. Order forms are available on the maternity website:
http://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country/guidelines

Laurence Wood speaking at the Stakeholder Event

Maternity Network Stakeholder & Perinatal Education Day

The Maternity Network Stakeholder event was held at Dudley Clinical Education Centre on the morning of the 11 February 2011, and focused on working together towards choice and quality of maternity services. 70 delegates attended the event and commented on the good mix of presentations that provided an excellent update.

The Perinatal Education event was held in the afternoon and had a surgical theme. 35 delegates attended the event, commenting on the excellent and interesting presentation by Mr Lander and the very good presentations relevant to daily practice.

This is an annual event and the next Maternity Network Stakeholder and Perinatal Education Event 2012 is to be held in February 2012. Further details will be available in Autumn 2011 on the Maternity Network website:
http://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country

Sarah Blackburn

Coordination of the Maternity Network

Sarah Blackburn, Maternity Network Administrative Secretary left the Maternity Network at the end of February 2011. Administration and management support to the Maternity Network is now provided through the Newborn Network.

A Maternity Network Planning Meeting was held on the 1 April and the objectives below were agreed for the Maternity Network for 2011/12:
Objective 1: To receive feedback on the format and usefulness of the Network Obstetric Clinical Guidelines 2011
Objective 2: To explore the potential for introducing a common maternity data system
Objective 3: To develop and share good practice in maternity services
Objective 4: To obtain robust data on the clinical outcomes and service user experiences of IUT
Objective 5: To influence maternity service issues being taken forward within the new NHS organisational structures

Quarterly Maternity Network Planning Meetings with obstetric and midwifery representation from each of the maternity services in the Network are planned in 2011/12 to take forward and monitor progress of the work streams necessary to achieve the objectives.

Simon Jenkinson, Lead Obstetrician

NETWORK EDUCATION & TRAINING

Network Practice Educator Role

In the year of 2010/2011 the role of the Practice Educator continues to be seen as an important aspect of the Network to encourage retention of staff and maintain valuable training across the Network, especially in light of the financial constraints. In view of this Julie Crabtree was seconded into the role of Practice Educator for Staffordshire and Shropshire from Aug 2010 for 11 months part time to keep the role active and provide clinical support to staff, whilst Jo Cookson was on maternity leave. Despite the reduction in the Educator resource, education and training in the Network continued to be developed and taken forward.

Julie Crabtree
Acting Practice Educator (Staffordshire and Shropshire)

2010 Foundation Training Programme Nurses

Neonatal Nurse Foundation Training Programme

Another very successful Foundation Programme was completed. The newly accredited Programme by the University of Wolverhampton was undertaken by eleven nurses from across the Network.

Lynsey Clarke
Practice Educator (Black Country)

Education and training of neonatal staff remains a high priority within the Network and this is verified by the amount of network funding provided for this, as demonstrated in the table below showing details of the education, training and development programme funded by the Network during 2010/11.

Title	No. of Places Used	Cost
Surgical Skills Study Day	12	**£78**
Ventilation Study Day x 2	52	**Nil to Network**
Care Pathways Consultation Event	38	**£2910**
Neonatal Breastfeeding Study Day	21	**£170**
Bayley III Observational Training and DVD	8	**£1061**
Quad Network Event - Midlands Matters	13	**£360**
Developmental Care Study Day	16	**£36**
Neonatal Care - The Bigger Picture Study Day	2	**£90**
Neonatal Nurse Foundation Training Programme Study Days x 13	137	**Nil**
Neonatal Nurse Foundation Training Programme Accreditation	11	**£766**
Newborn Palliative Care Study Days	61	**Funded by the DoH**
Total Training Funded by Network	**371**	**£5,471**

Newborn Palliative Care Study Days

The Newborn Networks in the Midlands, successfully secured DOH funding to disseminate and educate on the newly published care pathways around newborn and neonatal palliative care, with a view to improving practice in this area. Lynsey Clarke, Practice Educator, was seconded part time to this project. Lynsey's main role in the project was developing the programmes for and the running of the Palliative Care Study Days that were held in various locations across the Midlands.

Andy Spencer, Network Lead Clinician, Introducing the Palliative Care Study Day in Walsall

NEONATAL PALLIATIVE CARE PROJECT

The three Newborn Networks in the West Midlands successfully applied for a proportion of the Department of Health's £30 million funding to support new children and young people's palliative care projects in 2010. Applications were submitted at the end of July 2010 and the funding released was to be used by the end of the financial year, March 2011.

The scope of the project was widened to include all four Newborn Networks in the Midlands; Southern West Midlands, Staffordshire, Shropshire and Black Country, Central and Trent Perinatal Networks.

Aims of the Project

- To establish a co-ordinated approach to neonatal palliative care across all the Neonatal Units within the Midlands.
- To ensure that all staff have the knowledge and skills to care for neonates in need of palliative care, and their families.
- Make sure that the babies and families in the Midlands receive care in line with ACT, BLISS, GMC, and BAPM publications.
- To improve the experience of babies and families.
- To ensure that the needs of all faiths are addressed and understood.
- To ensure equity of care within the Midlands.
- To provide multidisciplinary Study Days ensuring that all neonatal/maternity staff caring for babies do so to the highest standards.
- Understand what parents really want from professionals
- Produce an Integrated Comfort Care Pathway (ICCP) for newborns in the Midlands.

Development of the Project

- First meeting of Network Leads was held on 14th October 2010.
- Sign-up of Network Boards obtained, the Project Board formed, Project Lead & regular meeting arranged.
- The 4 Networks' existing management structures were used to support the project.

Outcomes of the Project

- Seven Palliative care study days were delivered with 540 people attending in total from across the four newborn networks (2 different programmes, 5 X 1st Study Day and 2 X 2nd Study Day programmes held)
- An Integrated Comfort Care Pathway for Newborns was developed for use in the Midlands
- Memory boxes were provided, to all neonatal units, and a process to replenish these supplies established, so that all bereaved families in the Midlands had access to these to keep mementoes of their babies in
- A neonatal e-learning module was developed in conjunction with the University of Coventry Palliative Care Project

Palliative Care Study Day

Memory Box

Neonatal Palliative Care in Staffordshire, Shropshire and Black Country Newborn Network Plans for 2011/12

Following the work commenced in the West Midlands on Neonatal Palliative Care in 2010/11, it is proposed in 2011/12 to develop a Palliative Care Lead/Champion in each neonatal unit in the Network who would work together to form a Network Special Interest Group to support each other and take forward palliative care initiatives in their unit and across the Network.

To support this, the Network will fund one member of staff from each unit to complete the new Neonatal Palliative Care E-learning Programme available through Coventry University in Autumn 2011.

FINANCIAL REPORT 2010/11

Resource Allocation 2010/11

Recurrent Funding
The Newborn Network infrastructure is funded recurrently by the West Midlands Specialised Commissioning Team (WMSCT). The in year total funding in 2010/11 to support pay and non pay was £273,360 which has remained at the 2009/10 level.

WMSCT provide the funding for neonatal services directly to the Acute Trusts in the Staffordshire, Shropshire & Black Country Newborn Network, the total funding for neonatal services in Acute Trust contracts for 2010/11 was £19,371,603.

There was a total increase of £1,843,720 funding in neonatal services in the Acute Trust Contracts values in 2010/11 in the Staffordshire, Shropshire & Black Country Newborn Network.

Non Recurrent Funding
There was a total £44,473 underspend carried forward from both the 2009/10 Maternity Network (£12,973) and training budget (£31,500) to provide non recurrent budgets for these in 2010/11.

Expenditure in 2010/11
Expenditure in 2010/11 is summarised in Table 1.

Table 1

Network Infrastructure Recurring	**Annual Budget**	**Year End Date Expenditure**	**Year End Variance**
Pay	278,525	255,021	-23,504
Non Pay	22,024	21,270	-754
Income			
Guidelines	-355	-355	-25
Non NHS Training	0	0	-900
PCT Staff Recharge	-26,579	-32,096	-5,517
	273,615	**243,840**	**-30,700**
Maternity Network Non Recurring	**Annual Budget**		
Pay	6,473	5,890	-583
Non Pay	6,500	5,284	-1,216
	12,973	**11,174**	**-1,799**
Training Budget Non Recurring	**Annual Budget**		
Training	32,210	5,499	-26,711
Income (Sponsorship/fees)	-2,369	-3,387	-1,018
	29,841	**2,112**	**-27,729**

The underspend in the Network Infrastructure was due to the reduction in hours of the Practice Educators following maternity leave in 2010/11. In addition the Network received payment for additional hours the Practice Educator worked on the Neonatal Palliative Care Project (see page 15) between November 2010 and March 2011, the funding came from Solihull Primary Care Trust, host of the Southern West Midlands Newborn Network who received and coordinated the funding from the Department of Health for the Midlands Palliative Care Project. The underspend will be carried forward to fund the Practice Educator secondment post covering maternity leave until the 4 July 2011.

Maternity Network Budget
The Maternity Network budget was almost fully utilised in 2010/11, the invoice for the stakeholder event had not been processed by year end. As this was non recurrent funding there will not be a Maternity Network budget in 2011/12.

Training Budget
£5,499 was spent on education and training in the Network. Although less funding was spent on education and training in 2010/11 compared with 2009/10 (£15,736), more staff benefitted, 371 places in 2010/11 compared with 227 places in 2009/10, this was in part due to the Department of Health funding for the palliative care project. Underspend in this budget will be carried forward to provide a budget for Network training and education in 2011/12.

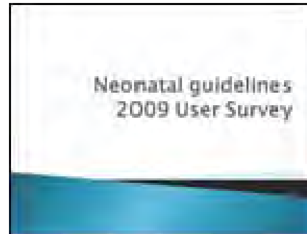
KEY MILESTONES/NETWORK ACHIEVEMENTS APRIL 2010 – MARCH 2011

SPRING 2010

- Nursing Time Spent Audit presented at the Spring RCPCH meeting
- Participated with BLSS, Picker Institute and other Newborn Networks in the work commenced on the First National Parent Survey of Neonatal Services
- All units in Network commenced collecting data using the Clevermed BadgerNet data system
- A Neonatal Surgical Skills Study Day was held for staff in Network
- Cooling meeting held to consider issues relating to therapeutic hypothermia in the Network and transport

SUMMER 2010

- First sampling wave undertaken for national parents survey
- 2009 Neonatal Guidelines user survey completed
- Andy Spencer, reappointed for a final term of office as Lead Clinician
- NHS White Paper, Equity and excellence: Liberating the NHS published
- Network office move (again!)
- Neonatal Surgical Project: Surgical Care Pathways for Antenatal Babies. Meeting held in the Network with Fetal Medicine Specialists and Neonatologists.



AUTUMN 2010

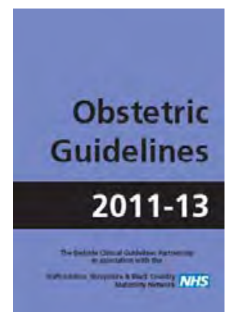
- Network "Influencing the shape of the Network Care Pathways: a Consultation Event" was held
- An export data function was added to the Standards Assessment Tool
- Fifth Network Foundation Programme commenced, newly accredited by Wolverhampton University
- Parent Support Group commenced in Dudley
- Successful bid for DoH funding for Palliative Care Project
- The National Institute for Health and Clinical Excellence (NICE) Specialist Neonatal Care Quality Standards were published
- Second sampling wave undertaken for national parents survey
- Individual Trust visits were conducted with the Network Management Team

Export Data Function SA Tool

WINTER 2010

- Parent Representative (PR) training facilitated by BLISS was held with SWMNN for potential new network PRs.
- Bayley assessment observational training was provided for Network staff
- Quad Network Event 2011:'QUALITY MATTERS' was attended by 18 staff in our Network
- Maternity Stakeholder & Perinatal Education Events were held
- Network Obstetric Guidelines book published
- Programme of Neonatal Palliative Care Study Days held
- Third sampling wave undertaken for national parents survey
- Helping Hands Parent Support Group commenced in Wolverhampton
- Nursing Time Spent Audit submitted for publication in Archives of Disease in Childhood

Parent Rep Training Feb 2011



PLANS FOR THE NEXT 12 MONTHS APRIL 2011 – MARCH 2012

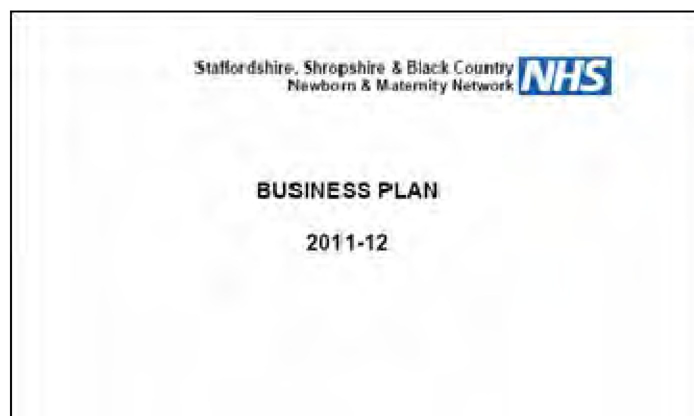
Network Objectives 2011 – 2014:

- Objective 1 High Quality data and information to support high quality care
- Objective 2 Best Care For babies and families
- Objective 3 The Network is fit for purpose and able to demonstrate added value

Specific objectives, work programmes, leads responsible and timescales for the forthcoming year will be developed and agreed in a Network Business Plan for 2011/2012. The objectives will include some of the commitments and priorities for the Network identified below:

- To monitor and report activity within each unit in the Network and investigate exceptions to care pathways.
- To update the Network Standards Assessment Tool in line with NICE Quality Standards Specialist Neonatal Care and the Toolkit for High Quality Neonatal Services.
- To develop and implement a monitoring and reporting process of agreed neonatal quality clinical indicators and quality matrixes for use within neonatal services and newborn networks in the West Midlands.
- Finalise and distribute Parent Information Leaflets on how care is organised in the Network.
- Support Network Parent Representatives (PRs) and NICU Teams to set up Helping Hands Support Groups in their area.
- Work with WM cot location, NTS, SWMNN and Commissioners to develop and agree how to implement a single point of telephone contact for clinical advice, cot/maternal bed availability and the Newborn Transfer Service available 24/7.
- The QIPP Group to review the findings of the National Parent Survey and feedback key messages to the Network Board.
- To develop the Network workforce required to deliver the Network work programme.
- PRs to work with the NICU Teams within the Network, to encourage attendance at Helping Hands Support Group and improve the discharge planning process.

The Network Business Plan is available to download from the Network website at:
www.newbornnetworks.org.uk/



CONCLUDING COMMENTS

This will be the last year that I will be writing concluding comments as Clinical Lead. The process for appointing my replacement is well underway. Consequently this gives me the opportunity to reflect on the achievements of the Network since its inception over seven years ago. At the time I wrote a paper with Ruth entitled "Newborn Networks: The Golden Age For Neonatology or Just Another Expensive Re-Organisation?" Although there is still much to be done before the golden age dawns, the achievements of the past year demonstrate that the Network has a clear value and purpose.

The coalition government is determined to collect evidence of quality; quality of care and quality outcomes. To this end unified neonatal data collection is starting to serve us well, regionally we are using the data to develop quality indicators with the West Midlands Quality Institute and nationally we are for the first time participating fully in the National Neonatal Audit. Good outcomes are predicated on quality care from well before birth and so I am absolutely delighted that the Maternity Network has published their first set of clinical guidelines. Ensuring high quality consistent practice is a key role of the Network and so the continued success of the neonatal guidelines is extremely important and we are delighted that South West Midlands Network are joining us in this ongoing venture. Parents are rightly high on the political agenda and so we are proud to be able to report participation in the National Parents Survey.

In reflecting about the past, it is clear that many of the current achievements have resulted from sustained effort to improve across a broad range of initiatives. In addition to the outcomes I have mentioned above we have been party to the development of a comprehensive transport service, we have worked to standardise equipment and reduce costs, we have appointed six network consultants and improved senior cover as a result. We have improved cot capacity and nursing ratios, we have designated units and implemented care pathways, we have undertaken publishable research and network wide audit. We have developed the role of Nurse Educators and shared good practice, we have developed a nursing foundation course and improved recruitment, we have increased preterm breast feeding rates and we have standardised long term follow up across the Network. We have set up Parent Support Groups and we have worked closely with our Commissioners to ensure that the QIPP initiatives achieve real benefits. All of these initiatives and others have been designed to improve the quality of neonatal care and the parent experience. As the NHS is re-organised the challenge for us is to keep working together to make sure that all these initiatives continue to deliver benefits for patients and parents.

Andy Spencer, Lead Clinician
Staffordshire, Shropshire & Black Country Newborn Network

Staffordshire, Shropshire & Black Country Newborn Network

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The Network consists of six neonatal units within the following acute hospitals:

University Hospital of North Staffordshire NHS Trust

Royal Shrewsbury and Telford Hospitals NHS Trust

Mid Staffordshire NHS Foundation Trust

Royal Wolverhampton Hospitals NHS Trust

Walsall Hospitals NHS Trust

Dudley Group of Hospitals NHS Foundation Trust

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