

*SOUTHERN WEST MIDLANDS NEWBORN NETWORK*

*Hereford, Worcester, Birmingham, Sandwell & Solihull*



**ANNUAL REPORT 2007-2008**

**NHS Networks**

**"Network of the Year 2007"**



Welcome to the Third Annual Report of the Southern West Midlands Newborn Network (SWMNN). The aim of this report is to demonstrate the achievements in 2007-2008 on behalf of our constituent organisations, individual clinical staff and everyone involved with maternity and newborn care.

The work of the Network has been acknowledged this year as we were judged the winner of the NHS Networks “Network of the Year 2007.”

In our Business Plan, we set some important challenges for 2007-2008 and you will see from the report that the Network has made some excellent progress. The Network Pre-term Labour Guideline was highlighted as an example of good practice in the recent National Audit Report.

The Network parents continue to have a voice. Jo Bussey has established a parent group, which is held on a Saturday morning once a month and uses this forum to get views from several parents with different experiences on different units.

We will continue to work towards improving Neonatal Care, and can now demonstrate an impact on infant mortality. The development of the Transport Team means that babies are now being moved appropriately, ensuring that babies receive appropriate care in the right place at the right time

To everyone who is involved, thank you for your contribution and your continued support. I would also like to take this opportunity to say a big thank you and to express my admiration for Andrew Short’s contribution to the Network. Andrew is stepping down in May 2008 having been the Clinical Lead for the Network since its inception in 2003. His dedication has enthused colleagues to work together, which has I believe led to a number of improvements that would not be possible within isolated clinical Teams. It is a fine legacy on which to build future developments.



Robert Bacon,  
Chief Executive Sandwell PCT and  
Chair of SWMNN Board.

## Contents

1	Chairperson’s Foreword and Contents	1
2	Introduction	2
3	Network Activity/Workload	3
4	Key Milestones and Achievements	4
5	Financial Report	5
6	Network Sub Groups	
	➤ Strategy Implementation Group	6-7
	➤ Workforce Education & Training	8-9
	➤ Nursing/Bench Marking Group	10
	➤ Clinical Governance, Guidelines and Audit	11
7	Transport Team	12-13
8	Specialist Roles	14
7	The Network Parents	15-17
8	Communication Strategy	18
9	Plans for the Next 12 Months	19-20
10	Concluding Comments	21

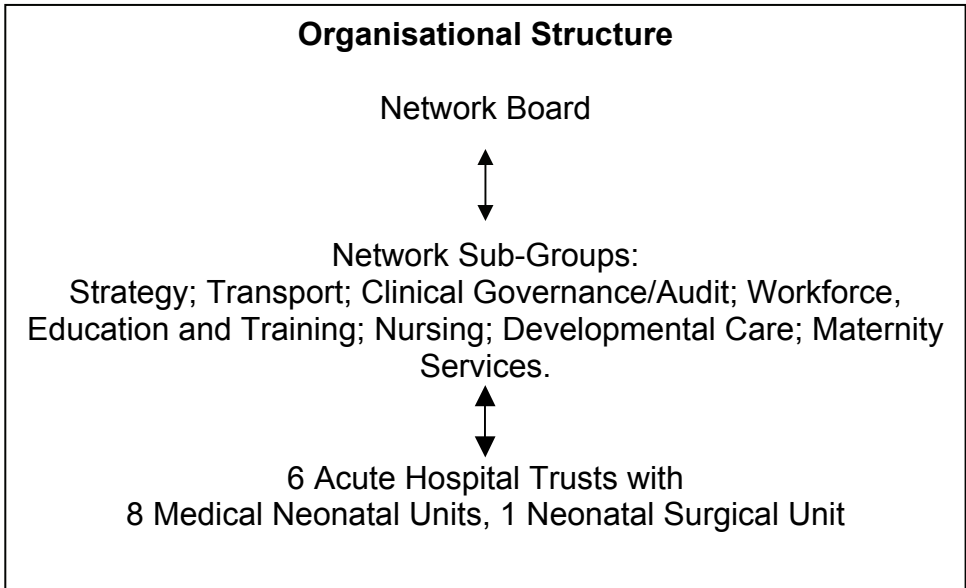
## INTRODUCTION

The Southern West Midlands Newborn Network (SWMNN) continues to work 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 development of the Newborn Transport Service has ensured that the flow pathways for all babies have improved, and the development of clear Care Pathways, with signed agreement to the Network designation, has had a significant impact, and an increase in occupancy rate in the two level 3 units within the Network. The units in the Network are working together to provide step-down care and freeing up of level 3 cots.

During 2007/08 the Network team re-visited all of the Units within the Network and assessed them against the Network Standards. We can demonstrate an improvement in achieving the standards in all of the Units.

The parent involvement in the Network continues to be of great benefit and the recent appointment of three more parents will ensure that parents have their say in all changes to neonatal services.



Solihull Care Trust hosts the Network, and is chaired by Robert Bacon, Chief Executive of Sandwell Primary Care Trust. 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; 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 in the first annual report in 2004/05.

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/>

## SOUTHERN WEST MIDLANDS NEWBORN NETWORK ACTIVITY/WORKLOAD

Unit activity/workload data 1 January 2006-31 December 2006

Between 1 January 2006 and December 2006 the Units within the Network admitted 3298 babies requiring 5376 intensive care days, 5821 high dependency days, 32,422 special care days and 235 days of normal care.

The split of activity in each Unit is demonstrated in the table below:

Unit	Designation of unit	No: of Births	Admissions to NNU	Admissions to NNU %	Readmissions	Intensive care days	High Dependency Care	Special Care Days	Normal Care Days	
Birmingham Woman's Hospital	Level 3	6951	753	10.8%	62	1686	1616	6367	13	
Heart of England City Hospital	Level 3	5027	749	14.8%	N/A	1131	1298	7915	N/A	
Worcester Acute	Level 2	3413	346	10.1%	14	1553	1090	3883	21	
Good Hope	Level 2	3818	402	10.56%	22	439	872	3312	9	
Hereford	Level 1	3328	304	9.1%	5	336	284	3542	126	
Sandwell	Level 1	1867	209	12.8%	14	107	236	2485	56	
Redditch	Level 1	2540	340	11.1%	12	104	389	3419	0	
<b>Total</b>		<b>31,018</b>	<b>3298</b>			<b>135 (exc HOE)</b>	<b>5376</b>	<b>5821</b>	<b>32,422</b>	<b>235 (excHOE)</b>

*Source: West Midlands Neonatal Register 2<sup>nd</sup> Report – June 2005-June 2006 BAPM 2001 criteria for levels of care*

The Network will be receiving quarterly reports on activity and these reports will be discussed at the Network Board. The aim is to ensure that babies receive appropriate care within the Network.

## KEY MILESTONES AND ACHIEVEMENTS 2007 - 2008

- Voted NHS Network of the Year 2007.
- Secured further investment in the Newborn Transfer Service, which will enable the Transport Team to have their own ambulance and team, leading to a quicker, smarter service.
- Revisited all units and assessed them against Network Standards.
- Active parent involvement in all aspects of the Network.
- Produced pathways of care for all Units.
- Appointment to Network Education post.
- 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.
- The majority of the original targets in the strategy document have been met.
- Standardising obstetric management in key areas (produced a pre-term labour guideline).
- Held second Stakeholders day on 18 May 2007.
- Third tri-Network training day held in February 2008.
- Increased the number of Newborn Life Support trained staff.
- Working with Rhys Daniels Trust to provide accommodation for parents.
- Leadership course completed by all Unit Managers.
- Piloting Resuscitation Training for Parents within the Network – all Units have been involved in the 'Train the Trainer' project.
- Worked with neighbouring Networks to re-establish ANNP training in the West Midlands.
- Partnership working with Worcester University which has resulted in the development of a pre-registration neonatal nursing course.

## FINANCIAL UPDATE 2007/08

Nationally allocated neonatal funding is held by the West Midlands Specialist Services Agency. The Network makes recommendations to the commissioners regarding proposals received from provider units.

### Funding allocated to The SWMNN

Since its conception, the Network has made a number of recommendations to the Specialist Services Agency and the total allocation and value of Commitment made to date is £1,520,000 recurrently.

Allocation	
Recurrent to date allocated 2003/07	£1,090,000
Additional funding 2007/08	£430,000



#### Breakdown of recurrent expenditure: 2003/07

Consultant post x 4	£425,000
Transport Team	£268,000
ANNP HOE	£102,000
Practice Educator	£15,000
Developmental Care	£28,000
Band 5 nurses	£75,000
Infrastructure Cost	£139,000

Total **£1,052, 000**

#### Breakdown of recurrent expenditure: 2007/08

Band 6 nurses HOE x 5.75	£184,000
Transport Nurse	£32,000
Consultant HOE	£110,000
Band 6 nurses BWH x 3	£98,597

**£424,579 = 1,476,579**

Further savings were made during 2007-2008 due to the delay in recruitment. This money was allocated through the Network Board to various Network expenditure, £114,207 was used on, Equipment, Fetal Fibronecting testing, Data collection, Milk Bank, breastfeeding training, Newborn Life Support Training, and Training and Education within the Network

## STRATEGY IMPLEMENTATION GROUP

### Strategy Implementation Sub-group

Over the last year the Strategy Implementation Sub-group has met every 3 months and concentrated on addressing 2 main issues: neonatal surgery and increasing special care capacity. We have continued to struggle with attempts to ensure consistent high quality data collection across all units in the network, whilst the national critical care minimum dataset has highlighted how much neonatal activity takes place outside the neonatal unit. We have also revisited all units within the network during 2007-8 to assess them against network standards and ensure that they are now working in accordance with care pathways

### Unit visits

We are very grateful to all units for allowing the network team and commissioners to visit and for making us so welcome. We appreciate how much effort has gone in to not only meeting our network standards but ensuring that the evidence was available to the visiting team. All units now have in place agreed care pathways which allow a degree of flexibility and common sense to ensure that the network can achieve its ambition of providing clinically safe, high quality care as close to home as possible. Many areas of good practice were identified during the visits and we are confident that the good practice will be shared between units to ensure continued improvements not only in outcome but also in the whole patient experience for the babies and their families.

### Neonatal surgery

The network has identified concerns about capacity for neonatal surgery within Birmingham Children's Hospital and has been in negotiation with commissioners, Birmingham Women's and Birmingham Children's Hospitals to find a solution. Through the strenuous efforts of the West Midlands Specialist Services Agency additional money has been obtained to invest in an extra neonatal surgeon and an outreach surgical nurse. There is agreement that surgical cases will transfer to Birmingham Women's Hospital for post-operative care if babies require the continued input of the neonatal intensive care unit. Clinical guidelines are in development and plans are beginning for a refurbishment of the Women's hospital unit to allow extra surgical capacity.

### Special Care Capacity

There has been a sustained and largely unexpected increase in birth rate across the network with a corresponding increase in special care activity. With some of our units operating at over 100% occupancy there is a clear need for an increase in special care cots. It is hoped that the appointment of our practice development nurse, and the experience of discharge co-ordinators, will allow all units to minimize admissions and keep lengths of stay to a minimum. In addition we have secured additional investment from the PCT'S to fund an extra 8 cots this year. Negotiations continue to decide the precise location of these extra cots.



## Data

Unfortunately the network has not had the benefit of a full annual report of activity due to problems encountered with the data collection system at Heart of England. Resulting from this Heartlands Hospital have undertaken a successful trial of the Badger data collection system, which is also likely to be implemented at Birmingham Women's Hospital. With continuing concerns about data quality in those units using the Manners system, there is a real possibility of standardized high quality data for the whole network in the near future. Data collection for the national audit project has also begun, although data has not yet reached the data audit unit to allow comparisons with other networks

## Reorganisation and Refurbishments

There is a great deal of activity going on to enhance the care provided for babies and their families. The last year has seen refurbishment of the Good Hope unit and the opening of a new unit at Sandwell Hospital. City hospital has begun refurbishment of its neonatal unit, with input from the network, whilst plans are being drawn up for enhanced capacity in reorganized units at both our level 3 centres. The merger between Heartlands, Solihull and Good Hope into the new Heart of England Foundation trust has allowed much closer collaboration between the units, with Good Hope working to a care pathway drawn up in collaboration with the network. City and Sandwell have reorganized paediatric services and are now addressing maternity and neonatal services across the two sites. The network has also been closely involved in discussions about future maternity and neonatal services at the Worcester and Redditch sites of the Worcestershire Acute Hospitals NHS Trust, although the final solution remains unclear at present.



Andrew Short  
Chair, Strategy Implementation Sub-Group

## **WORKFORCE, EDUCATION AND TRAINING - WHAT HAS BEEN ACHIEVED IN 2007?**

### **Workforce**

**The Advanced Neonatal Nurse Practitioner (ANNP) course at Birmingham City University** has been developed and supported by the West Midlands Deanery, in order to increase the number of appropriately trained ANNPs who will be integrated into the future neonatal workforce. It is anticipated that this course will be ongoing.

There has been realisation across the West Midlands that neonatal units must engage with workforce development. The increase in numbers of ANNPs, and integration within what were traditionally perceived to be medical layers of the workforce, provides one solution to the problems created by a reduction in number, and working hours, of trainees.

**Worcester pre-registration neonatal nursing course:** Neonatal nursing numbers need to be increased, and those wishing to become neonatal nurses must be supported. Neonatal nursing numbers need to be increased, and those wishing to become neonatal nurses must be supported. A pre-registration Child Health Nursing Degree that incorporates a neonatal pathway has been developed by Worcester University in collaboration with the SWMNN. This program will be piloted from September 2008 and will offer an accelerated route into neonatal nursing. In the future, funding must be made available for employment of neonatal nurses. Some of the lack of nurses is due to insufficient funds to employ them, and neonatal nurses may be unemployed because of this.

### **Education and Training**

SWMNN Grand Rounds have facilitated working together at the coal face. The rounds have now become established and have resulted in greater dialogue between practitioners.

Jackie Stretton was appointed the Network Practice Development Manager, to facilitate nurse practice development and education of nurses. Induction/training days have become increasingly successful and a practice educators' group has been established.

Breastfeeding study days and UNICEF-run workshops sponsored by the Network have enjoyed good attendance. It is intended that breastfeeding rates will be audited to ensure that this has been an effective initiative

NLS course numbers have significantly increased, and the Network now has a Generic instructor course based at Heartlands and City Hospitals. The Network continue to sponsor places on NLS courses for midwives and neonatal nurses.

A twice-yearly study day has been set up for Regional SPRs and proven to be very successful

Educational study days – Quad Network study day and Stakeholder day.

2 SPR neonatal study days/year and monthly neonatal SHO study days. Increasing opportunities for ANNPs to attend these days.

The Network has provided funding for clinical and nursing staff to attend REASON and BAPM. Active encouragement to attend Neonatal Society days and to become members of BAPM and the Neonatal Society.

Gill Warwood, ANNP at City and Sandwell Hospitals, has established an extremely successful training day for nursery and neonatal nurses who are involved in parent resuscitation training within the SWM units. The Network supported this initiative by purchasing training videos to be distributed evenly across the Network neonatal units. Parent representatives, in particular Andrea Goan, have been involved in supporting this training. They are all to be congratulated on their efforts.

**Research:** Many units support multi-centre studies. A number of studies have been initiated including BOOST-2, the Pulse-Ox study Pulse-oximetry study (Women's and collaborating centres), and a study of PCR in the diagnosis of early-onset infection (Heartlands).

**Future plans:** To build on this foundation. Education within NNUs needs to improve – rolling programs for education, and robust mechanisms of information dissemination need to be developed for all involved in caring for mothers and babies. Education must be part of normal jobs rather than be viewed as a special treat. Consultants must take external CME opportunities to ensure broader education,

Workforce developments may require major shifts in mindsets to be implemented. The extended role of the neonatal nurse will be a key development. Appropriate staffing of all levels of NNU, will be in line with NNU designation.



Alison Bedford-Russell  
Chair, Workforce, Education and Training Sub-Group

## NURSING/BENCHMARKING GROUP

- The Nursing group was formed to promote and establish good practices in the provision of nursing care in the SWMNN Neonatal Units.
- The aim of the group is to support and develop nursing by identifying areas that need to be developed.
- The group makes recommendations to the Board on priorities for nursing. Nursing staff are encouraged to talk about issues and share practice
- The group is benchmarking breastfeeding, and producing guidelines, policies and parent information documentation with an aim to standardising practice within the Network Units.

### Nursing Group Achievements

- New breastfeeding chairs in place in each Unit
- Continuing to working with Rhys Daniels Trust to provide parents accommodation within the Network
- Encourages nursing staff to talk about issues and share practice
- Established benchmarking group
  - Benchmarking group looking at discharge planning
  - Transitional Care
- Producing information leaflets on;
  1. Donor Breast Milk
  2. Use of dummies
  3. Breastfeeding
  4. Benefits of breast milk
  5. Expressing your breast milk
  6. Providing milk supplements for your breastfed baby



Mary Passant, SWMNN Manager/Lead Nurse Chair, Nursing sub-group

### NETWORK PHILOSOPHY

Within the Southern West Midlands Newborn Network we believe each baby is a unique individual as well as part of a family.

Our aim is to maintain a “needs” led service that promotes partnership for everyone involved in the care of the newborn.

High quality evidence-based care will be provided by appropriately trained health care professionals within a family centred environment.



## CLINICAL GOVERNANCE SUB-GROUP

The Clinical Governance Sub-Group have been very busy this year working on their three main areas of interest :- *Guideline production, Clinical Incident monitoring and Audit.*

The group, comprised of staff from each unit and chaired by Dr Phil Simmons, a Consultant based at Birmingham City Hospital, have met every six weeks in Solihull. Network parent representatives regularly participate in our meetings.



We are always keen to welcome new members so if you would like to get involved feel free to contact Phil for information (Phil.Simmons@swbh.nhs.uk) or simply come to a meeting – dates are on the Network website.

**We look forward to meeting you !**

### Guidelines

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

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

Of note this year was the completion and approval of a clinical guideline concerning management of infants at risk of hypoglycaemia. This guideline has been audited in one trust and seems to be working well. A guideline covering consent issues in Neonatal Medicine was also approved.

Other guidelines ready for Network Board approval include Developmental care, and Sucrose for analgesia.

We have been working on our ‘Early Care’ guideline, which aims to standardise the initial management of extremely premature babies wherever they are born within the network. This challenging piece of work is very close to completion, as are several other guidelines.

In conjunction with the Neonatal Surgeons at Birmingham Children’s Hospital, work has also been started on joint guidelines for the management of babies with surgical problems.

### Clinical Incidents

In response to our unenviable position in 2006 as the Network with the highest mortality rates, we have altered our approach to incident reporting.

Moving away from collating and analysing all incidents, we are now concentrating on collecting data about the deaths within our Network. Learning Points and Action Plans discussed at local mortality meetings will be shared across the network.

Although this initiative is in its infancy, we hope it will become a way through which our units can learn from each other. It might also shed some light onto the reasons for our region’s high mortality figures.

We are also working with the Newborn Transport Service to develop tools to collate information about incidents that occur during transfers of babies between our units.

### Audit

Data collection for our first Network-wide audit, on Hypothermia, is complete and analysis is underway. We hope to report very soon.

Work on Audit has been difficult this year due to time pressures; we hope Audit will take a higher priority in the year to come.

Phil Simmons  
Chair, Clinical Governance Sub-Group

## Newborn Transport Service (NTS)

The NTS works with neonatal units in South West Midlands (SWMNN) and Staffordshire, Shropshire and Black Country Newborn Networks (SSBCNN) to provide a safe and timely transfer/retrieval service for babies. This ensures that babies are cared for in the right place at the right time and where possible closer to home (DOH 2003). The team works closely with Birmingham Children's Hospital to provide a safer surgical neonatal transfer service.

### Activities

The last year has been very busy for the NTS. The monthly request for transfers increased from 77 in April 2007 to 111 in March 2008, an increase of 44% (Figure 1). Currently an average of 106 transfers are requested each month, 87% of which are performed by NTS (n 92.5)

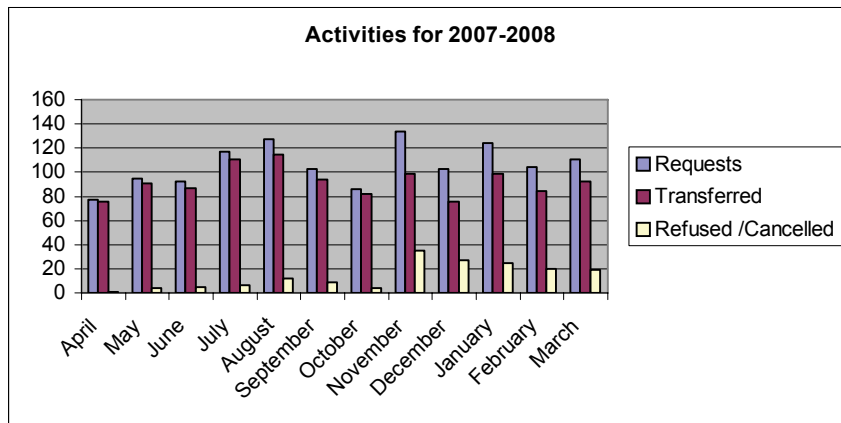


Figure 1

Looking at activities for each network, there were more requests and more transfers performed for the SWMNN than for the SSBCNN. On average two thirds of transfers performed were for SWMNN and one third for SSBCNN.

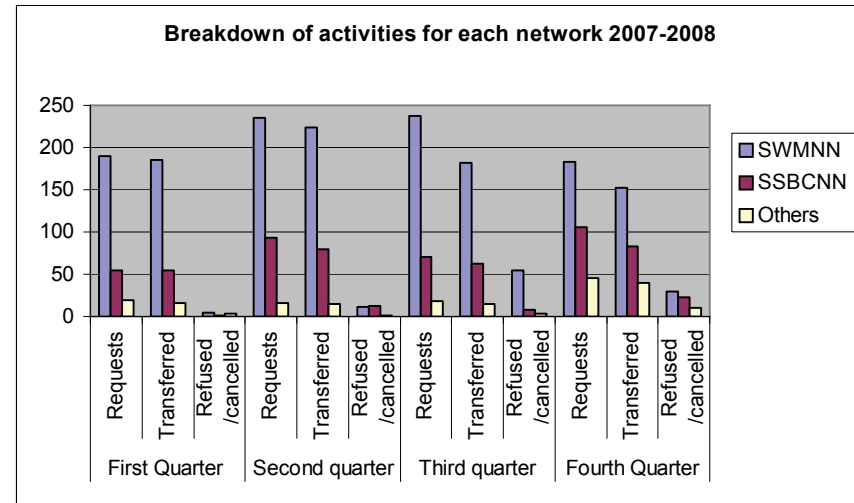


Figure 2

### Transfer activities at 4 hourly intervals from 0700hrs

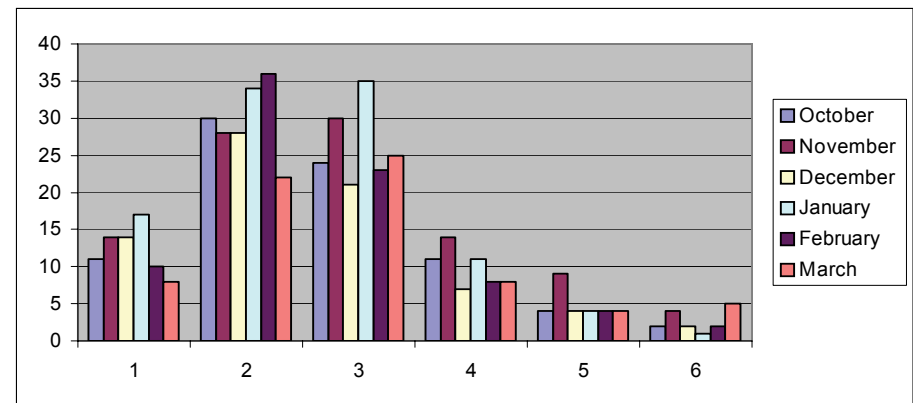


Figure 3

The trends demonstrate that the busiest time for the NTS is still between 11:00hrs to 19:00hrs. This year our aim is to increase the number of transfers earlier in the morning by ensuring that back transfers are booked 24 hours in advance.

## **Funding**

The NTS recently secured funding for extra staff, a dedicated ambulance service, non- pay budget and also funding to employ an administrator. With extra staffing we aim to perform 95% of transfers requested. New staff will take up their posts in May 2008. This will increase the nursing numbers to 7 wte and a new administrator to support the service.

## **Equipment**

Three new transport incubators will be available in the next two months. One incubator is fully assembled and has facilities to deliver Nitric Oxide. The equipment will be available for use once the staff are trained in its use.

## **Education**

In collaboration with Central Newborn Network, we held our first joint Transport study day in February 2008. This was well attended and favourably evaluated by the attendees. Another joint study day is planned for later this year.

## **SpR training**

The first study day for SpRs took place in April 2008 and was well received. The SpRs will be offered experience in transport medicine during a one or two week placement with the NTS when their work will be supervised by the Transport Consultant leads.

## **Clinical Governance**

Clinical governance for the NTS is linked to the clinical governance structure of Birmingham Women's Foundation Trust.



Jackie Harrison, Nurse Consultant, and members of the Transport Team.

## Specialist Roles – Working Together

There have been three specialist roles created within the SWMNN. Although we all have distinct expertise we are working closely and collaboratively to disseminate the evidence for, and promote changes in, clinical care throughout the network units.



### **Nicky Hawkes, Respiratory Physiotherapy Lead**

My role aims to ensure and facilitate excellence in neonatal respiratory physiotherapy in evidence-based knowledge, clinical reasoning and appropriate application of techniques. I take the lead for the PICU multidisciplinary neonatal focus group.



### **Katie Thompson, Developmental Care Lead**

My role is to lead the implementation and progression of developmental care practice. This involves education and training, research and dissemination, and involvement in guidelines to ensure equity of developmental care provision. I also lead the Developmental Care Group.



### **Jackie Stretton, Practice Educator**

My role incorporates education, training, research, and specialist neonatal nursing practice. I contribute to the assessment of practice/workforce educational needs. I also lead the benchmarking group and provide leadership for the Network clinical educators.



## Achievements

- *Teaching:* Multidisciplinary, neonatal pathway, induction/update, cotside, roadshows.
- *Conferences:* Attendance at key national and international conferences; presentation and poster presentation two conferences.
- *Consultancy:* Advice on, and introduction of, new equipment; skills facilitation; advocating for neonates in PICU
- *Networking:* Involvement in national and local Professional groups and with colleagues.
- *Standards/guidelines:* Lead taken in production of Developmental Care and Sucrose guidelines.
- *Recruitment:* Participate in interviews, new staff, student ANNs.



## THE NETWORK PARENTS

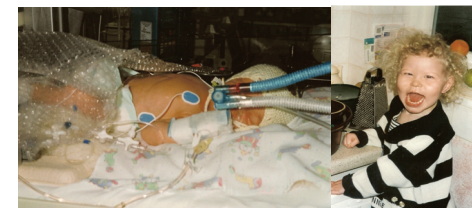
The Network is indebted to the parents who have given their time, and through their own experiences have helped to ensure that the Network remains focused on the needs of the babies.

### Parent's achievements 2007:

- Parents attended and had input into each Board meeting
- Attended and had input into Network Sub-Groups
- Re-visited each unit and produced action plans from visits
- Participated as Stakeholders on the West Midlands surgical review
- Started a parents support group working with BLISS
- Have had input into working group planning new neonatal unit
- Spoke at Network stakeholders day on their experiences
- Participated in Network Study Days
- Have a space on Network web-page
- Have been asked by unit to talk to parents with similar experiences
- Attended Parents Training Day supported by BLISS

### Work in progress and plans for the Next 12 Months:

- Continue to attend Board Meetings
- Continue as active member of Sub-Groups
- Development and continued growth of parent support Groups (currently in Stirchley and Saltley, Birmingham)
- Contribute on the production of Information Leaflets
- Would like to increase the number of meetings they attend
- Continue to work with BLISS when developing information
- Will be speaking at Network stakeholder event 2008
- Continue to speak at Network Study Days (e.g. Breastfeeding)
- Will be using the web-page as an information process
- Liaison with Community Development Officer at Adderley
- Will continue to give advice when required, including visiting Units to talk to parents on a 1-1 basis.
- Hosting BLISS stand at Baby Show at NEC, Birmingham



We would like to extend a 'Thank-you' to Sonya Ainsworth who stepped down from her role as a Parent Rep at the end of 2007. We are grateful to her for her valuable contribution.

***Welcome to two new Parent Reps!***

***We extend a very warm welcome to Andrea and Tony Goan who have recently joined the Network as Parent Reps. In their own words:***

"We decided to become involved as parent reps with the Southern West Midlands Newborn Network as a result of our daughter Evie spending over 4 months on a neonatal unit. Evie was born at 27 wks in Nov 2005. Our journey with Evie was long and difficult at times, and we suffered several setbacks along the way. We felt committed to helping to improve the neonatal experience for other parents from our own experiences of the 'neonatal journey'.

I felt from my own experience as a new Mum there was a huge void in the transition from the neonatal unit to taking baby home. I hope to be able to contribute to improving this experience for other new parents in the future. As a result of lack of support for parents of premature babies in the community, we, along with another parents of a premature baby, have successfully established links with local neonatal units, and run a parents support group that meets each month in the Birmingham area. We share experiences and offer support to other parents upon leaving the neonatal units. We have several Dads who regularly attend our group and we aim to involve them fully as well as Mums.

Andrea & Tony  
Parents of Evie



***And finally, new parents Cheryl and Jamie share their experiences of a neonatal unit. Cheryl hopes to be involved with the Network and parent support groups in the future as time permits. We thank them for this valuable and personal insight:***

Our twin sons Harry and Jake were born in Birmingham Women's Hospital on the 25<sup>th</sup> January 2008 at 24 weeks. Harry only survived for a few minutes after the birth but Jake seemed to be stronger. My husband and I suddenly found ourselves coping with the death of one son and living hour-by-hour in the hope that Jake would show signs of stabilising. We have now been visiting and caring for Jake at Birmingham Women's Neo Natal unit for 3 months and hopefully we will be able to take him home in the new few weeks.



In the first few weeks there was very little we could do to care for Jake other than supply cotton wool balls and cotton buds for his washes. However, the doctors and nurses explained every step of the journey to us to keep us fully involved in understanding what was happening to him. This was a massive help to my husband and I. Understanding exactly what was going on was scary but not clearly understanding what to expect next would have been very frustrating and would have left room to worry unnecessarily. We could do little more than look at Jake in the early days and would have been petrified if we had been asked to do anything else. After 3 weeks or so, we were astonished when the nurses began to encourage us to wash him and even cuddle him. We were involved in Jake's care as soon as it was practically possible and soon became expert at avoiding the equipment attached to his body! We found caring for Jake to be hugely beneficial for us and I hope that Jake also gained something from the experience. The doctors and nurses tried to make our time as 'normal' as possible and we certainly bonded with our little boy.

After 8 weeks in room 8 (intensive care) the joyful day came when Jake could move into room 9 (high dependency). Little did we realise how scary this time would be. Jake's alarms would still ring regularly each day and the nurses would use judgment as to whether Jake needed assistance or whether he would recover on his own. Of course you want him to recover on his own but watching and waiting could feel like hours even though it was only a few seconds. As a parent, I don't think you ever really get used to the alarms and you automatically want to do something to assist, which isn't always necessary or in the best interests for Jake's progress. We actually found Jake's time in room 9 more stressful than when he was in room 8 and perhaps with hindsight we would have benefited from understanding the next steps more clearly in advance.

My husband and I have continued to care for Jake as he has progressed. This has become more and more satisfying as Jake has gained his strength and we have watched him develop quite a mischievous personality for one so small. We really got to know our son, which meant that we could help inform decisions about his care. Birmingham Women's Neonatal Unit is currently working to more closely engage parents in their children's care and we would strongly support this. Formalising the role of the parent provides multiple benefits for everyone concerned. From a parental perspective we always knew that Jake's wash was done to a high standard because we were the ones who had completed it. Many of the nurses worked with us to help build our confidence and involved us in decisions about suppositories, creams for his skin and how he was taking to his feeds etc. We found this higher level of involvement really beneficial and we would advocate formalising this approach for all parents.

It is coming closer to the end of Jake's time on the unit and we are really excited about taking him home. We have made some fantastic friends along the way. The support parents can provide to each other is hugely powerful. This informal support network was really encouraged on the unit and we would support their plans to build more frequent Parent Support meetings to help establish early contact between parents. Chats in the Breast Feeding room between mothers and cups of tea together in the Parents Room brought support and humour to what could be very dark times. We would like to say a big "Thank You!" to all of the staff working in the Birmingham Women's Neonatal unit for looking after our son and giving him the best chance for a normal life.

## COMMUNICATION STRATEGY

The success of the Southern West Midlands Newborn Network is reliant on engagement and involvement of all stakeholders in order to effectively communicate.

The Network is required to communicate with network stakeholders involved in newborn care on nine units within six NHS Trusts. The geographical spread of these units, covering Birmingham, Herefordshire and Worcestershire means that several means of modes of communication are required. These include:

- Regular Network meetings to ensure participation by all units and stakeholders within the Network, rotating around the units to encourage attendance.
- The Network office provides a central base for receiving and distributing all information relating to the Network.
- The website is a resource for stakeholders, professionals and parents, containing news, information, vacancies, minutes of all meetings, and a Network calendar that shows SWMNN events, national meetings and study days.
- There is an on-line forum for all members of the SWMNN to discuss and debate on a wide range of topics with parents and colleagues across the Network in confidence. The website has been developed in conjunction with the other two West Midlands Newborn Networks. Staffordshire, Shropshire & Black Country Neonatal Network was developed as a pilot but each Network has developed its own format from the original template, having their own website off a shared home page – <http://www.newbornnetworks.org.uk>
- The aim of the Network is to communicate to provide a healthy working relationship, aiming to unblock some of the difficulties that we have had in the past in taking services forward.



## **PLANS FOR THE NETWORK OVER THE NEXT 12 MONTHS**

Priorities for the Network taken from the Business/Operational plan 2007/2008, which has been produced in collaboration with all the stakeholders, are as follows:

- To ensure that 95% of babies are cared for within the network in a neonatal unit appropriately resourced to care for that baby.
- Ensure Capacity for our population is appropriate
- Support the development of tertiary units and Birmingham Women's and Heart of England Foundation Trusts, ensuring they are working towards meeting the minimum standards agreed by the SWMNN, enabling care of the smallest and sickest infants to be centralized on these two level 3 units;
- To increase and develop the workforce to provide a quality outcome for the neonates and family.
- To provide safe transfer of mothers and babies when required.
- To promote, develop and facilitate collaborative perinatal research and audit across the network.
- To provide timely information to support neonatal care.
- To support obstetric and midwifery colleagues in the delivery of safe care to the mother and the newborn.
- Continue to work with parents, ensuring that the decisions made by the SWMNN have parental input.
- Continue to work with the Commissioners (WMSC) to identify funding to correct the identified shortfalls in nursing and medical staff.

### **Education and Training**

- To write the SWMNN Respiratory Physiotherapy evidence based guidelines.
- Continue with education regarding best practice in respiratory physiotherapy.
- Audit respiratory physiotherapy across the SWMNN by autumn 2008.

- Revision of respiratory physiotherapy equipment.
- Complete the Kangaroo Care guidelines, training package and poster.
- Increase frequency of visits of all units to support improvements in Developmental Care practice.
- Develop the portfolio of Network staff development study days to meet shared training needs across the Network.
- Work with the Clinical Nurse Educators to provide educational advice and support, and create opportunities for staff development.
- Provide link tutor support for individuals who are engaged in specialist educational programmes (e.g. Neonatal Pathway post registration child branch neonatal pathway (new programme; Advanced Neonatal Nurse Practitioner Programme).
- Operate as a resource and consultancy agency for issues relating to staff development, education and training in partnership with the local Higher Education Institutes.
- Provide 3 in-house study days for staff across the Network, in conjunction with the Network Educator, Developmental Care Lead, and the Respiratory Physiotherapy Lead..



• Photo of Alex – 2 years on!

## Concluding Comments

The preparation of our third annual report also marks the end of my fourth year in the post of Lead Clinician for the Network. The pleasure of reflecting on a year of significant achievements will be one of my last responsibilities for the Network, and I believe it has been another highly successful and rewarding year. As always this success is down to the hard work and commitment shown by all our dedicated staff who strive to ensure that we always provide the best possible care for sick newborn infants and their families

I truly believe that we now have a Network Board where all members are able to make decisions from a network perspective rather than just their own unit. The challenge now is to ensure that this perspective is shared by all our staff, recognizing that consistency of care across all units is required to facilitate the patient's journey through units in the network.

All units now have agreed care pathways, ensuring they provide appropriate local care. The transport team has been crucial to the success of the network, and continues to perform over 100 transfers each month. This has enabled a much higher occupancy of intensive care cots with intensive care activity, minimizing the need for transfers out of network.

I believe that through our network management team we have forged excellent links with our commissioners who now fully understand the complexities of our service.

Their continued efforts on our behalf to secure additional investment indicates the trust they place in our model of service provision.

The publication of the National Audit Office report clearly identifies how much further work is required to reduce perinatal mortality and morbidity. Clearly the West Midlands has several unavoidable factors which contribute to the higher than average perinatal mortality rate, but this should not deter us from striving even harder to reduce any avoidable adverse outcomes. I am delighted that the 2006 CEMACH data ( which is used for the national audit office report) no longer shows the Southern West Midlands as an outlier, with our rates now comparable to the national average. I am sure that the Network has had a part to play in this improved survival rate.

Finally I should like to thank our excellent Chairman and his management team of Mary Passant and Teresa Meredith. I am delighted that the NHS has recognized their fantastic achievements in ensuring that our Network embodies all that is good about managed clinical networks. It is a source of great pride to be ending my term of office as clinical lead of the NHS Network of the Year.

Andrew Short  
Lead Clinician

**SOUTHERN WEST MIDLANDS NEWBORN NETWORK**

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<http://www.newbornnetworks.org/southern>



**“Working together has empowered the Network to do more to support the improvement in care for the very youngest patients.”**

Robert Bacon

Chief Executive Sandwell PCT

Chair of the SWMNN Board

**Birmingham Women’s**



**Hereford**



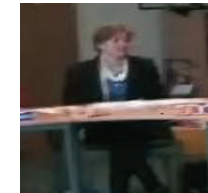
**Good Hope**



**Heart of England**



**Birmingham Children’s**



**Worcester Hospital**



**City**



**Sandwell - Network Induction**



**Working Together**

