



SOUTHERN WEST MIDLANDS MATERNITY AND NEWBORN NETWORK

ANNUAL REPORT 2014-2015



INTRODUCTION:

This, our ninth Annual Report, allows an opportunity to reflect on the challenges facing the Network over the past year, and to celebrate the achievements of our staff and stakeholders in improving care for babies and families. April 2014 saw the launch of the extended Network, becoming the Southern West Midlands *Maternity and Newborn Network* – SWMMNN. It has been heartening that maternity and neonatal teams have shown real intent to work towards a truly joint approach to care. In addition, there is now a fledgling SWMMNN Maternal Mental Health Network, aiming to make real improvements to perinatal mental health care. We welcome these mental health professionals to the Network. Giles Berrisford, Chair of the Group, outlines some of their aims in his page within this report.

Sonia Saxon, SWMMNN Director/Lead Nurse, continues to lead the Network, and Vishna Rasiah remains as Clinical Lead. Neil Shah, Obstetric Lead, has led a very successful Maternity Network group, with maternity and obstetric representation from each of the Trusts within the Network. The group are working on a number of initiatives, including a Diabetes in Pregnancy care pathway, and maternity data collection.

Sara Clarke has joined as Neonatal Dietician, and is working closely with units across the Network on nutritional issues. Emma Foulerton replaces Nicky Hawkes following her retirement as Neonatal Respiratory Physiotherapist. Emma has recently completed an audit of training needs across the Network, and the findings of the audit will inform future staff training sessions. Alongside Katy Parnell, Speech and Language Therapist, Sara and Emma now form a strong Network allied health professional team and help many families.

One disappointment has been the ending of Bliss funding for the Bliss Family Centred Care Co-ordinator role. Sadly, this means that the funding for this post, held by Cheryl Curson, ends in November 2015. We would like to thank Cheryl for her dedication to this role since October 2013, and for the help she has given to families through their neonatal journey, and the support she has given to staff.

Sarah Morris, (Lead Practice Educator), in conjunction with Alex Philpott (Education Lead), has continued to work with units and external stakeholders on education programmes across the Network. This has expanded to include community care teams, and a successful initial event for community staff in March 2015 was attended by over 20 staff. There are also plans for an Advanced Clinical Skills Neonatal Module to be accredited by Birmingham City University.

Joan Lilburn, Lead Midwife, joined the team in June 2014, working 2 days per week with midwives to ensure that they have a voice in the new maternity network. Joan has worked closely with Sarah Morris to run a joint education programme, and many midwifery and obstetric colleagues now attend our training programmes.

Joanne Bussey, joined in September 2014 as Patient Voice and Insight Lead (12.5 hours per week). She has had a significant impact on how parent views are heard and actioned across midwifery and neonatal units. She is currently completing an audit of mums who have given birth since January 2014, and will present the findings of the Audit at the Stakeholder Event on 12th June 2015. Jo sits on the SWMMNN Board, and many of the sub-groups, to ensure the patient voice is represented. Jo is leading on attracting more parents to work with the Network, which will include sharing their maternity and neonatal experiences at training events, and working with staff on unit visits.

Alia Hussain, the Bliss Parent Volunteer Co-ordinator, has continued to recruit champions, buddies and family groups.

With the changes and expansion of the Network, Sonia and Vish sought the views of Stakeholders in January 2015 to shape the Vision and direction of the Network for the future. The event was attended by over 100 internal and external stakeholders, and resulted in the Network 5-year Vision document, a summary of which is included in this report. The Network team will work closely with all stakeholders in working towards these goals.

The SWMMNN Parent Mobile Phone App, has proved very successful in giving information to parents and staff and there has been I am told over 1,000 downloads, the feedback part of the app has been less used, and a new plan of action involving Jo and Heather going out to the units to see parents and ask them to complete the survey will be implemented in the coming year. The app has been an innovative piece of work and is the first nationally in neonates, and has now been replicated by 3 other Networks.

The new Network website was also launched in March 2015 – www.swmmnn.org.uk.

This Annual Report outlines many of the Network achievements in 2014-15, including progress in creating a joint maternity and neonatal approach, a strong education programme, a strong patient voice, production of new and joint guidelines, and work towards a more integrated approach to care, including perinatal mental health and community care.

We now have six years of Badger (Clevermed) data, and the Neonatal Activity Report again demonstrates that mortality figures continue to fall. Our fifth Annual Mortality Review Meeting in October 2014, held jointly with our neighbouring SSBCN Network, was very well attended and learning was shared by units. Being able to reflect on mortality figures and how they have continued to improve demonstrates the commitment of units in ensuring the highest quality care.

The West Midlands Neonatal Transfer Service continues to provide 24-hours, 7 day a week service for all infants in the Network and the discussions around a one number 24-hour cot locator/bed location service for joint maternity and newborn provision continue.

The Network has been hosted by Heart of England NHS Foundation Trust again this year and will remain so next year.

This has been a year of change and expansion for the Network, which has been achieved without any additional funding thanks to the commitment and dedication of the Network team and staff across the Network. Future funding of Networks may change, but

we hope that with a joint desire to continue to provide the best possible care for babies and families, we can move forward in partnership. With the engagement of all providers this will result in clear, high quality, care pathways for joint maternity and neonatal services.

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



Dr Patrick Brooke
Chair, SWMNN
Accountable Officer,
NHS Solihull Clinical Commissioning

Contents:	Page
Chairman's Foreword	1
Contents	2
Introduction	3
Clinical Lead Report	5
Education	7
Maternal Mental Health	10
Maternity	11
Midwife	12
Parent Perspectives	13
Patient Voice	15
Bliss Family Centred Care Co-ordinator	16
Bliss Regional Co-ordinator	18
Therapeutic Hypothermia (Cooling)	20
Guidelines	25
Transport	26
Advanced Neonatal Physiotherapist	28
Network Dietician	30
Network Speech and Language Therapist	32
Neonatal Surgery	34
Network Activity Report	36
Financial Report	37
Key Milestones and Achievements Clinical Lead Report	38
Concluding Comments	39
Making a Difference	40
Map	41
Contact Details for Network Team/Office	42
5 Year Vision	43

Network Director/Lead Nurse

This has been a year of consolidation and growth for the Network, welcoming the two new roles of Lead Midwife and Patient Voice and Insight Lead, and expanding to include maternity, perinatal mental health, and community care. As we continue to move forward as a combined Network there is huge potential for making significant improvements to patient care by strengthening our working relationships. The SWMMNN 5-year Vision Document, drawn up collaboratively with stakeholders in January 2015, gives a clear remit for what stakeholders actually want from their Network. Our focus as we move forward is to work with multi-disciplinary staff across all areas in our Network, and external stakeholders, to try to deliver this vision.

The Maternity and Capacity Review involved maternity and neonatal colleagues working together to predict birth rates and maternal and neonatal care pathways up to 2022 in the Pan Birmingham Trusts. This has meant that workforce and resource planning can begin to ensure cost effective standardisation of care. We hope that this work can be rolled out to other Trust's within the Network to help with future planning of services. The Neonatal Service Review, which is commissioner led, will be completed over the next 12 months, and this work will aim to ensure that the right resources are in the right place at the right time.

Working in partnership with the Staffordshire, Shropshire and Black Country Newborn and Maternity Network, the revised Self Assessment Standards web based tool has been revised and updated to allow units in SWMMNN to access them selves against like for like units, National Standards and the Neonatal Toolkit. Training to use this self-assessment tool will commence in September. This benchmarking will allow for future planning to ensure that services continue to move forward and peer review visits between the two networks can be implemented.

Our key priorities include:

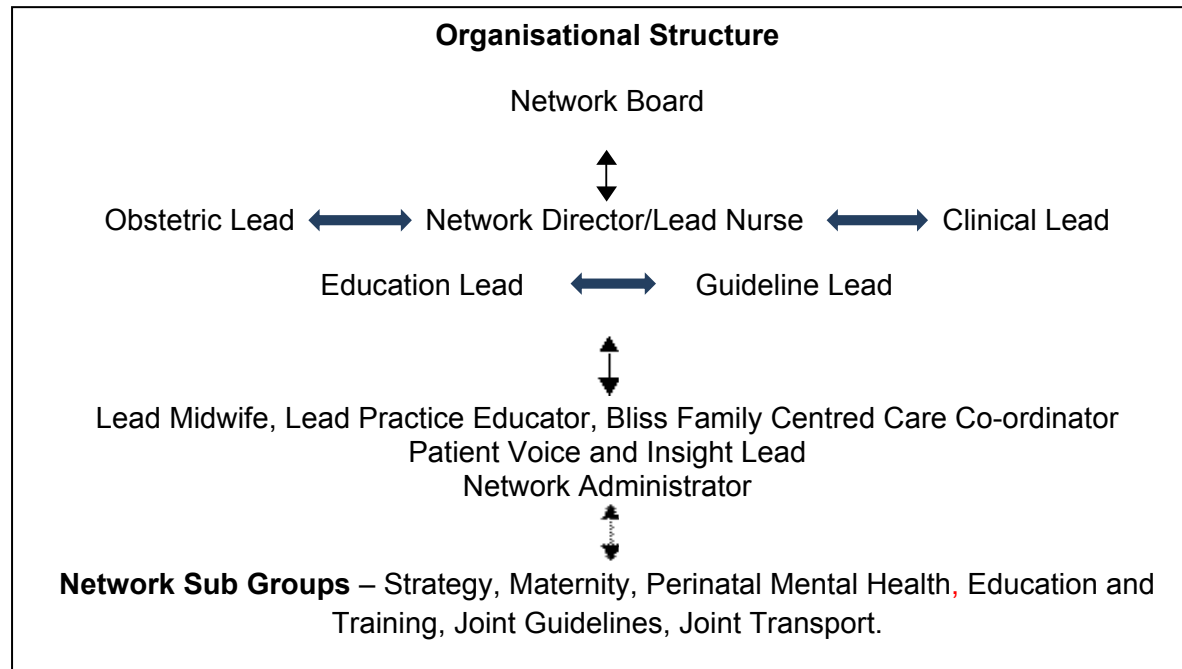
- listening to the voices of staff and parents throughout the Network to ensure improvements in services are made where issues are identified.
- Planning and implementing training for multidisciplinary staff based on feedback.
- Operating at a Strategic Level to ensure that the Southern West Midlands Maternity and Newborn Network leads the way in Maternity and Neonatal provision.
- Supporting the 'One Number Service' which will enable in-utero and ex-utero transfers to be more unified.

The Southern West Midlands Maternity and Newborn Network aims to continue to work in collaboration with the Strategic Clinical Network, Public Health England, and third sector organisations, to ensure ongoing improvement in maternity and neonatal services.

By strengthening and developing both existing and new pathways between the Network and community services, we aim to support staff to deliver the best care for babies and families post discharge, as we are aware that babies are being discharged with ongoing health needs. This is in response to feedback from parents who said they felt isolated following discharge with an ex-preterm baby, and from community staff who felt a lack of formal training and skills in caring for these vulnerable babies.

By working within an evidenced based framework we aim to provide a seamless pathway of care for the families within the Network.

I would like to take this opportunity to thank the Network Team and each and every member of staff for their hard work, dedication and commitment to the families and babies within SWMMNN. Also a very big thank you to all the parents who help within the Network, including staff education events, sharing their experiences, raising monies, and helping to ensure babies and families are at the centre of all we do.



Alone we can do so little; together we can do so much – Helen Keller



Sonia Saxon, Network Director/Lead Nurse

CLINICAL LEAD

It has been a reflective year for the newly established Southern West Midlands Maternity and Newborn Network. The network was established back in 2004 following the Neonatal Toolkit recommendations. In our Network Away Day in January, we have had the opportunity to reflect on how we originated, what we have achieved so far and our vision for the future of the Maternity and Newborn Network. It was a very productive day led by Alison Davies with excellent feedback. We have set out our Network vision and objectives for the next 5 years. We now have a full complement of Network team members all dedicated towards achieving our vision. Our mothers and babies will always be the focus of our vision and we will strive to ensure that the babies within our Network get the best quality of care and experience.

We have held several Network road shows in all Trusts within our Network to raise awareness of the newly established Maternity and Newborn Network. This has been received with varying degrees of enthusiasm. We have also learnt that many staff are still not aware of the Network and of its role. This is an area we need to work on to get the engagement of staff and families. Our parent information App has been a real success and was nominated for the HSJ awards. The poster about our App also won the REASON conference best poster prize. BLISS has taken an interest in it too. We believe that parents see it as an information App and we have only managed to get some feedback. We need to do some work promoting it as a feedback App. Our next objective is to have the maternity information for the parents on our App.

The Maternity team is now well established and are working towards their objectives. They have been meeting regularly and are hoping to gather some minimal maternity data on their activity within the Network. They are also reviewing the possibility of adapting the joint maternity guidelines with the northern network, and are actively taking forward the work-streams from the Maternity Capacity Review. We have been collaborating with the SCN and public health on the mortality review process to ensure we have a standardised mortality review process across the West Midlands.

We have adapted the joint neonatal guidelines. Dr Sivakumar, our Guidelines Lead, is in the process of reviewing and updating the next version of it. We hope we will have your ongoing support in ensuring these guidelines are up to date and fit for purpose. We are planning to audit and review the major neonatal morbidities in our extremely preterm babies, namely chronic lung disease, NEC with surgery, and ROP needing laser treatment.

We are very proud of the various study days organised and led by the Network team. Both Dr Alex Philpot and Sarah Morris ensure we have a rolling programme of hot topics and other sessions as requested by the stakeholders. The feedbacks have always been positive and excellent. We have engaged the non-clinical staff for the enhanced communication study days and more recently health visitors. We have an excellent educational calendar set-out going forward. We always tried to cater to the needs of our stakeholders and try to offer free places to staff to encourage them to attend the sessions. We have also supported a large number of staff to attend national conferences and courses, e.g. developmental care, BAPM and Reason.

Our Family Centred Nurse, Cheryl Curson; Patient Voice and Insight Lead, Jo Bussey; and West Midlands BLISS representative Alia Hussain have all been working closely with the family and representing their views to the Network. Jo is collecting maternity feedback and views of the services in our Network. We are hoping to gather more feedback and identify gaps in our services and areas for improvement.

We are also fortunate to have an almost full complement of allied health professionals; Sara Clarke, Emma Foulerton and Katy Parnell, Network Dietician, Physiotherapist and Speech and Language Therapist respectively. We are still working towards a Network psychologist post and hope that the perinatal mental health team would be able to support us in this respect. We are hoping they will continue to provide their services for the needs of our babies in the Network.

This coming year is going to be challenging as we work closely with the commissioners to look at our neonatal cot capacity and occupancy, along with repatriation and discharge issues. We are hoping to ensure smooth patient flow within our units with their designated care pathways, so that the right mother and baby are delivered in the right hospital to provide the right care for them as close as possible to their home. This will hopefully create the right capacity and address the repatriation and discharge issues within our Network. In the process we hope to review and benchmark the neonatal units against the toolkit, BAPM and BLISS standards.

In addition to this we hope to raise the profile of the network by being more visible and having regular visits, using the social media and our newly launched website. We are aware that there are still many staff and families that are not aware that there is a network and how we function. This is going to be crucial as we move forward in achieving our objectives and vision.

Thank you for your continued support for the SWMMNN. We want to strengthen our relationship with all stakeholders in achieving our vision together.



Vishna Rasiah
SWMMNN Clinical Lead
Birmingham Women's Hospital NHS Foundation Trust

LEAD PRACTICE EDUCATOR

I have been in post for 15 months. During this time I have worked in partnership with the SWMMNN medical Education Lead, Lead Midwife and Trust based education and clinical leads in endeavouring to ensure national standards for workforce, education and development of SWMMNN staff are achieved.

I have been involved in organising and facilitating a variety of education courses, conferences and study days for multi-disciplinary staff according to the needs of our stakeholders. These include University accredited courses such as Nursing the Surgical Neonate accredited at level 6 and 7. The 6th cohort started in April 2015 and SWMMNN has financially supported 2 members of Network staff to attend.

Our Network innovative Enhanced Communication Course has received a GOLD AWARD from Health Education West Midlands for its content and benefit to multidisciplinary staff, and has been attended by 150 medical, nursing, midwifery, support and administration staff over the last 12 months, feedback shows delegates found this extremely beneficial.

Hot Topics Respiratory Difficulties workshop based study sessions have been delivered again this year and in response to local need Cardiovascular workshop based study sessions has been devised and delivered. Using in-house expertise, SWMMNN are able to deliver this high quality training locally and cost effectively, meeting the training and development needs of our workforce.

In line with The Francis report (2013) which states that all training and continuing professional development for nurses should include leadership training at every level from student to director, SWMMNN in collaboration with Health Education West Midlands have delivered two independent Leadership days for midwives and nurses this year and dates are set to deliver this training again in the near future. These are aimed at introducing leadership to all bands to encourage further development.

Work is due to start in collaboration with local higher education institutes to ensure that training and development strategies are translated into robust programmes of education and training, and that they meet the needs of the modern workforce.

In partnership with the Network Lead Midwife I have facilitated a forum for Community Midwives and Health Visitors to promote knowledge and improve confidence in caring for preterm babies and babies discharged with complex needs. This was well attended and following on from this we are organising a further study day for community staff for September.



Sarah Morris, Lead Practice Educator

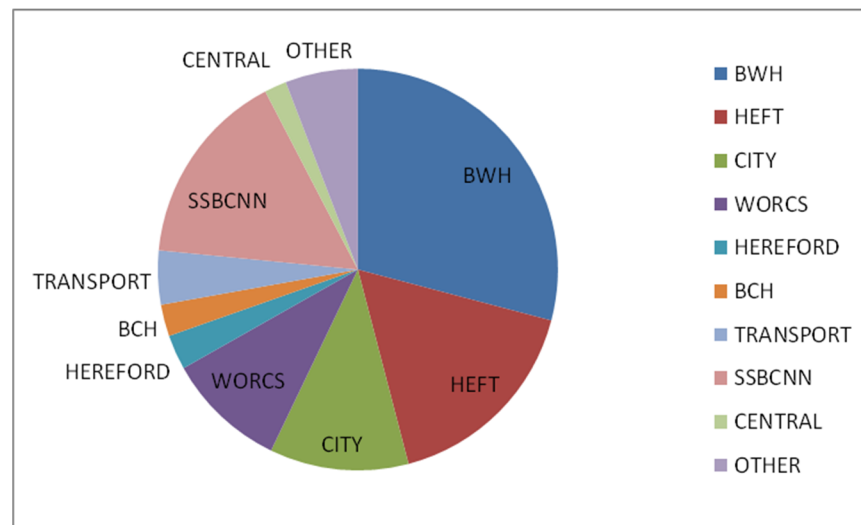
EDUCATION

It has been a busy year of education events for the Network. We continue to work closely with our obstetric and midwifery colleagues, neighbouring ODN, Higher Institutes of Education and Medical Deanery in developing and delivering our programmes of education. A more recent development has been involvement of Community and Health Visiting teams. Educational events are advertised nationally and are attracting interest from candidates outside our immediate region.

Network Study Days

Study Days	Month	Total Delegates
Cooling	April 2014	29
Non Medical Prescribing	April	54
Metabolic Medicine	May	20
Stoma Care	June 2014	5
Grand Round (BWH)	October 2014	29
Mortality Review 2014	October 2014	57
Hot Topics - Circulation	October 2014	23
Leadership	January & March 2015 (2 day course)	19
Nutrition & Feeding	February 2015	30
Community Midwives/Health Visitor Forum	March 2015	21
Enhanced Communication	April 2014 to March 2015 (7 study days)	105
TOTAL		392

Breakdown of Attendance on Network Study Days



SWMMNN have offered neonatal and maternity staff FREE places on Network study days, with the following uptake :

Unit	Number of Free places
BWH	33
HEFT	32
City/Sandwell	18
Worcs/Redditch	24
Hereford	3
BCH	5
SSBCNN	29
Other (e.g. Community)	16

Other Network Courses

- Surgical Module – SWMMNN have sponsored 2 places on this successful course and the fifth cohort consisting of 6 students started the 12 week course in April 2014
- MSc in Advanced Practice (Neonatal) – 7 SWMMNN students started the ANNP programme at Birmingham City University in September 2013

External Conferences Supported by the Network

SWMMNN supported delegates to attend the following national conferences:

Listening to Parents Conference, April 2014 – 2 staff

Patient Engagement Conference, Nov 2014 – Jo Bussey

Perinatal Medicine Conference June 2014 – 7 staff

Neonatal Ethics Conference May 2014 – 4 staff

BQIP May/July 2014 – 5 unit teams

Reason June 2014 - 17 staff

Uncertainty and Loss Conference, Sept 2014 – 2 staff

Belfast Transport Conference November 2014 – 3 staff

Quad Network Conference Cambridge Jan 2015 - 6 staff

Tongue Tie Conference February 2015 – Katy Parnell (SALT)

The Multiple Births Foundation and Birmingham University conference February 2015 – Sarah Morris

Working towards excellence Health Visitor Forum
March 2015 – 2 staff

Enhanced Communication

SWMMNN were successfully awarded a grant of £12,000 to improve communication training in the ODN and have now delivered this training to over 150 multi-disciplinary staff. 3 SWMMNN staff been trained to deliver these nationally recognised courses.

Joint Ventures

SWMMNN and SSBCNMN alternately host the bi-annual Therapeutic Hypothermia study day, training 80 candidates per year.

SWMMNN and SSBCNMN alternately host the annual Mortality Review, with approximately 60 delegates attending.



Alex Philpott,
Education Lead



Sarah Morris,
Lead Practice Educator



MATERNAL MENTAL HEALTH NETWORK

The Southern West Midlands Maternity and Newborn Network have very kindly hosted our fledgling group called the SWMMN Maternal Mental Health Network. This network has grown from a maternity capacity review project for the Birmingham area. This initial project brought together key individuals working in the Birmingham area promoting maternal mental health. The sharing of information and the development of pathways from this was seen to be invaluable and it was therefore decided to continue this with the network. This has only been possible with support from the Southern West Midlands Maternity and Newborn Network.

Over the last 12 months this group has grown and has representatives from an ever increasing geographical area. It has become increasingly evident that the provision of maternal mental health care varies widely across the region. It is one of the aims of this group to tackle this unwarranted variation in healthcare provision.

As a result of this group, various projects have arisen. Currently we are looking at the use of psychotropic medication during pregnancy. It is intended that a region-wide guideline could be produced to help inform both primary and secondary care practitioners on the types of psychotropic medications that could be more safely used during pregnancy and in the breastfeeding period. Another project is looking at how women are identified as being at risk of mental health problems during pregnancy. The aim of this identification is to ensure that robust and comprehensive management plans are developed for these women to reduce the risks to both themselves and to their child.

It is hoped that a region-wide conference will be organised for the end of this year to help publicise the products from this group, but also to unite all healthcare professionals and service users who are passionate and keen to promote the mental health of women across the region.

Giles Berrisford
Consultant Perinatal Psychiatrist, Perinatal Mental Health Service, Birmingham

MATERNITY GROUP

On reviewing the last 12 months of work and progress within the Maternity arm of SWMMNN and rereading last year's Annual Report I am struck by the overarching remit and reason for the development of this regional Maternity Network – to develop a fully integrated, operational area of the Newborn Network and, most importantly, to ensure full and equal involvement from Obstetricians and Midwives within its structure and areas of action. These aims cannot be delivered in the short-term and will take time, however I am pleased that the basic building blocks for achievement are being put in place. Thanks to Joan Lilburn (Lead Midwife) and the nominated obstetric and midwifery leads for each of the 6 Southern West Midlands Units, knowledge of the Network amongst maternity staff has significantly increased. This is evident in the ever increasing interactions the Network staff are having with each maternity unit and the numbers of midwives and obstetricians attending network events, such as the Strategic Planning Forum in January 2015. This work of highlighting and explaining how the Network can influence and improve patient care and staff working practices in each unit will continue to be promoted further in the next 1-2 years.

The Maternity group has met quarterly and the areas and projects to be involved in have been discussed and decided upon:

- 1) To develop and promote specific pathways for care to improve/standardise care across all our units. These include low-risk antenatal care, diabetes in pregnancy, and pre-pregnancy care.
- 2) To collect an agreed maternity/perinatal dataset from all units in SW Midlands to allow local benchmarking and to standardise and make recommendations regarding the analysis of perinatal deaths.
- 3) Agreement on adoption and promotion of joint obstetric guidelines between SWMMNN and SSBCNMN and to join in their development and integration into practice.
- 4) To push for regional commissioners to fund the agreed model for a region-wide WM Single number IUT/newborn transport service.
- 5) To act as a support and an umbrella organisation for the development and promotion of maternity special-interest groups such as the Maternity/Perinatal Mental Health group and Diabetes in Pregnancy Advisory group.
- 6) To continue to gather opinion and advice from our local units and staff regarding the ways of promoting greater integrated working and developing a more maternity orientated educational package for all our staff.

These workstreams are up and running and I firmly believe that it is through these areas of work, as well as involving staff and patients in daily discussions about how our Maternity units can and must work effectively together within a Network, that real progress will be made in fulfilling the overall aims of an integrated Maternity Network and promoting high-quality patient care across SW Midlands.



Dr Neil Shah, Obstetric Lead, SWMMNN.



LEAD MIDWIFE – Joan Lilburn

My first year as Lead Midwife for the Network has proven to be both enjoyable and challenging.

- My primary remit was to share information with midwives about the Network and its aims and objectives, and engage them in future planning opportunities. I hope I have gone some way to achieving this by presenting at Supervisor of Midwives meetings in each SWMMNN Trust, meeting with the university tutors from where our student midwives are being educated, and also forging a close link the RCM regional representative, keeping her abreast of Network aims and objectives.
- A very successful health visitor / community midwifery forum was held in March with excellent attendance and key speakers from BCH. It evaluated very well and was a forerunner to a larger day aimed at engaging this section of health professionals with the Network.
- I was pleased to give midwifery/maternity input to a Network backed leaflet produced by Tracey Budding, which aims to inform parents about the need for neonates to be delivered and cared for in the right place! This has proved to be an excellent example of where the Network has enabled maternity and neonatal to work collaboratively as whilst choice for women remains paramount, the choice for neonatal care is driven by need. Repatriation remains difficult for families for several reasons and this leaflet which is ready for distribution throughout the network, serves to help address this. Similarly I have worked alongside Jo Bussey, Patient Voice and Insight, in developing the Network maternity questionnaire. I am very keen that the themes that have been identified are influential in affecting work undertaken in the future.
- I sit on the Maternal Mental Health Group, which is hosted by the Network. This is an area of national focus presently and we are working towards a conference later in the year, which is an exciting prospect.
- The SCN were instrumental in wishing to address inequity within bereavement services. As Lead Midwife, I was asked on behalf of SWMMNN, to facilitate a bereavement lead group and the first meeting took place at Heartlands last month. This was a well attended meeting with a great wish to support each other and learn from each other in areas of 'best practice'.
- The Network is keen to provide midwifery training if there are areas which would seem to benefit all Trusts within the Network. Areas currently being looked at are training for maternity support workers /midwifery assistants and also stabilisation of the neonate for midwives who staff 'stand alone' birth units including community midwives.

I am very pleased to have been given the opportunity to extend my secondment into this role for a further year and hope to be part of helping the continuing drive to improve collaborative working between the Trusts within SWMMNN.

Joanne Bussey - Patient Voice and Insight Lead,

Southern West Midlands Maternity and Newborn Network (SWMMNN)

I was appointed to the new role of Patient Voice and Insight Lead (PV&I), which was created in September 2014, and work for the network for 12½ hours per week. The focus of the role is to drive the improvement of patient experience and engagement with families within SWMMNN; placing particular emphasis on patient experience within the newly amalgamated maternity and newborn network. We hope to replicate the level of patient engagement seen previously in the SWMMNN as a newborn network

I believe that it is essential for us to understand what is important to patients in their local area, by setting-up systems and opportunities that enable them to have meaningful conversations, as well as better understanding of how patient experience can be a tool for service improvement.

My aim is to create meaningful user engagement for positive operational change.

SWMMNN are committed to embedding PV&I into all aspects of our work to ensure there is a patient-centred focus at the heart of all we do. Working in partnership with the Trusts and individual units within SWMMNN, our PV&I work for the year to date has been:

- **Maternity services feedback project**

This project has included a broad audit of existing mechanisms for feedback at each trust, the SWMMNN maternity questionnaire, digital intelligence, and work building relationships with external agencies, patient and community groups and 3rd sector organisations to provide a broad view of care and services across the Network. This project will be used to inform work streams, education opportunities and service delivery improvements. The information drawn together by this project will be fed back at our SWMMNN stakeholder's event, followed by trust-specific feedback to individual units.

The maternity experiences survey collated responses from new Mums who had had a baby from January 2014, within our network over 3 months, we received responses from just short of 200 Mums.

- **Community engagement**

I have been busy meeting with community groups, third sector and service user organisations to map services across the network area, both to be able to support work in trusts as well as patients directly.

- **Experience database and patient representatives**

I believe that having active user engagement is imperative to the co-production of family centred services. SWMMNN are developing a resource of case-studies and patient stories (text and other media), as well as the recruitment of patient representatives to sit within SWMMNN teams and

working parties. We have involvement from two neonatal parents (in addition to myself!) and we have recently held an open event for maternity Mums, which was well attended.

- **SWMMNN patient experience and engagement group**

I have worked alongside my colleagues in trusts across the network, with the aim to encourage collaborative working between them to develop a Network-wide PV&I framework and strategy.

The output from this project has been the first network PPE group, bringing together patient experience leads from each of the trusts. Offering the opportunity to share best practice, information, network and contribute to a network-wide vision for patient voice and insight.

- **Development of digital interaction with patients**

We recognise that utilising new technologies is essential to engage with service users in the 21st century. SWMMNN are committed to the continued development of digital media to ensure information circulation and to engage with stakeholders. We were excited to launch our parent app in June 2014 and will look to developing it's functionality further over the coming year. We will be looking to utilise it's feedback to supplement our other data to make valuable service improvement, we also hope to expand the app to include our maternity services.

About Me

I am the Mum of a pre-term baby born at 26 weeks, he was in neonatal care for 16 weeks, cared for within the Network. I can therefore totally empathise with parents and strive to ensure that their perspective remains central to all we do. I feel that my personal and professional background enable me to approach the work of the role in a focused way from the perspective of the patient. My previous work as service manager for the disability charity Scope, gives me a background in community and service user engagement, family support and service development to draw upon. Since September I have enjoyed getting out and meeting first hand the Mums and families we are serving, as well as the many staff from around our Network and have been bolstered in the role by the positivity for our projects.



Jo Bussey

Patient Voice and Insight Lead

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PATIENT VOICE ASSISTANT - Heather Rutherford

I was born at 26 weeks gestation and became involved with the Network when I was asked to talk about how this has impacted on my life at a Network study day. After this I was approached by a number of Networks and conferences and asked to speak. I have even been lucky enough to speak at the Reason conference. I now support the Network Patient Voice and Insight Lead, Jo Bussey, by visiting units and gathering information from parents about their neonatal or maternity care.



Bliss Family Centred Care Coordinator

The POPPY report (NCT, 2009) highlighted the importance of caring for the whole family. Although there has been improvement, national parent experience surveys highlight that Units are still failing to meet the needs of families. Bliss nurses aim to fill this gap by providing additional support to families whose babies are receiving neonatal care.

In the last twelve months I have continued to support families on an individual basis, providing emotional support and practical assistance for example with Kangaroo care, expressing, breast or bottle-feeding. I have offered advice and support on a range of issues affecting families including strategies to cope with the neonatal experience, transfer, bereavement and palliative care, attachment and bonding, developmental care, and preparing for discharge and beyond. I have also referred families for financial assistance and counselling. I signpost families to sources of information and support, and have continued to facilitate a support group on the NICU and in the community. The provision of post-discharge support will extend with the introduction of a weekend family group at parents' request. I have worked very closely with Alia Hussain the Bliss Regional Volunteer Coordinator to train and support Bliss volunteers, and the numbers across SWMMNN and the West Midlands Neonatal Units continue to increase.

Working closely with maternity and neonatal colleagues we have begun to forge links with community professionals to share knowledge and understanding so that not only are they better able to support families after discharge, but we can look at ways to support their work. I have also been involved in intradisciplinary forums to highlight issues relating to maternal and infant mental health.

I have been involved in initiatives to engage parents in service development including Project Vita for the rebuild of Birmingham Women's Hospital and a West Midlands Neonatal Research forum, led by Professor Andy Ewer. I have supported Units wishing to improve their facilities for families. All SWMMNN units have now received grants from Bliss, and several have received support from another local charity. I have also been involved in action plans to improve patient experience following local and national reports and parent surveys.

I have been involved in a review of neonatal services and participate in a working group to improve support for breastfeeding mothers at Birmingham Children's Hospital. I continue to support staff to make changes in practice and improvements in care, and have contributed to the development of information resources for parents, including a new NICU booklet and an antenatal information leaflet. The SWMMNN Family Centred Developmental Care Group has been meeting on a quarterly basis, and now has a closed Facebook group for staff to share knowledge, experiences and best practice.

I have provided educational sessions on several topics including family-centred care, developmental care and neonatal pain management to both neonatal and PICU nurses and doctors.

I work closely with a clinical psychologist and the multi-disciplinary team to assess the needs of families, provide appropriate emotional and psychological support, and deliver education sessions discussing parents' experiences and how we can improve the care we provide. I have also represented SWMMNN and Bliss at several events, including speaking about the Bliss Nurse role at a national conference.

Across SWMMNN we have hosted events to raise awareness of the importance of skin-skin contact for World Kangaroo Care Awareness Day and the impact of preterm birth on World Prematurity Day, including a Little Lights Walk.

Sadly, this post will end in September 2015 as the funding from Bliss is no longer available.

In the remaining months I aim to ensure I share specific knowledge with individual unit leads so support for families will continue, and discuss moving forward with achieving Bliss Family Friendly Accreditation. I will also be working closely with Sarah Morris to develop a competency framework for family centred developmental care for all staff groups, and planning educational activities to support this.

I have very much enjoyed working with staff in the SWMMNN units, who are welcoming, open and responsive, even when they are rushed off their feet! I have seen many improvements in family centred and developmental care over the 20 months I have been in post. I believe nurses and doctors truly appreciate the importance of family centred care, so I am sure these improvements will continue, positively influencing the experience of neonatal care for babies, parents and their siblings.



Cheryl Curson
Family Centred Care Co-ordinator



BLISS REGIONAL CO-ORDINATOR

My name is Alia Hussain and in January 2011 I was appointed as the Bliss Regional Volunteer Coordinator for the West Midlands. My aim is to expand Bliss' presence in the West Midlands by recruiting and supervising volunteers who support parents on the Unit and post discharge. We currently have Bliss Champions on the units at Heartlands, Good Hope and Birmingham Women's and I have successfully recruited 2 volunteers each for City and CH who are awaiting Trust clearance. The Champions provide parents with information on support available to help them cope with the practical and emotional challenges of caring for a baby in hospital. Volunteers also provide direct one to one help via phone and email.

Since the Network has now become joint Maternity and Neonatal, my vision is to take a more holistic approach to what the volunteers can do, mimicking the Network vision of providing Maternity and Neonatal services. For example a volunteer can meet and greet, provide a tour of the Maternity and Neonatal Units, provide a link between Maternity and Neonatal Units and act as an escort for parents transporting them to different Units as well as undertaking their primary role of Champion. In order to achieve this, I need stronger participation from Unit staff who can identify parents who are committed in helping others, to signpost staff and parents to volunteers, to promote the volunteers to parents and other staff and to act as a point of contact to ensure the volunteer is supported on the unit.

Bliss Family Groups provide a local network for parents and families of premature and sick babies. They provide a great opportunity for parents and families to socialise, get advice, share information and provide mutual support. St Thomas Family Group (off Bristol Road, Birmingham) is run by Cheryl Curson and me fortnightly. The group is open to all parents who have had a baby in a SWMMNN Unit.

I am assisting Worcester Hospital to set up a support group for their families which means parents have a local group to access.



St Thomas Family Group Summer Social 2014

Cheryl and I also run a Facebook page 'Bliss West Midlands' providing parents and families the opportunity to contact us through Social Media.

This year I am managing a Teen Mums Project. The project will provide tailored support to young parents providing access to specially trained Bliss volunteers who have direct experience of being a young parent. They will help to; reduce isolation, support parents to understand their own and the health needs of their baby; provide a listening ear, and signpost to services for financial help. Do get in touch if you would like to get involved.

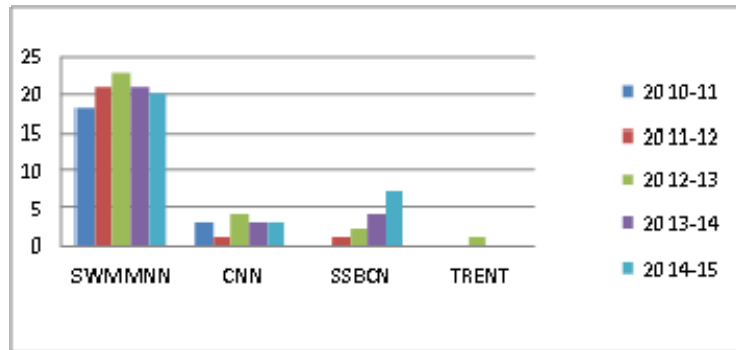
The Network is a member of the Bliss Regional Development Steering Group which informs and guides my project in the most effective way and relies heavily on the knowledge Sonia and her team impart. If you are interested in becoming a member and thus discuss issues specifically for your Unit, do get in touch.

For further enquiries please email me at aliah@bliss.org.uk or call on 07436 102 346.

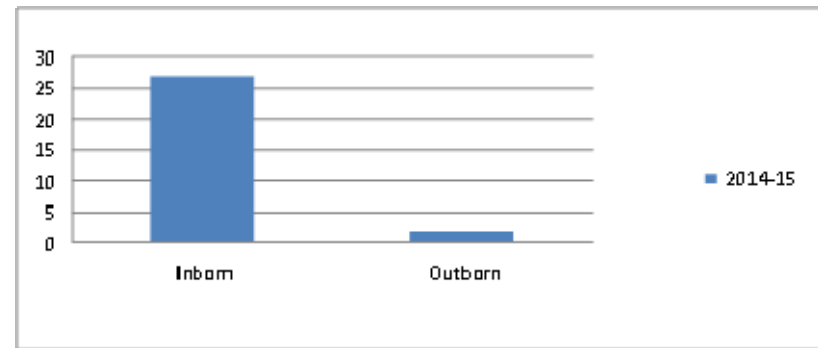
SWMMNN (2014-15) Financial Year Activity Report for Therapeutic Hypothermia (Cooling)

We are now into the fifth year of successfully providing therapeutic hypothermia, for babies born with Hypoxic Ischaemic Encephalopathy. Birmingham Heartlands Hospital (BHH) is the designated cooling centre for the SWMMNN. However Birmingham Women’s Hospital (BWH) offers the same services for their inborn and occasionally for out born babies when there is a capacity issue. The following is the summary for the last financial year:

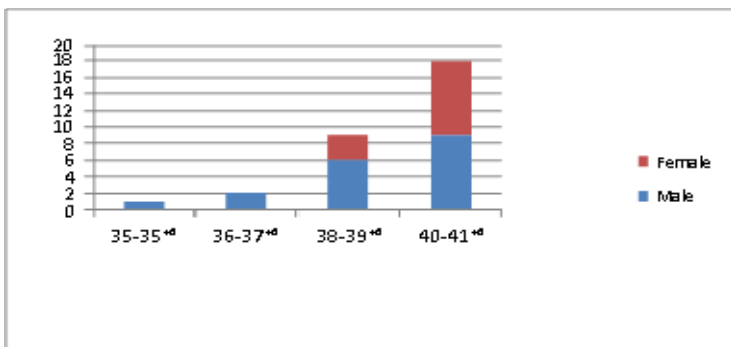
1. Number of babies (30) who received treatment @ BHH



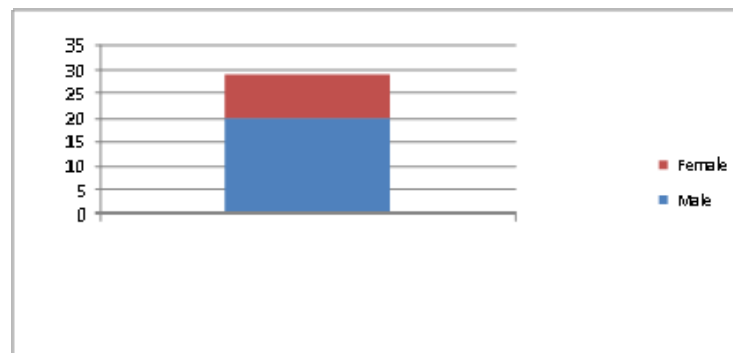
1. Number of babies (29) who received treatment @ BWH



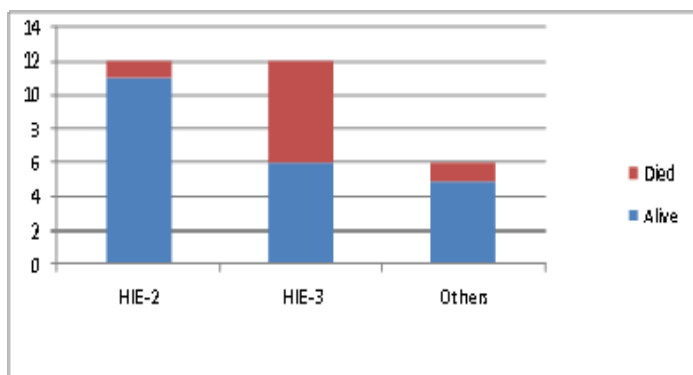
2. Distribution as per GA & sex of the babies @ BHH



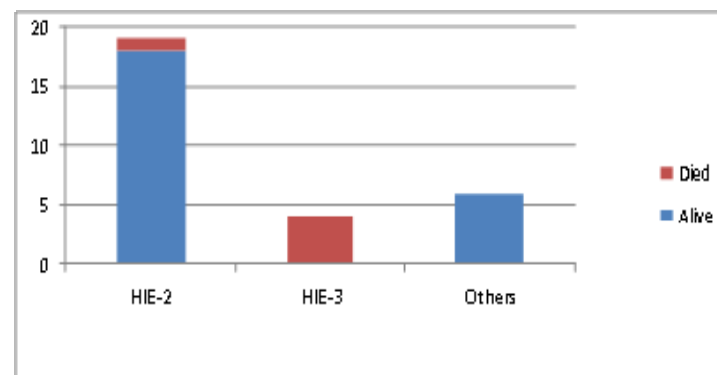
2. Distribution as per GA& sex of the babies @ BWH



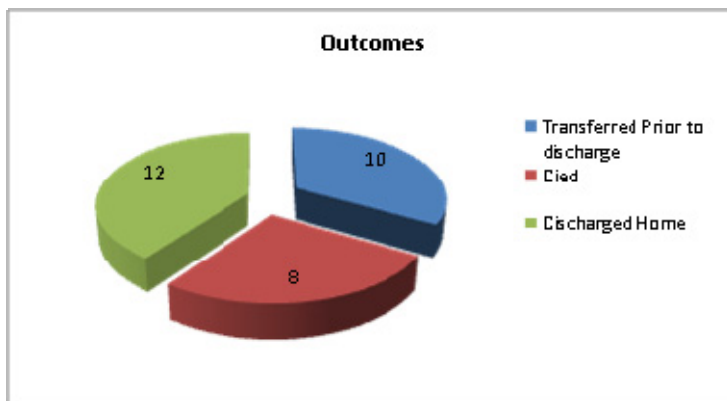
3. Distribution as per the severity of the HIE and mortality @ BHH



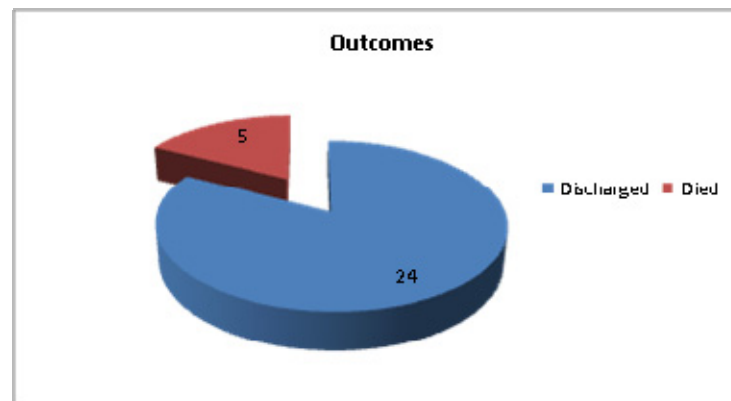
3. Distribution as per the severity of the HIE and mortality @ BWH



4. Initial outcome after cooling treatment @ BHH



4. Initial outcome after cooling treatment @ BWH



Study Days:

Therapeutic Hypothermia study days hosted jointly by SWMMNN AND SSBCNN twice annually.

Name: _____ PID: _____



Criteria for therapeutic hypothermia

Prerequisites:
Must fulfil **BOTH** of the following:

- ≥ 36 weeks gestation
- ≤ 6 hours post birth

If infant moribund, or severely encephalopathic, has withdrawal of care been considered?

Consultant to cooling centre Consultant discussion

Time of call: _____
Discussed with: _____

Criteria A:
Must fulfil **AT LEAST ONE** of the following:

- APGAR score of ≤ 5 at 10 min after birth
- Continued need for resuscitation at 10 minutes
- Acidosis (pH < 7.00) within 60 minutes of birth
- Base deficit (≥ 16 mEq/L) within 60 minutes of birth

Criteria B:
Seizures, OR ...

Moderate/severe encephalopathy, consisting of **ALL THREE** of the following:

- CONSCIOUSNESS: altered state with reduced/absent response to stimulation, and...
- REFLEXES: abnormal reflexes (weak/absent suck or Moro response, abnormal pupils), and...
- TONE: focal or general hypotonia, or flaccid

Start passive cooling and prepare for transfer to regional cooling centre / active cooling

Transport service	West Midlands Neonatal Transfer Service (WMNTS)	07929053730 07929053660
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Cooling centres	Birmingham Heartlands Hospital (BHH)	0121 424 3520
	Birmingham Women's Hospital (BWH)	0121 627 2686
	New Cross Hospital (NCH), Wolverhampton	01902 694032
	University Hospital of North Staffordshire (UHNS), Stoke	0178 267 2440

Decision made to cool: Yes No

If not for cooling, document reason(s): _____

Date: _____ Sign: _____

It is reassuring that the number of babies who were offered therapeutic hypothermia have remained constant over the last 5 years. We need to continue to ensure that the right baby receives the treatment , hope to reinforce the cooling pathway and continue to strive to reduce the inappropriate transfers. I would like to thank all the staff members across both the networks including the transport team without whom this would not have been possible.

Thank You,

Vidya Garikapati,
SWMMNN Cooling Lead
Consultant Neonatologist
Heart of England NHS Foundation Trust
Birmingham.



GUIDELINES SUB-GROUP

It has been a really fruitful year for the Network Guideline sub-group. I would like to thank all the SWMMNN units for participating in the Network guideline implementation review last year, when we identified the gaps and supported all units. This process helped in overcoming local hurdles and achieving local governance processes. We sincerely appreciate the efforts of all authors, reviewers, editors, publishers, guideline leads, clinical leads, matrons and other members of MDT for this great achievement amidst various challenges and time constraints. As a result of everyone's hard work, I am pleased to report that the first edition of the bi-Network neonatal guidelines were implemented successfully in all SWMMNN units in 2014. All units have electronic copies of Network guidelines on their Trust intranet and booklets on key ward areas.

Guideline adoption forms (with clinical lead and medical director signatures) were returned by 4 out of 5 neonatal units. We received a reasonable number of user survey feedbacks from SWMMNN units which enabled us to address various issues for the future edition. We worked on the application for NICE accreditation of our guideline process. We have identified some gaps (13 out of 22 elements) and are currently working on them to achieve successful NICE accreditation.

We are presently working on the next edition of the bi-Network guidelines which is due to be published at the beginning of next year. The processes seem to be much smoother this time as a result of experience gained in the previous rounds. We are delighted to receive more comments during peer review which will help in addressing any issues and fine tuning the guidelines. With improving participation from more neonatal units, we are developing a number of new guidelines to be added to the new edition such as on pigtail chest drain insertion, floppy baby, hydrops fetalis, Down syndrome etc. We are also updating various guidelines in line with the recommendations and evidence.

The bi-Network guideline group meets every 2-3 months (face-to-face or telephonic) where further steps are discussed. Separate local SWMMNN sub-group meetings are convened when required.

Future challenges and thoughts

The process of peer review, ratification and finalising of the next new edition of the guidelines is moving with reasonable pace. I request the authors to return any outstanding updates as soon as possible. We expect the new edition (2015-2017 edition) to be published by the end of 2015. We are hoping to implement these updated guidelines in all units by March 2016.

We have identified Cooling as the topic for bi-Network audit and identified leads in each of the two Networks to co-ordinate this audit.

I would be grateful for your continued support for this subgroup and achieving standardised care for neonates within SWMMNN.

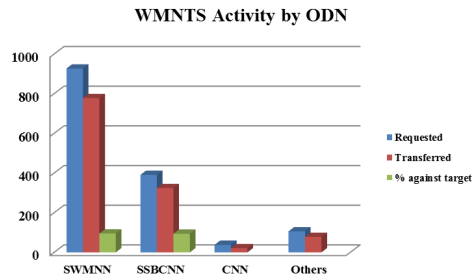
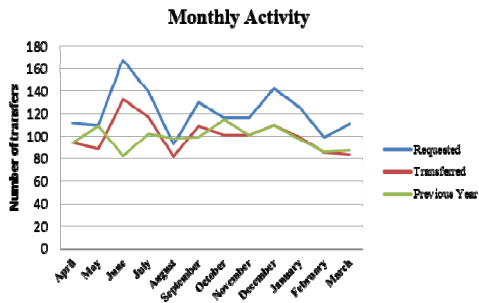
S Sivakumar, Chair SWMMNN Guidelines Sub-Group, Consultant Neonates, City Hospital, Birmingham.

West Midlands Neonatal Transfer Service (WMNTS) 2014-2015

WMNTS continues to provide 24/7 neonatal transfers across the West Midlands, working closely with our neighbouring transfer teams.

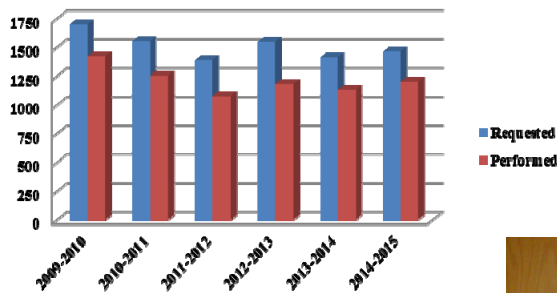
Activities

WMNTS performed 1201 transfers in 2014-15 (95% requested transfers) with an average of 100 transfers/ month. 65% of transfers performed originated in SWMMNN.



Transfers were higher in 2014-15 than the previous financial year.

6 year Transfer Activity

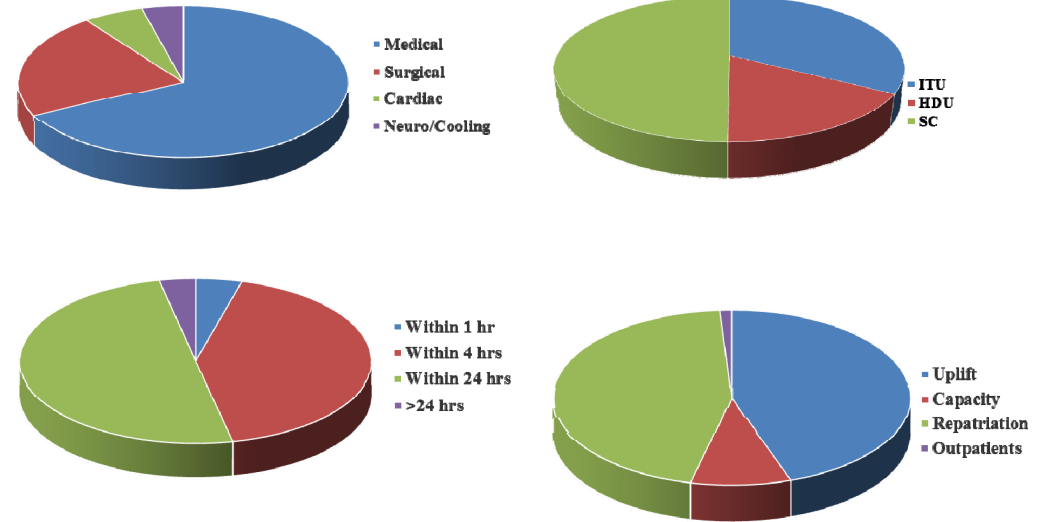


WMNTS Consultants

Left to right: Consultant Dr Amrit Dhillon, Nurse Consultant Catherine Rutherford, Lead Consultant Dr Alex Philpott and Consultant Dr Lee Abbott



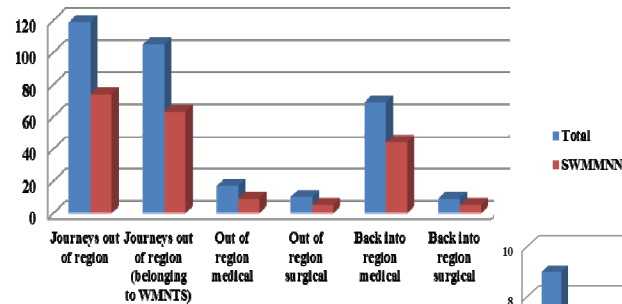
Activity Breakdown by Using BAPM/TIG Classification



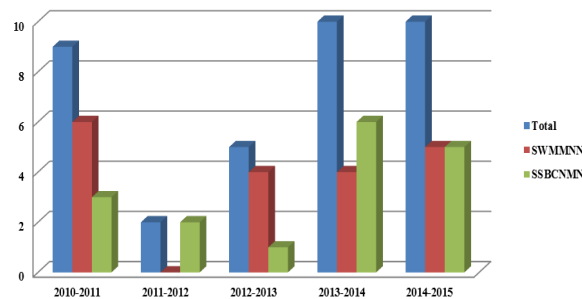
Out of Region Journeys

In 2014-15 there were 105 occasions when WMNTS took a baby out of or brought back into region for on-going care; 60 of these were SWMMNN babies. For out of region surgical transfers 50% required an intensive care cot (compared to 100% in the previous year).

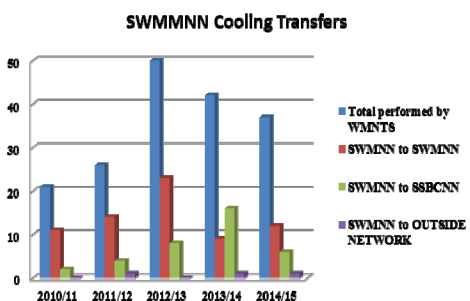
WMNTS Journeys out of Region



5 year Out of Region Surgical Transfers

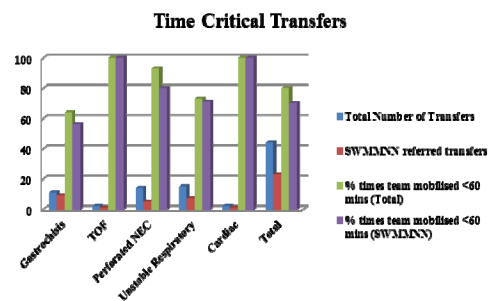


Therapeutic Hypothermia



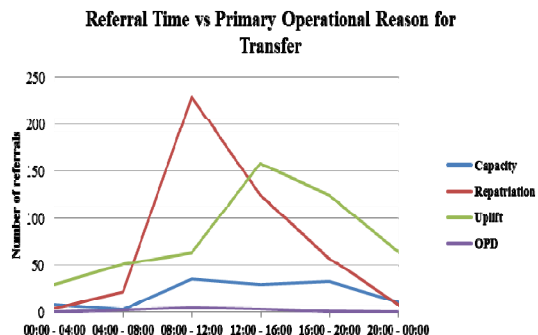
The number of transfers performed for therapeutic hypothermia was reduced both regionally and from SWMMNN. A higher number of babies remained within SWMMNN for treatment than in the previous year.

Time Critical Transfers



For Time Critical Transfers (TCT) WMNTS is charged with leaving base within 60 minutes of receiving the referral. We achieved this standard for 70% of SWMMNN TCT referrals (80% total TCT Referrals).

Referral Times

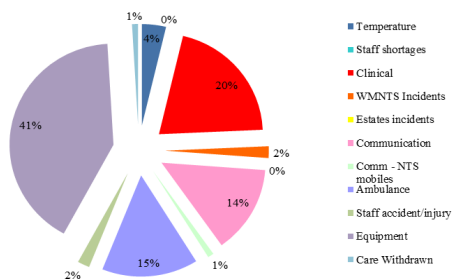
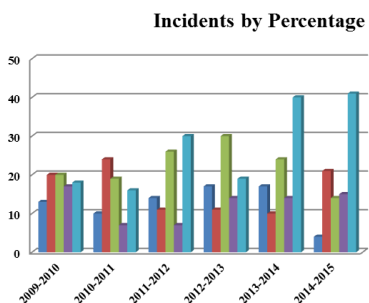


WMNTS can often accommodate repatriations overnight. The majority of repatriation referrals are made between 08:00 and 20:00.

Uplift referrals show a peak superimposed on a relatively constant background activity. Further analysis shows this to result from Uplift from our NICUs into the regional PICU.

Clinical Governance

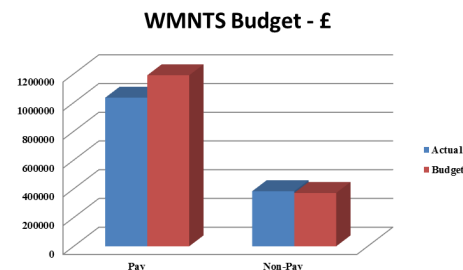
8.9% of all transfers generated an incident (10% in previous year). WMNTS equipment issues remained the highest reason for an incident being generated. Other reasons for incident reporting are shown below.



Team Changes

We bid farewell to Jane Edwards and Judith Forbes, our administrative team and welcomed Alice Mulcahy and Claire Martin as their replacements. Catherine Clarke, Michele Emery and Maria Francis joined the WMNTS transport sisters. Catherine Rutherford was successfully appointed as Nurse Consultant.

Budget



We continue to offer a high quality service within our budget. The 'under-spend' on pay is due to training our own ANNPs and this will disappear in the next financial year.

Achievements

Education: WMNTS team members teach on Therapeutic Hypothermia, Hot Topics, Midwifery Led Training, QIS and Transport Study days, in addition to QIS programmes, West Midlands Deanery ST Teaching and Neonatal Life Support.

Simulation Programme: On-going high fidelity simulation programme for WMNTS team members

Pathway Development: The regional PDA ligation pathway was developed and launched

Research and Audit: Posters presentations at regional and national meetings including:

- Perinatal 2014 (4 posters)
- Transport Interest Group 2014 (6 posters)
- 8th Annual Midlands & East Perinatal Conference (4 posters)
- British Maternal & Fetal Medical Society (1 poster)
- 5th National Neonatal Simulation Conference (1 poster)

Qualifications:

Nikki Baker & Brendan George – MSc In Advanced Practice (Neonatal)
 Sarah Cormack – Mary Seacole Award
 Catherine Rutherford – Inclusive Practitioner Programme
 Alex Philpott – MSc in Health Policy & Management

Charitable Fund

Tiny Travellers appeal was set up to raise funds for essential equipment for transfer.

www.justgiving.com/TinyTravellersAppeal



Advanced Neonatal Respiratory Physiotherapy

I was delighted to have the opportunity to take on the role of Advanced Neonatal Respiratory Physiotherapist for the Southern West Midlands Maternity and Newborn Network when my predecessor, Nicky Hawkes, retired last year.

Being new in post gives me the chance to review the Physiotherapy service that is offered. I am currently undertaking an audit, looking at opinions of nursing staff regarding support that is most helpful in advancing practice. Early responses are very encouraging, and I am using the information to put together teaching packages that will be made available to all staff. This will include competency documents to allow staff to assess their own confidence in using physiotherapy techniques, practical information and also an evidence overview. If you have received a link to the questionnaire, can I encourage you to fill it in with as much information as you can!

In the coming months I plan to collate the available evidence regarding respiratory physiotherapy in our neonatal population to allow staff who carry out physiotherapy techniques to have a reference point. The Association of Paediatric Chartered Physiotherapists have recently published a competency document, including an evidence overview which is also a fabulous resource, and I intend to build on this. The goal is to ensure our practice within the Network is consistent with current evidence and standardised amongst our units.

I continue to teach on the Neonatal Nursing courses both at Birmingham City University, and Heartlands Hospital. I really enjoy this part of the role and it is exciting to see so many enthusiastic students, who are showing a real interest in Physiotherapy. I am also keen to improve the Physiotherapy teaching that is available to current staff in-house, and as SWMMNN AHP's we are working to see how we can deliver training together in the most accessible way. I also continue to visit individual units, reviewing any babies requiring physiotherapy input, troubleshooting any patients with specific difficulties and I am also keen to work on a one to one with staff who wish to review their own practice, maintain their competencies or who have any questions regarding physiotherapy.

I fulfil my out of hours obligations at Birmingham Children's Hospital, which enables me to maintain my paediatric competencies. The teaching programme I deliver to the physiotherapy team at Birmingham Children's Hospital has also been very well received, with a number of staff very keen to visit our neonatal units to gain experience of working with our neonates – and to take this experience back to their practice on PICU. I will also be contributing to the neonatal teaching on the Birmingham Children's Hospital PICU induction course this year.

In the coming year I will also be reviewing communication strategies – how I can best communicate with the MDT looking after each of the babies I am involved with. Particularly with the advent of Badger being used for contemporaneous notes, I am keen to ensure communication and documentation of physiotherapy practice is current, informative and accessible. Any suggestions welcome!

Advanced Neonatal Respiratory Physiotherapy

On taking on this new role, I have initially spent time familiarising myself with the units within the Network, and also networking with Physiotherapy colleagues nationwide. This Network role is unique, and there are many fabulous opportunities for promoting best practice and standardising the physiotherapy care that our special babies receive. I am very keen to advance practice and would love to hear any suggestions regarding the Physiotherapy service within our Neonatal Network



Emma Foulerton

Advanced Neonatal Respiratory Physiotherapist



NETWORK DIETICIAN – Sara Clarke

I was seconded to the post as the Network Dietitian in January 2015 from the dietetic team at BCH after the post had remained vacant since the previous Network dietitian Zoe Connor sadly left the position in April 2014. During the period between Zoe's departure and my arrival my colleague Laura Johnson continued to support the units by phone. Since coming into post I have re-established links with the medical and nursing teams at all the Network Neonatal Units. This has been at times a difficult task without the introductions and handover from an outgoing post holder. I would like to take this opportunity of thanking all the staff across the Network and the Network Team themselves for being so welcoming and friendly helping me to settle so quickly into my new role.

The two main roles of the post have continued to be 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:-

- Established weekly multi-professional clinical nutrition ward rounds at Birmingham Women's Hospital and Heartlands Hospital
- Attended regular fortnightly ward rounds at Worcester Hospital
- Attended weekly dietetic led review of infants at City Hospital

- This work has included reviewing growth patterns, discussing nutrition plans including vitamins, advising on feed choice, challenging inappropriate nutritional plans and teaching at bedside re nutrition
- All of which have helped raise my profile and the importance of adequate and appropriate nutrition to medical and nursing staff.

- Provided patient specific advice for nutritionally challenging neonates and surgical neonates
- Combined and updated the Network guidelines for nutrition and enteral feeding into one document awaiting ratification

- Continue to provide patient specific advice for nutritionally challenging neonates and surgical infants across the Network
- Networking with staff in all units to ascertain continued training needs;
- Lecture on study days round the Network, and provide routine training for all staff on preterm nutrition and growth.
- Attended several study days on neonatal nutrition
- Become a member of the Neonatal Dietitians Interest Group and the N3 Nutrition Group

My plans for the future:-

- Introduce length monitoring across the Network for all neonates
- Develop further in house training for staff alongside my AHP colleagues
- Develop an online 'nutrition and feeding' feedback survey in conjunction with my SALT colleague to gain feedback from all staff across the Network on the service we provide and how we may best meet the clinical and training needs of individual units.
- Audit use of BMF & adherence to Network Nutrition Guidelines
- Develop guidelines for post discharge nutrition – with particular guidance on the use of BMF in the community
- Continue working on developing standardised PN formulation as part of the Network Nutrition Group
- Continue networking and visiting Units to determine areas for development and training.

Sara Clarke
SWMMNN Dietician



Speech and Language Therapy

I have been in post as the Network Speech and Language Therapist since August 2010. The Speech and Language Therapist role continues to be 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. The role's ability to supporting the neonate's oral feeding journey is becoming increasingly understood, further supporting the development of the Speech and Language Therapist's role within the Network.

I have now returned from maternity leave. I give thanks to my colleague Rachel Evans, Highly Specialist Speech and Language Therapist at Birmingham Children's Hospital for providing a dedicated referral based service to the Neonatal Units at Birmingham Women's Hospital, Birmingham Heartlands Hospital and Good Hope Hospital during my absence.

To date I have:

- Provided a referral pathway and service for units within the Network who have no funded speech and language therapy support. The units with no funded speech and language therapy service has increased which has led to an increased amount of referrals and demand for the network speech and language therapy service
- Written a paper entitled "The Transition from Tube to Full Oral feeding (Breast or Bottle) - A Cue Based Developmental Approach" alongside Ali White, IBCIC Feeding Advisor at Birmingham Heartlands Neonatal unit. This paper has been published in the Neonatal Nursing Journal, August 20o3. We are now having requests to provided training around a cue based feeding approach nationwide
- Provided lectures on the Network study days
- Lectured on the Neonatal pathway at BCU

- Presented about the Network SLT role at the Innovative Workforce Strategies for Neonatal Services
- Updated Network Bottle Feeding Guidelines
- Supported, trained and provided competences for local SLTs inputting within the Network (this is on-going)
- Provided education and training at different units on feeding development for the preterm and compromised infant
- Supported the Network launch of the Down Syndrome Initiative
- Joined the RCSLT neonatal working group to develop SLT practice with neonates nationwide

My plans for the future:

- Continue to provide a Speech and Language Therapy Service including the assessment and management of specific referrals within the Network. This continues to place an increasing demand on my time for the role especially from the two level 3 units within the Network.
- Carry out audit of my service to support outcome measures and improvement
- Continue to target a cue based feeding approach to shorten the transition from tube to oral feeding
- Develop education workshops with AHP colleagues for units within the Network
- Provide support to the local Speech and Language Therapy team in Hereford, alongside supporting training for Hereford NNU nursing staff
- Develop written information for neonatal staff and parents to support preterm babies with their oral feeding development
- Continue to work as part of the RCSLT neonate working group and transfer guidelines into practice within the Network
- Continue networking and visiting units to determine continued areas for developments and promoting my role

Katy Parnell
Network Speech and Language Therapist

NEONATAL SURGICAL OUTREACH SERVICE

Birmingham Children's Hospital in partnership with SWMMNN and SSBCNN

The Neonatal Surgical Outreach Service has been established since 2009. The principle aims of the service are to, firstly, reduce the number of neonates sent out of region for paediatric surgery and secondly, to ensure the highest standard of care for neonates requiring surgery, and their families, throughout our region.

This year 51 patients were actively transferred out of BCH (PICU & NSW) under the continuing care of the Outreach Service and in total, 72 patients received care from the Outreach Nurse. This included 5 patients who received outreach care pre-operatively, safely delaying admission to BCH or avoiding admission altogether.

Since March 2003, 7 neonates with exomphalos have been managed in their Neonatal Units, avoiding admission into a surgical cot at BCH. By supporting NNU staff, parents and community staff, 3 of these babies were discharged home early, with parents continuing the dressing changes.

With help from the Neonatal Units, following the established pathways and active discharge planning at BCH, the Outreach Team continue to strive to reduce the number of neonates transferred out of region.

Summary of Outreach Service

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Outreach patients seen by Nurse	No data available	91	110	116	75	72
Bed days saved at BCH	No data available	1008	2073	1962	1478	1582
Out of region transfers	23 Vent 9 Non-vent 5	9 Vent 4 Non-vent 5	2 Vent 2	5 Vent 2 Non-vent 3	17 Vent 16 Non-vent 1	14 Vent 10 Non-vent 4

Training and Education Delivered

Nursing the Surgical Neonate course. 6 Nurses completed this course, including a nurse from Gloucester Royal NNU.

Teaching sessions on surgical care have been delivered as part of other courses and programmes:

Pre and post registration nurses at BCU.

The national stoma course.

PICU Foundation Course and Clinical Support Workers.

SSBCNN Surgical study days at Walsall Manor and North Staffs.

BWH Nutrition Study Day



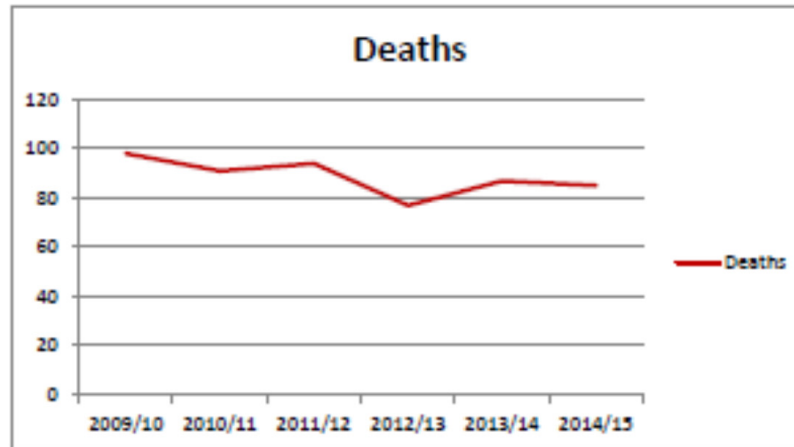
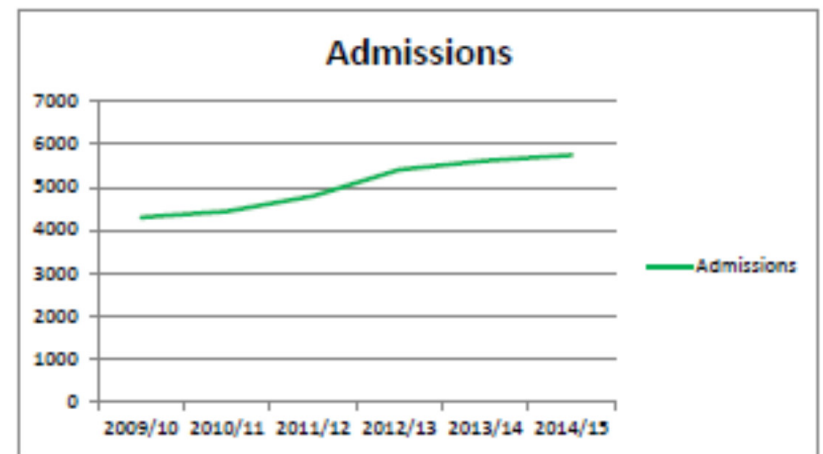
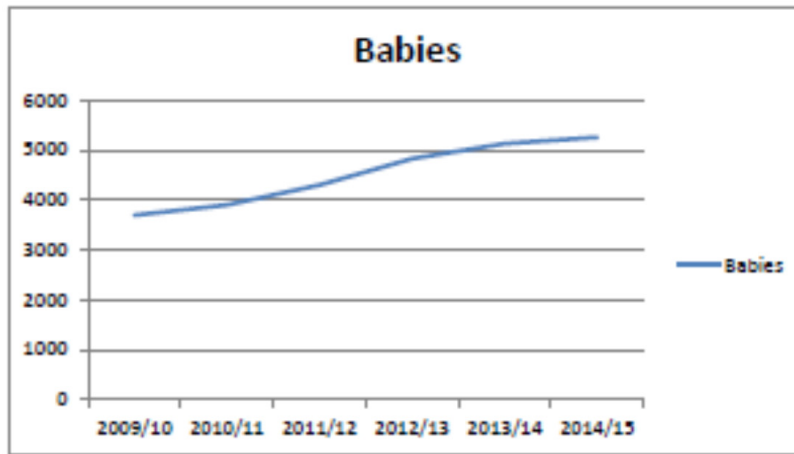
Bernadette Reda, Neonatal Surgical Liaison/Outreach Nurse

SWMMNN Activity report over the last 6 financial years

Year	Babies
2009/10	3694
2010/11	3900
2011/12	4300
2012/13	4830
2013/14	5132
2014/15	5256

Year	Admissions
2009/10	4300
2010/11	4444
2011/12	4795
2012/13	5416
2013/14	5625
2014/15	5757

Year	Deaths
2009/10	98
2010/11	91
2011/12	94
2012/13	77
2013/14	87
2014/15	85



Year	HRG 1	HRG 2	HRG3	HRG4	HRG5	Unknown
2009/10	5280	6805	28505	3755	3544	3958
2010/11	6085	6930	29966	8799	794	584
2011/12	7252	7571	30100	11187	1184	20
2012/13	7254	7777	29760	12431	1377	19
2013/14	7514	7028	28498	13173	1491	33
2014/15	7962	7578	27848	14026	1238	89

HRG 1	ITU
HRG 2	HDU
HRG 3	SCBU
HRG 4	SBCU with carer resident (TC / PNW)
HRG 5	Normal care

FINANCIAL REPORT 2014/15

The Specialised Commissioning Team holds the regionally allocated neonatal funding for the Newborn Networks. In 2014/15 £215,147 was allocated to SWMMNN via Heart of England NHS Foundation Trust, host of the Network infrastructure. This allocation funds salaries, education and training.

In addition to the infrastructure posts there are a significant number of clinical posts embedded within West Midlands Provider Trusts. The budget allocated for these posts is £186,724.

The Network's total budget for 2014/15 was therefore £401,871.

Southern West Midlands Maternity and Newborn Network's commitments to the 2014/15 allocated funding:

Recurrent Funding

Network Infrastructure	£215,147
Hereford 2 Band 5 Nurses	£76,725
SWB Breastfeeding advisor	£14,732
Network Clinical Lead	£23,412
Network Respiratory Physiotherapist,	}
Network Dietitian and	} £71,855
Network Speech & Language Therapist	}
Total	£401,871

SWMMNN would like to thank Heart of England NHS Foundation Trust for hosting the Network. In particular Adam Winstanley and Jackie Noden in the Finance team, for overseeing the successful management of the Network budget. Our financial position at year end 31st March 2015 was break even.

KEY MILESTONES AND ACHIEVEMENTS 2014-15

The key milestones for the Network in 2014-15 continue to relate to partnership working:-

- SWMMNN won Best Poster Award at the Reason Conference in July 2014
- New Logo and Network map incorporated in the Bliss Best Practice Award Board
- Endorsement of Network app from Bliss, 3 other Newborn networks have introduced the app within their networks as best practice
- Shortlisted for oral presentation on the app at the National Transport Conference (Belfast) in November 2014.
- Asked to speak about the app at a National User Engagement Conference in London in February 2015.
- Launched the new Network website www.swmmnn.org
- Network team visited all units with a 'Network Roadshow', to inform maternity and neonatal staff about the Network.
- Successful education programme, including study days in Neonatal Therapeutic Hypothermia, Neonatal Circulation, Respiratory
- New surgical prospectus introduced
- Trained 150 multidisciplinary staff on the Enhanced Communication Course, including a dedicated day for midwifery stenographers (is this the right title)?
- 3 facilitators on Enhanced Communication Training programme
- SWMMNN Lead Midwife secured funding to provide Enhanced Communication Course Training at City Hospital
- Held 2 successful 1 day Leadership Courses for nursing and midwifery staff in conjunction with Health Education England. More Leadership courses planned.
- Regular:-
Maternity and Neonatal Unit Managers,
Maternity Group meetings
Maternal Mental Health Group meetings
- Held the 8th Stakeholder Event in June 2014
- Continued to build strong communication links across the Network, including shared education across maternity and neonatal teams.
- 5th Annual Mortality Study Day held jointly with SSBCNN in October 2014
- Neonatal unit staff supported to attend external conferences, including BAPM, Reason, Speech and Language Conference, Stillbirth conference,
- Staff sponsored to attend the National Transport Conference hosted by The West Midlands Newborn Transfer Service
- External funding secured for education projects.
- Patient Voice and Insight Lead has been successful – undertaken a maternity survey, broadened stakeholder involvement within the voluntary sector, and is attracting new parent representation across maternity and neonatal units, ensuring the patient voice is strong within our Network
- Successful Away day held in January 2015 for all SWMMNN stakeholders

Concluding Comments

Following our Network Away day our vision for the next five years has been clearly defined by the stakeholders. We have agreed that we will be a family centred, fully integrated Maternity and Newborn Network, inclusive of perinatal mental health, with a robust commissioning model that enables sustainability for the future.

We now have a full Network team working closely with local clinicians, midwives, nurses, allied health professionals, parents and volunteers to ensure the highest quality of care is given to the babies and families within SWMMNN.

We continue to strive to ensure that the Right Care, Right Place, Right Time toolkit standards are delivered in all units across the Network. Without the commitment of the staff within these units working together we could not achieve our vision.

Our maternity colleagues have embraced the Network and are collaboratively moving forward with work streams that will ensure standardised practices across the units and improve patient flow. The Maternal Mental Health Network has been very dynamic in pursuing their objectives in standardising the management of perinatal mental health issues.

Moving forward we are now working closely with the Specialist Commissioners and the Strategic Clinical Network on the Neonatal Service Review in the West Midlands. This review will inform stakeholders about overall activity, capacity and repatriation challenges we face in the West Midlands. When concluded, recommendations will be put forward to improve patient care and flow in the region.

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.

“To err is human, to cover up is unforgivable, and to fail to learn is inexcusable.”

Sir Liam Donaldson

Sonia Saxon,
Director/Lead Nurse,
SWMMNN

SWMMNN: MAKING A DIFFERENCE

Strategy

Education

Networking

Research

Maternal Mental Health

**Family Centred
Developmental Care**

**Sharing best
practice**

**Listening to and learning
from family experiences**

**Bereavement
support**

The right care pathway

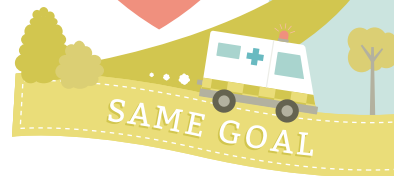
Nutrition and feeding



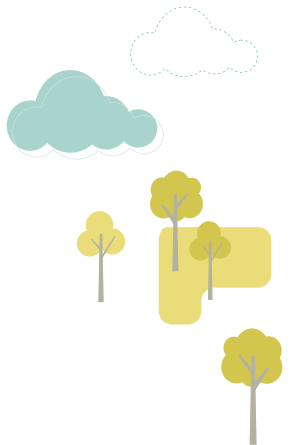


Our specialist Transport Team will ensure the safe transport of your baby.

In order to ensure we offer the highest possible care, it is sometimes necessary to transfer your baby to a nearby hospital to use specialist facilities. At every stage of the journey our expert team will make sure both you and your baby are in safe hands.



OUR NETWORK



GOOD HOPE HOSPITAL
0121 424 9661
Rectory Road
Sutton Coldfield
Birmingham
B75 7RR



SANDWELL HOSPITAL
(MLU)
0121 507 5655
Lyndon
West Bromwich
West Midlands
B71 4HJ



BIRMINGHAM CITY HOSPITAL
(MLU)
0121 507 5655
Dudley Rd
Birmingham
B18 7QH



BIRMINGHAM CHILDREN'S HOSPITAL
0121 333 9999
Steelhouse Lane
Birmingham
B4 6NH



HEARTLANDS HOSPITAL
0121 424 3520
Bordesley Green East
Birmingham
B9 5SS



BIRMINGHAM WOMEN'S HOSPITAL
0121 627 2686
Mindelsohn Way
Edgbaston
Birmingham
B15 2TG



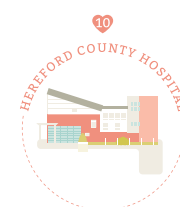
SOLIHULL HOSPITAL
(MLU)
0121 424 5381
Lode Lane
Solihull
B91 2JL



ALEXANDRA HOSPITAL
01527 512093
Woodrow Drive
Redditch
B98 7UB



WORCESTER ROYAL HOSPITAL
01905 763333
Charles Hastings Way
Worcester
WR5 1DD



HEREFORD COUNTY HOSPITAL
01432 364162
Stonebow Rd
Hereford
HR1 2ER

(MLU) Midwifery Led Unit



The Network Team

The Southern West Midlands Maternity and Newborn Network Team members are:



Sonia Saxon
Network Manager/Lead Nurse



Vishna Rasiah
Clinical Lead



Cheryl Curson
Bliss Family Centred Care Nurse



Siva Svakumar
Guidelines Lead



Joan Lilburn
Lead Midwife



Alex Philpott
Education Lead



Neil Shah
Obstetric Lead



Sarah Morris
Lead Practice Educator



Jo Bussey
Patient Voice and Insight Lead



Vidya Garikapati
Cooling Lead



Teresa Meredith
Executive Assistant

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 Heart of England NHS Foundation Trust, and is currently based at the following address:

3rd Floor

Friars Gate

Stratford Road

Solihull

B90 4BN

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

Email: sonia.saxon@heartofengland.nhs.uk
teresa.meredith@heartofengland.nhs.uk

Website: www.swmmn.org.uk

Our Five-Year Vision



We will be a family centred, fully integrated maternity and newborn network, inclusive of perinatal mental health, with a robust commissioning model that enables sustainability for the future.



How will we achieve this?

By reducing variation along a pathway of care from booking appointment to home

By putting the patient at the heart of improving outcomes and evidencing the impact

By working with commissioners to investigate sustainable models for the future

What can we achieve in 1 year?



- Improve engagement with all stakeholders, including commissioners, users and national teams
- Increase visibility of the network with all front line staff
- Contribute to the regional perinatal mortality agenda through contribution to a robust neonatal death review process
- Scoping and understanding issues in relation to the collection and use of maternity data regionally; to enable future benchmarking and standardisation of practice

What can we achieve in 2 years?

- Standardised guidelines for both maternity and newborn services, adopted by all units within the network
- Implementation of the Single number service for transport of in utero, neonatal and PICU transfers
- Assessment of current capacity and workforce to enable future reconfiguration of neonatal services
- Achievement of a robust commissioning model that enables sustainability for the future.
- Design and implementation of a programme of education and training that addresses the changing workforce
- Agreed maternity minimum dataset, shared across the network to ensure standardisation of care
- Increased family experience as a result of the implementation of user feedback and an increase in family awareness of the network
- Families placed at the heart of all network activities, evidenced with user engagement and feedback

What can we achieve in 5 years?

- Improved standardisation and delivery of care as a result of the use of maternity datasets
- Any identified required reconfiguration implemented, with staffing and capacity issues addressed; and a standardised commissioning approach by activity across the network
- Decrease in inappropriate patient transfers, both within and out of network
- A fully engaged network, comprising of all key stakeholders working with and contributing to the network's success

