



# SOUTHERN WEST MIDLANDS MATERNITY AND NEWBORN NETWORK

## ANNUAL REPORT 2013-2014



This, our eighth Annual Report, allows an opportunity to reflect on the changes that have occurred over the past year, and to celebrate the achievements of our staff and stakeholders in improving care for babies and families within the Network in 2013-14.

In April 2013 Sonia Saxon was appointed as Director/Lead Nurse for the Network, having previously worked as an ANNP in the Neonatal Transfer Team and at Heartlands Hospital for a number of years. Sonia has managed the Network with vision and determination, during a time of significant changes, and has achieved many successes.

There have been a number of other personnel changes to the Network. Firstly, Vishna Rasiah replaced Alison Bedford Russell as Clinical Lead for the Network in June 2013, and he has continued to lead on Network clinical and data issues.

Cheryl Curson joined the Network in November 2013 in the new role of Bliss Family Centred Care Co-ordinator, and is working across the Network to help families through their neonatal journey.

Another new member to the team is Sarah Morris, who replaced Jackie Stretton as Lead Practice Educator. Sarah is working with units and external stakeholders on education programmes across the Network.

Zoe Connor left her role as Network Dietician earlier this year and will be replaced shortly. Katy Parnell, Network Speech and Language Therapist, delivered a lovely baby boy in February. Rachel Evans is covering some of her Network duties during her maternity leave; thank you Rachel.

Alia Hussain, the Bliss Parent Volunteer Co-ordinator, has continued to recruit champions, buddies and family groups, and numbers continue to grow to further support families in the Network.

Two more exciting additions to the Network team are imminent. The new role of 'Midwife Lead' has been created and we are delighted that Joan Lilburn will join the team in July 2014, working 2 days

per week with midwives to ensure that they have a voice in the new maternity network. In addition, the Network has secured funding for a Patient Voice and Insight Post, 12.5 hours per week, and recruitment will start shortly. This role will have a significant impact on how parent views are heard and actioned across midwifery and neonatal units.

A major advance this year has been in the work undertaken to form a joint perinatal network, and it is my pleasure to confirm the launch in April 2014 of the Southern West Midlands *Maternity and Newborn* Network (SWMMNN). Neil Shah, appointed as Network Obstetric Lead in October 2013, has been instrumental in re-launching the Maternity Group and the inaugural meeting of this group took place in February 2014. Made up of obstetric and midwifery leads from each of the Trusts in the Network, this group will lead on integration of maternity and neonatal services to work closer together to ensure the right mother and baby are in the right place, at the right time, with the right staff.

Another exciting development is the launch of our Parent Mobile Phone App, which gives information on each of the units in the Network. This is free for parents to download. It will also collect feedback from parents, which will be collated quarterly and shared with units. It is an innovative piece of work and is the first nationally in neonates.

This Annual Report outlines many of the Network achievements in 2013-14, including a strong education programme, production of joint guidelines, and successes in obtaining additional funding from external sources. One such bid was as a result of our parent unit audits in 2012/13, as we were able to successfully bid for funding from the BLISS Baby Charter Fund to the value of £56,000. This funding is helping our units to refurbish areas and buy vital equipment. We thank Bliss for this funding. The Network has also obtained additional funding for simulation training equipment, and communication courses.

We now have five years of Badger (Clevermed) data, and the Neonatal Activity Report again demonstrates that mortality figures continue to fall. Our fourth Annual Mortality Review Meeting in October 2013, 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 this year and will remain so next year, with the same funding arrangements.

So, whilst this has been a year of tremendous change, both for the Network internally and for the NHS as a whole, it has been one of re-grouping and growth for the Network. The changes in the NHS give us all an opportunity to build upon the successes in the past and to 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, SWMMNN  
 Accountable Officer,  
 NHS Solihull Clinical Commissioning Group

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## Introduction

The Network's transition into an Operational Delivery Network began quietly but as this report will demonstrate, as the pace of the New NHS gathered momentum so did the pace of change within the Network.

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.

Working in partnership with the Staffordshire, Shropshire and Black Country Newborn and Maternity Network, the revised Self Assessment Standards web based tool will be developed to allow units in SWMMNN to assess themselves against National Standards and the Neonatal Toolkit.

On the 1<sup>st</sup> April 2014 we officially launched as the ***Southern West Midlands Maternity and Newborn Network*** and I would like to take this opportunity to welcome our maternity colleagues into the Network.

By working in collaboration with our maternity colleagues we aim to strengthen the existing pathways between maternity and neonatal services to ensure the right mum and baby are delivered at the right time, in the right place, by the right staff. Working on improving data collection on in-utero transfers will ensure that the babies and families within the Network are moved as close to home as soon as possible.

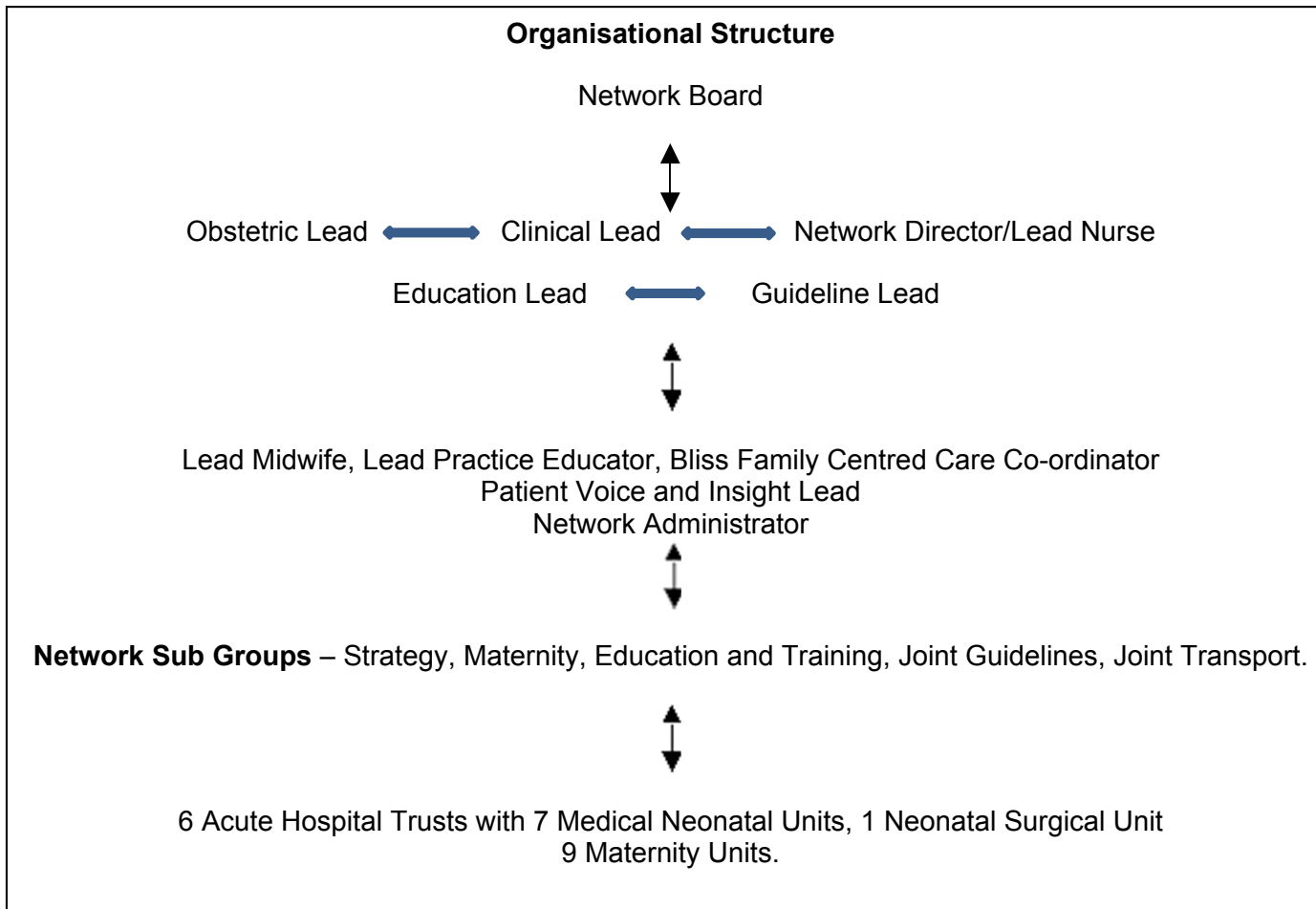
The Network Team is small but perfectly formed!

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.

The Southern West Midlands Maternity and Newborn Network aims to work in collaboration with the Strategic Clinical Network to ensure improvement in maternity and neonatal services.

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



*Coming together is a beginning; Keeping together is progress; Working together is success..... Henry Ford*

Sonia Saxon  
 Director/Lead Nurse  
 Southern West Midlands Maternity and Newborn Network (SWMMNN)



## KEY MILESTONES AND ACHIEVEMENTS 2013-2014

The key milestones for the Network in 2013-2014 continue to relate to partnership working:-

- 1<sup>st</sup> April 2014 Officially launched as the Southern West Midlands Maternity and Newborn Network
- New Logo and Network map launched April 2014
- Network team visiting all units for Network Roadshows
- Appointed Bliss Family Centred Care Co-ordinator for the Network in October 2013 (3rd post in the UK)
- Parent Information mobile phone APP developed for the Network - 1<sup>st</sup> in the UK
- New Website currently in development
- Surgical Module re-launched
- Simulation Doll purchased for the Network
- 16 staff from neonatal units were supported to attend the Bliss Accreditation Launch with Network Staff
- SWMMNN staff attended Houses of Parliament for the Bliss report on Financial Impact on Families in neonatal units
- Joint SSBCNN/SWMMNN Guideline booklet launched.
- Worked jointly with SCN/Commissioners to move forward as an Operational Delivery Network in the new NHS
- The Maternity and Capacity Review Project has been published – multidisciplinary staff involved in pan-Birmingham review
- The following Groups met regularly :
  - Neonatal Unit Managers
  - Neonatal Interest Group at Birmingham Children's Hospital
- Held the seventh Stakeholder Event/ Network Training Day in June 2013
- Continued to build strong communication between units within the Network, strengthening working relationships and sharing good practice, including increased collaboration with maternity teams
- 4<sup>th</sup> Annual Mortality Study Day held jointly with SSBCNN in October 2013
- Two Neonatal Therapeutic Hypothermia Study Days held
- Enhanced Communication courses held for clinical and support staff
- Neonatal unit staff supported to attend external conferences, including BAPM, Reason, Bristol Managers Conference, Simulation, Ethics
- 16 staff from neonatal units for training for Foundation Tool in Developmental Care
- Staff sponsored to attend the National Transport Conference hosted by The West Midlands Newborn Transfer Service
- 5 Teams from units sponsored to attend the BQUIP Course which aims for quality improvement around Babies and Families
- External funding secured for education projects.
- External funding secured for Patient Voice and Insight Post – appointment pending.



## FINANCIAL REPORT 2013/14

The Specialised Commissioning Team holds the regionally allocated neonatal funding for the Newborn Networks. In 2013/14 £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 2013/14 is therefore £401,871.

### **Southern West Midlands Maternity and Newborn Network's commitments to the 2013/14 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	}
<b>Total</b>	<b>£401,871</b>

**SWMMNN would like to thank Heart of England NHS Foundation Trust for hosting the Network. In particular, Adam Winstanley, Jackie Noden and Keith Dovey in the Finance team, for overseeing the successful management of the Network budget.**

**Our financial position at year end 31<sup>st</sup> March 2014 was break even.**





## Respiratory Physiotherapy

This past year has been one of continuing to build on and develop ongoing work in all units, at The Children's Hospital, and nationally.

I have been continuing the regular visits to the NNUs to review the babies and to work with and alongside the staff to provide advice as well as maintaining staff competencies in respiratory assessment, clinical reasoning and physiotherapy techniques. I am pleased to say that staff have found the Physio assessment/treatment/advice sheets a clear way of communication regarding the babies I see.

I have enjoyed being invited to speak on our local courses, as well as at Birmingham City University, and more recently a set of talks for the nursing staff from Russell's Hall Hospital NNU. These were very well received.

At The Children's Hospital I review surgical babies on PICU, and provide ongoing clinical support and teaching for our Physiotherapy staff. The Multi-disciplinary neonatal group has grown in members and it is great to see how motivated staff are to provide excellent care for our babies.

In November 2013 the National Neonatal Physiotherapy group, part of the Association of Paediatric Chartered Physiotherapists (APCP), organised a national neonatal physiotherapy conference held in Bristol on 'Baby Brains - Research and Outcomes'. This was a sell-out, so as the Education Officer I promised to host an Advanced Respiratory Course. This will be in July 2014 at Friars gate – tickets are selling fast. I am very pleased to say that we have some eminent local and national speakers! The Respiratory Physiotherapy Competency Framework for physiotherapists coming into the specialty has been published and due to be officially launched on that day.

It is with mixed emotions that I am writing this report, as it will be my last time. On July 18<sup>th</sup> I shall be retiring from my current role – and a change of career into Image Consulting. I feel that I have shown the value of Respiratory Physiotherapy for the preterm baby and this is such an encouragement as I approach leaving my job. I so enjoy the responsibility, challenges and real enjoyment of working with these lovely vulnerable babies, the families, staff at all units and our Acute Physiotherapy team. Of course not to forget the SWMNN team, without whose support, foresight and funding I would not have been able to be in such a privileged post. I have felt so blessed to have this job and will certainly miss friends, staff and the babies, and being 'The Chest Physio'!

Before I actually go, I am hoping to send around a survey regarding the current service, and intend to have information for parents through the anticipated Network App. I have also offered NNUs the opportunity to book me for updating sessions.....last chance!

Nicky Hawkes. Advanced Respiratory Physiotherapist



## Neonatal Dietitian – Laura Johnson



I established the post as the Network Dietitian in January 2011 and returned to work within the department at Birmingham Children's hospital in May 2013. Zoe Connor then continued to take forward the post but sadly left the position in April 2014 to pursue a career in lecturing. 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. Since Zoe's departure I have been providing some clinical support to the units remotely.

To date we have:-

- Completed an audit of the use of the Network Enteral Feeding Guideline and presented these results to the nutrition group
- Combined guidelines for SWMNN and SSBC for Nutrition and enteral feeding have been ratified and are in use
- Surgical feeding algorithms have been piloted and now being used in units as required
- Continue to advise on surgical and medical patients within the Network and telephone advice to all units;
- Networking with staff in all units to ascertain continued training needs;
- Continued nutrition ward rounds at Heartlands, Worcester and City which have helped raise my profile and the importance of adequate and appropriate nutrition. Since Zoe's departure I have continued to provide support via the telephone
- Lecture on study days round the Network, and provide routine training for all staff on preterm nutrition and growth.
- Pilot use of Leicester Incubator measure at City and then roll out across network

My plans for the future:-

- Post is to be re-advertised shortly and until successful recruitment I will continue to support units as required
- Continue working on developing vitamin and mineral algorithm and feed preparation guidance with support of nutrition group
- Continue networking and visiting Units to determine continued areas for development.

## Network Speech and Language Therapist – Katy Parnell



I have been in post as the Network Speech and Language Therapist since August 2010. The Speech and Language Therapist role 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 roles add ability to supporting the neonate's oral feeding journal is becoming increasingly understood, further supporting the development of the speech and language therapists' role within the network.

I am currently on maternity leave and I will return to the post at the end of September 2014. My colleague Rachel Evans, Highly Specialist Speech and Language Therapist at Birmingham Children's Hospital is continuing to develop the speech and language therapy role within the network providing a referral based service to the neonatal units at Birmingham Women's Hospital and Heart of England Hospitals.

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 a speech and language therapy service
- Written a paper titled "The Transition from Tube to Full Oral Feeding (Breast or Bottle) – A Cue-Based Developmental Approach" alongside Ali White, IBCLC Infant Feeding Advisor at Birmingham Heartlands Neonatal Unit. This paper has been published in the Neonatal Nursing Journal, August 2013
- 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
- Advocated Network guidelines on breast and bottle feeding
- Supported, trained and provided competences for local speech and language therapists inputting within the Network
- Provided training at different units on feeding development and difficulties in the preterm infant
- Supported the Network launch of the Down Syndrome Initiative

My plans for the future:-

- Continue to provide a speech and language therapy service including the assessment and management of specific referrals to units within the Network
- Continue to advocate for increased funding and time to further develop the speech and language therapy service across the network
- Continue to target a feeding cue approach to shorten the transition from tube to oral feeding
- Continue to develop education workshops for neonatal staff and parents
- Develop written information for neonatal staff and parents to support preterm babies with their oral feeding journeys
- Establish a working group to develop a guideline for feeding infants on ventilation systems
- Further support a local clinical supervision group for local Speech and Language Therapists working with neonates
- Continue networking and visiting units to determine continued areas for development

## Strategy

It has been a very exciting year for the Network with significant changes happening within and around us. With these changes, we could actually say that the Network is under 'new management' except for our dear Teresa, who's been with us throughout. Both Sonia Saxon and I took over from Mary Passant and Alison Bedford-Russell respectively, both of whom have left behind a very established and well recognised neonatal network in this region. We have very big shoes to fill and expectations to manage. The role of the Network was uncertain towards the last financial year with the reconfiguration of the NHS. However, it is clear that the newborn networks are beneficial to the vulnerable babies and families we look after and they help neonatal units work closely together in providing high standards of care.

We are pleased to see our Network grow with the addition of new members. Firstly, we have appointed Neil Shah as the Obstetric Lead and Joan Lilburn as the Midwife Lead to oversee the newly launched maternity arm of the Network. They have swiftly established a maternity strategy group with the local obstetric and midwifery leads. The aims would be in line with a neonatal network. They hope to collect and provide network-wide maternity activity and outcome data in the near future. They will be reviewing the management of preterm babies which is the main aspect of our workload, and will be considering a unified maternity guidelines book as per the neonatal book. They will also take forward some of the work streams from the Maternity Capacity Review.

We have also appointed Sarah Morris as the new Practice Educator. Sarah has been working closely with Alex Philpott our Education Lead in organising the wide range of study days we facilitate as a network. We have to acknowledge and thank Amanda Dudley for stepping in and helping the Network with these study days in the interim period. These study days have been very well attended and have always had good and positive feedback. I am informed that we have had over 460 participants in our study days last year. We have also purchased simulation dolls for the Network to start simulation based study days. Our training and study days are a huge achievement and we hope to extend this to our maternity colleagues who have joined us recently.

Cheryl Curson was appointed as the Family Centred Care Lead and works with Alia our local BLISS representative. We will shortly be recruiting to a Patient Voice and Insight post for the Network. Together with our parent representatives, we hope to build closer relationships with the families who use our services. This team will be able to help and support the families in our network and we hope to gain feedback from them on areas to focus on. As a Network we have also applied and successfully obtained more than £56,000 worth of financial grants from BLISS for all our units.

We will be sad to see Nicky Hawkes take early retirement in July 2014, when she will take on a new role as Image Consultant! As our Advanced Neonatal Respiratory Physiotherapist, Nicky has done great work across the Units in our Network, and the babies and families for whom she has cared have benefitted enormously from her input.

Sonia Saxon has been busy developing an App for our Network. This is a free app for parents to provide general information on all the units in our Network and the ability to collect timely feedback from them on the units. The feedback is to be collected centrally and fed back to the respective units on a quarterly basis. We strongly believe on the importance of feedback from our families on improving our services and we look forward to launching the App.

We have also been actively working on trying to promote and advertise our Network since its reorganisation. We have planned road shows to raise awareness to all the units inviting both maternity and newborn staff. These have been well attended but the challenge still remains in engaging the local maternity staff. We have also produced a Network Map for display in the neonatal and maternity units to promote the Network to families and staff.

This will hopefully help them understand why we move babies around and which hospitals belong to our network. Repatriation is an ongoing issue and we hope to address this, which will help in creating capacity at the right place for the right babies.

Sivakumar, our Guidelines Lead, has worked hard to get everyone to adapt the newly published guidelines book and feedback to him on any variance in practice. This is a tremendous step forward for the units in the region to have unified agreed guidelines for common neonatal conditions. We hope the Maternity Network would follow in this pathway to reduce variation in practice to help both the patients and the staff who manage them.

You will notice in my Network activity report that the numbers of babies and admissions are continuing to increase slowly over the last 5 years. Despite this, the good news is that mortality has declined and is stabilising. This supports the function of the Network in ensuring the right baby is delivered in the right unit for the best outcome. We still have room for improvement and lessons to be learnt from these mortalities. We hope as many of you as possible will join us for the 2<sup>nd</sup> Joint Perinatal Mortality Meeting in October this year.

Our proposed strategy for the coming year is as follows:

1. Reinforce the newly established Maternity Network
  - a. Maternity data on activity and outcomes
  - b. Identified projects from Maternity Capacity Review project
2. Raise awareness of SWMMNN to all maternity and neonatal staff
  - a. Road shows and Network Grand Rounds
  - b. New website
  - c. SWMMNN Map for the units
3. Benchmark our neonatal units against the agreed standard of care
4. Launch the SWMMNN App to collect feedback from parents
5. Audit our babies that are cooled and review of our cooling pathway
6. Continue to develop our training and education portfolio

We are excited about the developments in our Network and would hope that both maternity and neonatal staff join us under this renewed new management of the Network and help us grow and develop further. We are dedicated and committed to ensuring that we as a Network continue to provide a high standard of care for the mothers and babies who use our services. We would like to see more active participation from all staff members and hope to develop a close-knit Network with excellent working relationship and partnership in delivering our vision.

Thank you.

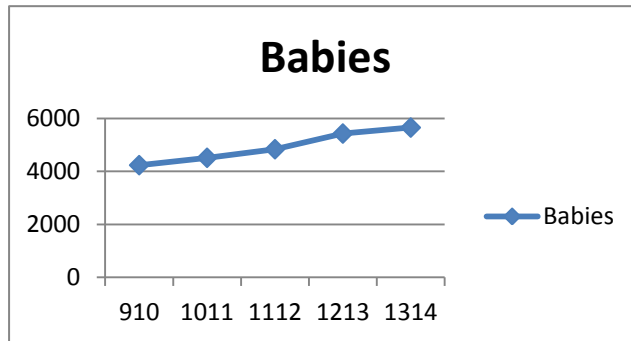


Vishna Rasiah  
SWMMNN Clinical Lead  
Birmingham Women's Hospital NHS Foundation Trust

SWMNN - Summary of Financial Years Activity Report

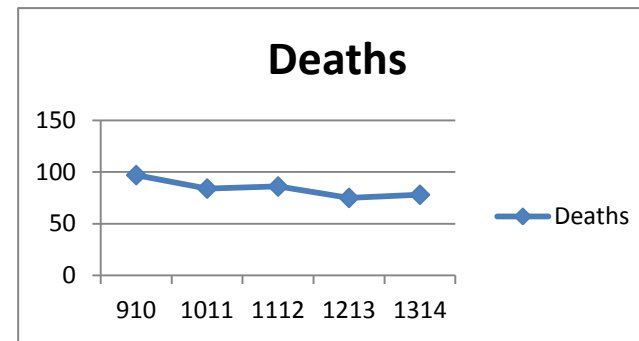
**Babies**

910	4236
1011	4514
1112	4837
1213	5429
1314	5655



**Deaths**

910	97
1011	84
1112	86
1213	75
1314	78

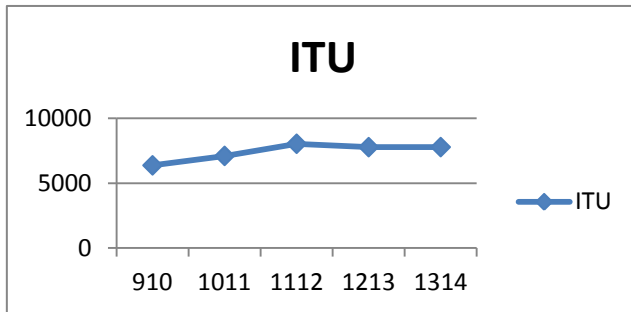


**Deaths**

910	97
1011	84
1112	86
1213	75
1314	78

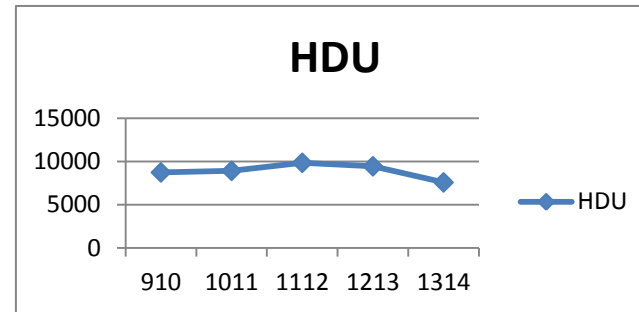
**ITU**

910	6369
1011	7096
1112	8031
1213	7770
1314	7774



**HDU**

910	8733
1011	8918
1112	9848
1213	9446
1314	7579

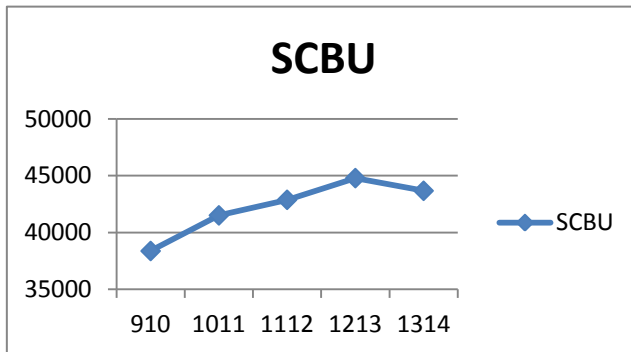


**HDU**

910	8733
1011	8918
1112	9848
1213	9446
1314	7579

**SCBU**

910	38374
1011	41507
1112	42877
1213	44786
1314	43670



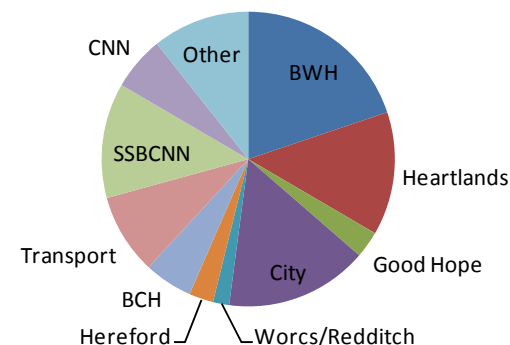
## Education

The last year has brought great changes for the education team at the Network. It was with sadness we said goodbye to our original Practice Educator, Jackie Stretton, in June 2013 before welcoming Sarah Morris into post in February 2014. Amanda Dudley, Lead Educator for HEFT, supported SWMNN throughout the transition period with a four month secondment – many thanks Amanda. Dr Alex Philpott remains in post as Lead Consultant for Education. We continue to work closely with our neighbouring ODN education teams, Higher Institutes of Education and Medical Deaneries, and are developing closer links with our obstetric and midwifery colleagues. Educational events are advertised nationally and are attracting interest from candidates outside our immediate region.

### Network Study Days

Study Days	Month	Total Delegates
Hot Topics - Respiratory	October, March	61
Neonatal Palliative Care	July, February	58
Enhanced Communication – 1 day	October, February, April	39
Enhanced Communication (tailored for support staff)	March	18
Non-medical Prescribing	April	54
Nursing the Surgical Neonate	March	33
Grand Round (City)	March	31
Metabolic Medicine	May	44
<b>TOTAL</b>		<b>338</b>

### Breakdown of attendance on Network Study Days



### Other Network Courses

- Surgical Module – SWMNN, BCH and HEFT have revised 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 SWMNN students started the ANNP programme at Birmingham City University in September 2013

### External Conferences

SWMNN supported delegates to attend the following national conferences:

- 6 senior staff attended the Totworth Court Nursing Conference
- 10 places were sponsored for REaSon 2013
- 3 people were supported to attend the 4<sup>th</sup> National Neonatal Simulation Conference
- 16 people attended Developmental Care Training (Sheffield)
- 16 people attended the Bliss Family Centred Care Accreditation Training (London)

- 2 staff attended the Bliss ‘Listening to Parents’ Conference
- 4 staff attended the National Ethics Conference (Southampton)
- 5 teams of staff from across our Units to attend the BQIP training – a total of 26 staff.
- A Consultant Neonatologist to attend a cardiac conference
- 9 staff to attend the BAPM AGM/Meeting Sept 2013.

### Joint Ventures

SWMNN & SSCBNN alternately host the bi-annual Therapeutic Hypothermia study day, training 80 candidates per year.

A team from The Shrewsbury and Telford Hospitals NHS Foundation Trust, SWMNN, WMNTS and West Midlands Ambulance Service have developed a one-day training programme for Midwifery-Led Units and Paramedics on Stabilisation and Transfer of the Newborn Infant.

### High Fidelity Simulation Training

SWMNN has purchased a Sim-New B manikin and 9 professionals undertook training with the equipment in March. The manikin has been purchased to support simulation training across the ODN.

122 health-professionals from SWMNN completed a survey on simulation training in their units and these results will be presented at a pan-Midlands meeting in May.



Babs

### Enhanced Communication

SWMNN were successfully awarded a grant of £12,000 to improve communication training in the ODN. 3 facilitators are being trained to deliver nationally recognised courses. A survey of those who have completed the training is ongoing.



Alex Philpott, Education Lead, SWMMNN



Sarah Morris, Lead Practice Educator, SWMMNN

I am thrilled to have joined the Network team in February 2014. I have wide and varied experience of working within the NHS both in a clinical setting and operationally. I have previously developed strong working relations with education leads to ensure training and development strategies were translated into robust programmes of education and training. I have worked in two of the Neonatal Units across the Network, and also had experience of working as a Health Visitor across Birmingham. I am passionate about ensuring that babies and their families have the best journeys possible, and feel that my past experiences will help me to support the unit education and clinical leads in the delivery of training and study days to equip our staff with skills and knowledge to be able to provide this. I feel this is a very exciting time with the launch of the joint Maternity and Newborn Network. I aim to continue to raise the profile of the Network along with my Network colleagues, to promote collaborative working and endeavour to ensure standardisation across the Network.



## ANNUAL REPORT 2013-14 GUIDELINES SUB-GROUP



I sincerely thank everyone for supporting me with the Guideline Lead role for SWMNN since September 2012. I am pleased to report that we had a fantastic year. We have made wonderful progress of achieving our goal of bi-network neonatal guidelines (joint with SSBC network) for most neonatal conditions.

All guidelines underwent detailed review and ratification and were published both in booklet form and electronic form in December 2013. This was launched at the Perinatal Journey Conference on 31<sup>st</sup> January 2014. We whole-heartedly appreciate the efforts of all authors, reviewers, editors and publishers for this great achievement amidst various challenges and time constraints. Some of the common neonatal surgical guidelines were also updated and included in the bi-network guidelines

We are presently working on the implementation of these bi-network regional guidelines in all units within SWMMNN. All SWMMNN units received electronic copies as well as copies of printed booklets funded by our Network. An Adoption Form for implementing guidelines was created by the bi-network guideline group. After approval by SWMMNN Board, these forms were sent to all guideline leads, matrons, clinical leads and medical directors of each trust within SWMMNN for completion and signing. Each unit was requested to clarify on the form the implementation of each guideline, and whether with or without amendments, and advised to report back any minor or major amendments.

### Neonatal Guidelines 2013-15

#### Neonatal Guidelines 2013-15

This book has been compiled as an aide-memoire for all staff concerned with the management of neonates, towards a more uniform standard of care across the Staffordshire, Shropshire and Black Country Newborn and Maternity Network hospitals and Southern West Midlands Newborn Network hospitals.

Further copies are available from the  
<http://www.network.nhs.uk/info-network/staffordshire-shropshire-and-black-country-newborn/neonatal-guidelines>

These guidelines are advisory, not mandatory  
Every effort has been made to ensure accuracy

The authors cannot accept any responsibility for adverse outcomes

Published by the Staffordshire, Shropshire & Black Country Newborn and Maternity Network

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### Future challenges and thoughts

Timeline for implementation and return of signed Adoption Form was set as 10 weeks from launch date. We are happy to report that all SWMMNN units have agreed in principle to implement these guidelines. So far, 4 out of 6 Trusts have returned the completed guideline adoption form and are on track to implement these Network guidelines soon. We request all units to prioritise this key clinical governance process and return the completed adoption form as soon as possible (if not returned already).

We are planning to audit these adoption forms to understand the extent of implementation and the conditions needing local variations or major amendments. After completion of implementation in all units, we would also conduct a user questionnaire audit to obtain feedback about these guidelines. Individual conditions will also be selected by the bi-network guideline group to conduct regional audits.

I hope these steps could be completed before the next guideline update which is due to start next year. We also need to work on getting the electronic version on the SWMMNN website when it is next updated

I would be grateful for your continued support for this subgroup and this process to achieve standardised care.

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



## MATERNITY GROUP

In the last 12 months there have been significant changes across the Southern West Midlands Newborn Network (now the Maternity and Newborn Network) and nowhere is this more apparent than within the area of maternity care. Following the considerable achievements and efforts of Bill Martin, as Chair of the Maternity Subgroup in the last years, I was appointed as Obstetric Network Lead in October 2013. The remit was to further develop the role of the Maternity Network in order for this to become 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. The new NHS structure puts great emphasis on collaborative working between Trusts, providers and institutions within local regions and for networked care to become a real influence in promoting improved patient care. This has not always been the case in the past and, therefore, to move towards this new model some fundamental changes in the way we work within maternity services are needed.

In the first instance a Lead Midwife (Joan Lilburn) has been appointed to jointly head the new Maternity Network and Board. The revamped Maternity Board has convened twice since my appointment and has dedicated representation (both Obstetric and Midwifery) from each of the 6 Trusts within SW Midlands (local Maternity Leads). These are nominated individuals with the backing of their Clinical Directors/Heads of Midwifery who understand that they have a 3-year tenure to help develop and shape the new Maternity Network both within their own Trust and within our region. Already there is great enthusiasm for what could be achieved in the future by adopting a more collaborative, uniform way of working and sharing best practice.

The direction for the Maternity Group to take and what areas and projects it will be involved in will be decided at Maternity Board level over the next year but already key objectives have become apparent :

- 1) To greatly increase local staff knowledge and engagement with the Maternity and Newborn Network – this is being achieved by improving publicity about the Network and educational events (directly and through the Local Leads) and via the Roadshows which I am taking part in.
- 2) To develop and promote specific pathways for care to improve/standardise care across all our units. These will include low-risk antenatal care, home birth, diabetes in pregnancy, and pre-pregnancy care. Some of these pathways have been developed through the Birmingham and Solihull Maternity Capacity Review, and the Maternity Network has been tasked to complete these and disseminate practice.
- 3) To be involved in some maternity/perinatal data collection in order to have knowledge of maternal and perinatal outcomes across our Network and to allow benchmarking against the other units in SW Midlands.
- 4) To join with Staffordshire, Shropshire and Black Country Newborn and Maternity Network (SSBCNMN) in the further development of regional guidelines for patient care.
- 5) To establish a more maternity orientated educational package for our staff using the existing meetings (Grand rounds, skills days, joint perinatal mortality day) and establishing others. This has to be done by gaining the opinions and feedback from staff working within our maternity units as to what they need and what they want the Network to provide for their training and education.

The Maternity Board has already been involved in the IUT One Number project and will continue to work with our neonatal colleagues and those at Strategic Clinical Network level to produce a streamlined, useful service that will allow us to track, monitor and audit all IUTs both within our region and any that are transferred outside.

The Maternity Board and its members anticipate that they will be busy over the next 12 months, working in the areas above but particularly to promote the concept and practical aspects of working together as an integrated Maternity Network and as part of the bigger SWM Maternity and Newborn Network.



Dr Neil Shah, Obstetric Lead, SWMMNN.



I am delighted to have been appointed Lead Midwife to the Network for a year-long secondment. I have been a midwife for twenty five years and have, during that time, worked in many areas of the profession. In recent years I have worked in ante-natal screening and fetal medicine, presently being the fetal medicine specialist midwife at City Hospital. However it's not that long ago I was leading parent craft sessions and delivering babies at home in the middle of the night!

I am as passionate today as I always have been that to be a midwife is a privilege. At this pivotal time, when the well established Newborn Network moves to encompassing maternity, I hope to use this passion to forge strong links with midwives within all the hospitals in the SWMMN Network, increasing their awareness of what the Network can offer them particularly in educational and training areas. The challenge I set myself is that every midwife within the network region will know of SWMMNN and what we're about. I can't wait to get started!

Joan Lilburn, Lead Midwife, SWMMNN

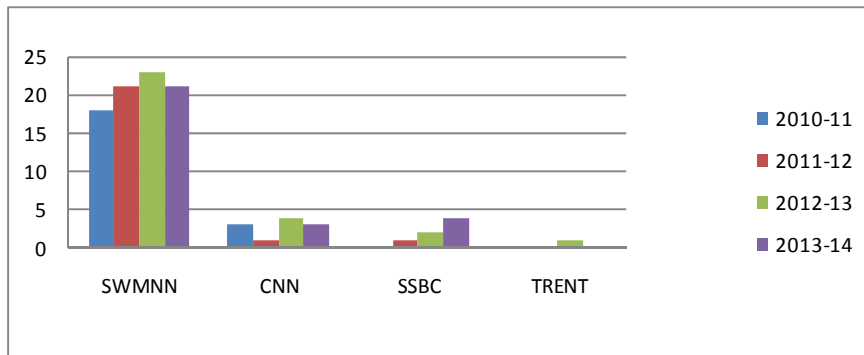
# SWMNN (2013-14) Financial Year Activity Report for Therapeutic Hypothermia (Cooling)

## Introduction

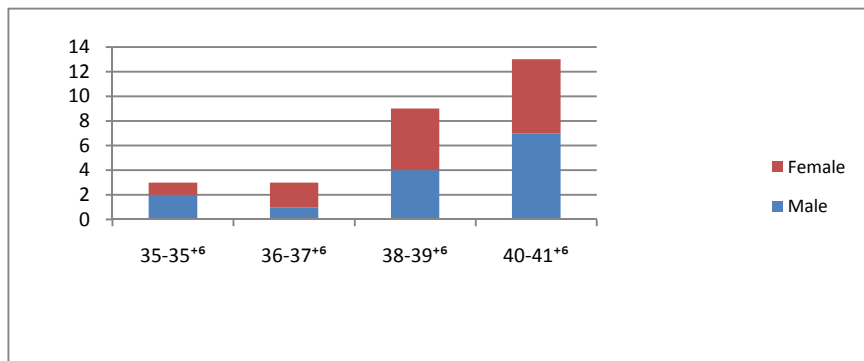
It is now four years since the therapeutic hypothermia was officially commenced at Birmingham Heartlands Hospital as a routine treatment option for babies born with asphyxia. Birmingham Heartlands Hospital is the designated cooling centre for the SWMMNN which takes referrals not only from the hospitals within the network but also from other neonatal networks within the UK. The following is the report for the last financial year

### 1. Number of babies who received treatment

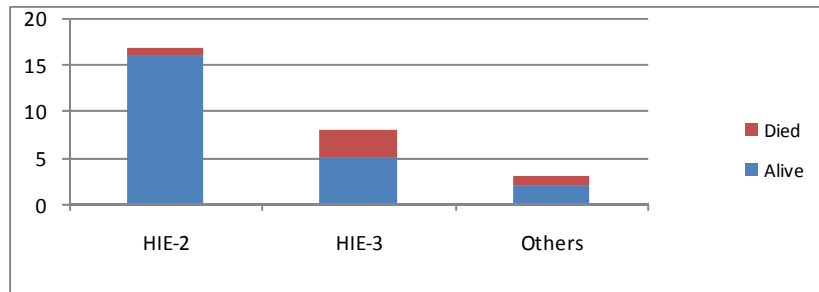
A total of twenty eight (28) babies received therapeutic hypothermia.



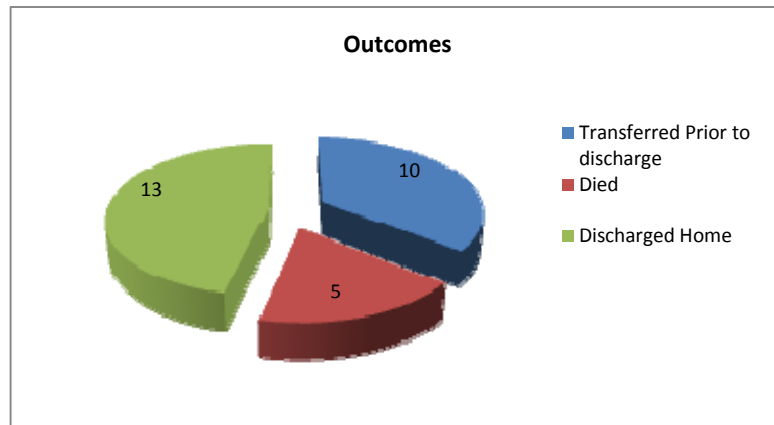
### 2. Distribution as per Gestational age & sex of the babies



### 3. Distribution as per the severity of the HIE and mortality



### 4. Initial outcome after cooling treatment



Although UK TOBY Register produced a clinical protocol for the systematic implementation of cooling therapy throughout the UK and there are no significant side effects of treatment one has to be pragmatic in offering the treatment outside the clinical criteria in view of both the limited resources available and the scanty evidence of any benefits.



Vidya Garikapati, SWMMNN Cooling Lead, Consultant in Neonatology, Birmingham Heartlands Hospital

## NEONATAL SURGICAL OUTREACH SERVICE

### Birmingham Children's Hospital in partnership with SWMMNN and SSBCNN

The Neonatal Surgical Outreach Service continues to support staff and parents throughout the Networks following paediatric surgery at BCH.

By following the established pathways and active discharge planning, only one non-ventilated baby went out of region for surgery. However, there was an increase in the number of ventilated babies transferred out of region because of high demand for PICU beds. This number would have been higher if not for the excellent co-operation and dedication of the team at the Women's Hospital.

**Below is the annual report of activity for the Outreach Nurse post 2013/14:-**

	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Outreach pts.</b>	No data available	<b>91</b>	<b>110</b>	<b>116</b>	<b>75</b>
<b>Bed days saved at BCH</b>	No data available	<b>1008</b>	<b>2073</b>	<b>1962</b>	<b>1478</b>
<b>Out of Region Transfers</b>	<b>23</b> Vent. 9 Non-vent. 14	<b>9</b> Vent. 4 Non-vent. 5	<b>2</b> Vent. 2	<b>5</b> Vent. 2 Non-vent. 3	<b>17</b> Vent. 16 Non-vent. 1

This year 61 patients were actively transferred out of BCH (PICU & NSW) under the continuing care of the Outreach Service and in total, 75 patients received care from the Outreach Nurse. This included 12 patients who received outreach care pre-operatively, safely delaying admission to BCH or avoiding admission altogether.

#### **Training and Education**

Teaching sessions have continued throughout the year for pre and post reg. nurses and ANNP's at BCU.

The national stoma course.

PICU Foundation Course and Clinical Support Workers.

SSBCNN Surgical Study Day

National Neonatal Surgical Study Day at BCH July 2013, The British Association of Paediatric Surgery annual conference was held in Bournemouth. The surgical team had a poster on managing difficult neonatal stomas accepted for display. For the first time there was a conference day included for Paediatric Surgical Nurses which was an excellent day for learning and networking.

Paediatric Surgery International, published case study: Medicated Manuka honey in conservative management of exomphalos major.



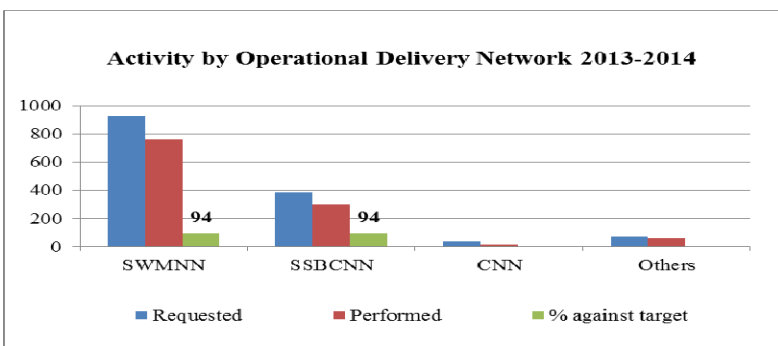
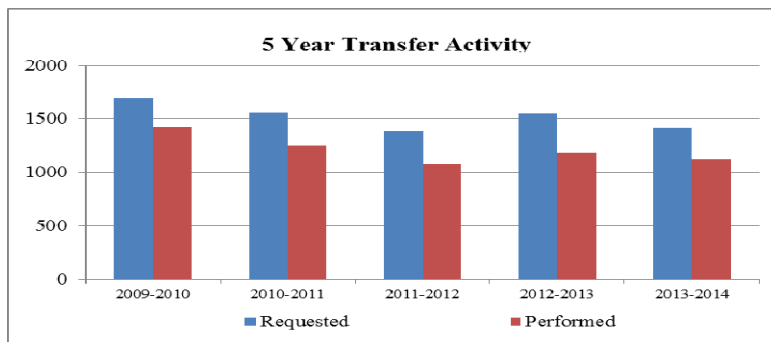
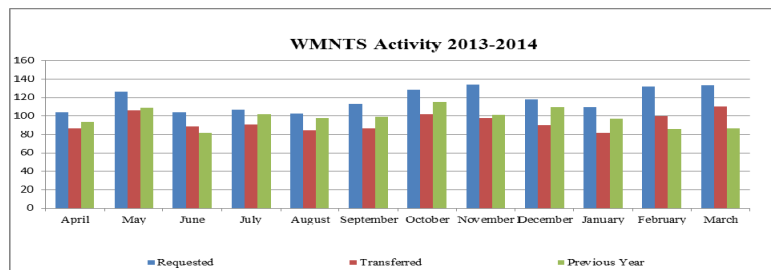
Bernadette Reda, Neonatal Surgical Liaison/Outreach Nurse

## West Midlands Neonatal Transfer Service (WMNTS) 2013-2014

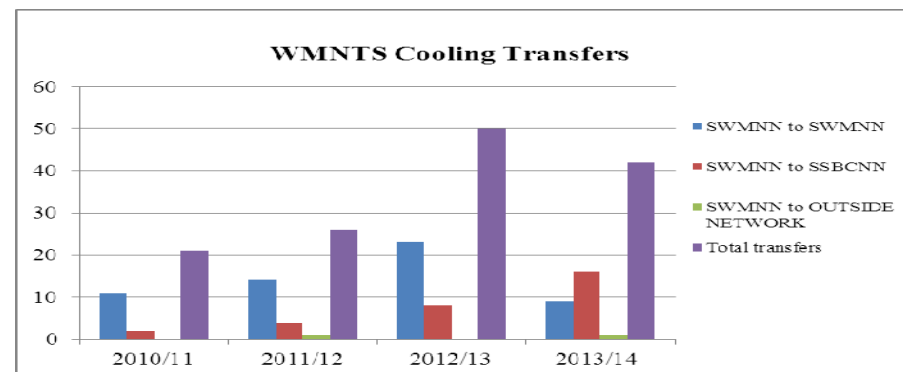
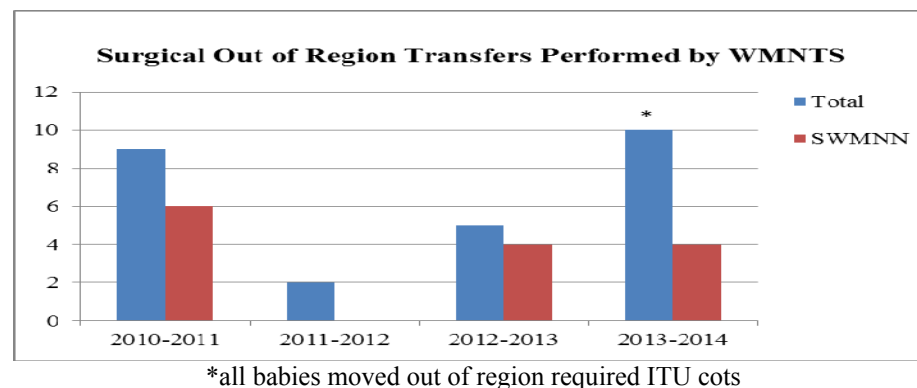
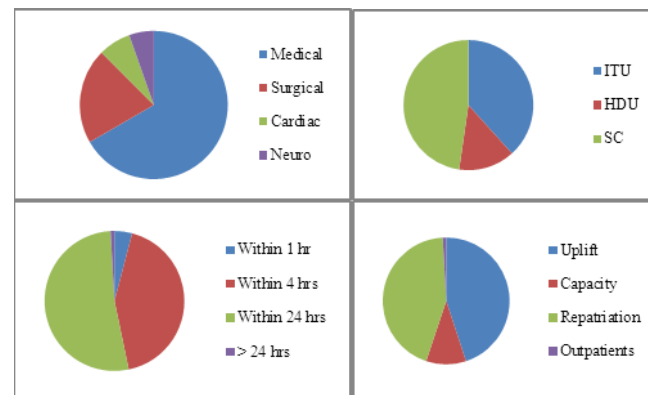
WMNTS continues to provide 24/7 neonatal transfers across the West Midlands, working closely with our neighbouring transfer teams.

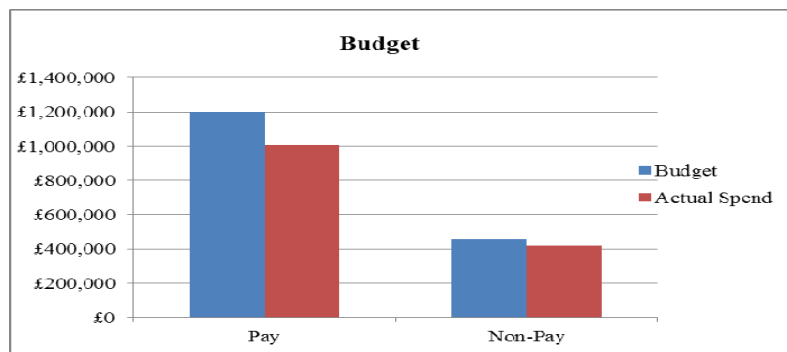
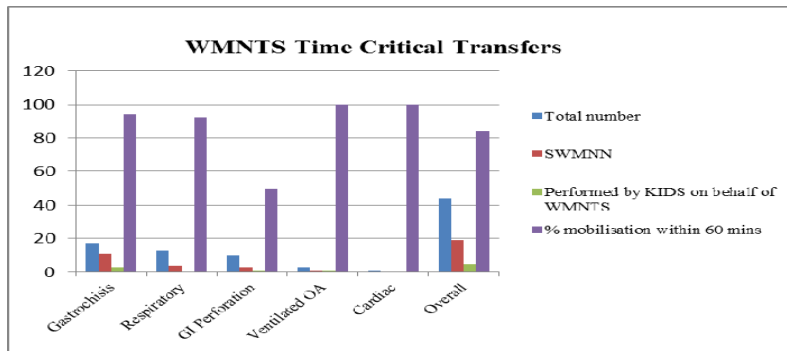
### Activities

WMNTS performed 1128 transfers in 2013-14 (94% requested transfers) with an average of 94 transfers/ month.



### Activity Breakdown by Using BAPM/TIG Classification





### Staffing

The team comprises of:

- 1 Consultant Lead (10PAs)
- Consultants from SWM (3PAs) & SSBC(2PAs)
- 1 Nurse Consultant
- 4.5 Advanced Neonatal Nurse Practitioners
- 2 Trainee Advanced Neonatal Nurse Practitioner
- 1 ST doctor
- 8 Nurses (7.5 WTE)
- 1 Cot Locator Clerk
- 1 Administrator
- 6 ambulance personnel

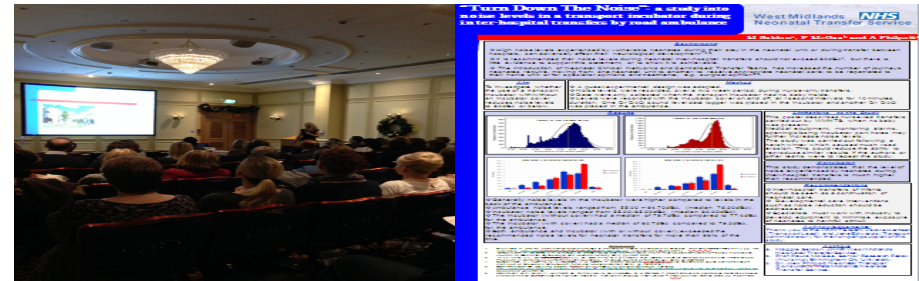
### Education

Team members continue to play an active part in network education activities including Therapeutic Hypothermia Study Day, Hot Topics and Midwifery Led Unit teaching.

Our Transport Study day continues to be well attended and we provide transport teaching on WM ST teaching days and neonatal nurse education programmes. Close links have been forged with the West Midlands Ambulance service and we support their neonatal educational requirements. 1 member of the team has completed her ANNP course at MSc level; 1 team member is undertaking the Mary Seacole qualification.

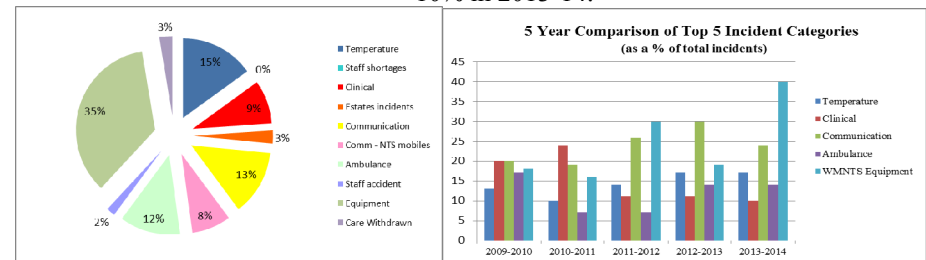
### Regional & National Events

WMNTS hosted the National Transport Interest Group conference in Birmingham in November 2013 which was attended by 200 attendees, with WMNTS having research posters accepted for display during the event.



### Clinical Governance

113 transport generated incidents were generated, an increase from 6.9% in 2012-13 to 10% in 2013-14.



### Parents

Parents are encouraged to travel with their infants, providing they meet the criteria for transfer.

### Charitable Fund

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

[www.justgiving.com/TinyTravellersAppeal](http://www.justgiving.com/TinyTravellersAppeal)



## Kirsty May – Parents Representative

My experience of neonatal units came about following the birth of my twin boys Harry and Joshua. They were born some 15 weeks early - the reason why we'll just never know!

They had many of the problems you'd expect as a result of their extreme prematurity and this marked the start of a long emotional journey, and where we would experience just how differently neonatal units would function both in the same region and within neighbouring ones.

Harry was born weighing 1lb 10oz. His problems initially stemmed from low blood pressure and immature kidneys. Joshua weighed 1lb 12oz and despite having similar problems to Harry he responded well to treatment. Harry however went on to suffer an unrecoverable bleed on the brain, and from which he would eventually die in his daddy's arms aged just 20 hours old. Despite Joshua's good start he went on to suffer from NEC twice and a moderate PDA all requiring surgery, he would then fail to thrive and have liver damage from long term TPN. Joshua was 17 weeks old before he finally came home.

Our experience of different neonatal units was one of extremes, one of being excellent to the complete opposite – a highly traumatic time for us as parents – watching our son going downhill and no one seemingly wanting or unwilling to listen to us. Listening and valuing what parents can bring to neonatal units should not be underestimated – and it is as a result of our experiences that I have volunteered to speak at surgical liaison days and Stakeholder conferences. Expressing where our frustrations lay and the great/good and not so good experiences detailing simple measures that the units can undertake that make the world of difference to parents at what is a extremely emotional and traumatic time. Joshua is now a healthy boy and I unreservedly thank all those involved in saving his life and subsequent care – many of whom I have remained in contact with.





## **Bliss Family Centred Care Coordinator**

This is a new role, one of 4 Bliss nurses currently in post nationally – the others being in London, Middlesbrough and Norfolk. 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.

The post is currently fixed-term for 2 years, and is 60% funded by Bliss, 20% by Birmingham Women's NHS Foundation Trust, and 20% by Heart of England NHS Foundation Trust. The post is embedded within SWMMNN with a focus on supporting families on the two NICUs, and at Birmingham Children's Hospital. I am available for advice, information and support for the other units however the limitations of the post make it challenging to visit all Units on a regular basis.

In my first 7 months in post I have spent time observing practice, assessing resources and facilities, and networking with colleagues, to begin to build links with key staff members.

Currently:

I support families on an individual basis; this may involve emotional support, practical assistance for example with expressing, breast or bottle-feeding. I provide advice on topics including developmental care, Kangaroo care, financial support, and strategies to help the whole family manage the NICU journey. I signpost families to sources of information and support, and have set up two family groups at the request of the team at BWH, one on the NICU and one post-discharge group in the Community .

I have been involved in supporting staff to make changes in practice and improvements in care e.g. aspects of developmental care, feeding, pain management, Kangaroo Care. I have also contributed to the development of information resources for parents and will continue to do so.

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

All the staff I have met have been welcoming, and are keen to improve the experience of neonatal care for babies, parents and their siblings. The majority of Units have received grants from Bliss to improve facilities and resources to support family centred care, so the next challenge will be to achieve Bliss Family Friendly Accreditation.

Other longer-term goals include raising standards and promoting consistency in family-centred care across the entire Network. The aim is to develop seamless pathways of care for families beginning in the antenatal period, with focus on times of transition including transfer, surgery, and re-orientation of care, which will require close relationships with maternity and community colleagues as well as those in the acute sector. As care providers we also need to ensure we have robust feedback mechanisms to drive continuous improvements in our services and the experience for babies and their families.

Cheryl Curson  
Family Centred Care Co-ordinator



## **BLISS Regional Volunteer Coordinator**

My name is Alia Hussain and in January 2012 I was appointed as the Bliss Regional Volunteer Coordinator for the West Midlands. My aim was to expand Bliss' presence in the West Midlands area by recruiting and supervising volunteers who would support parents on the Unit and post discharge. I am happy to report that we have had Champions and Buddies on the units at City Hospital, Heartlands, Good Hope and Birmingham Women's providing parents with the information to access support to help them cope with the practical and emotional challenges of caring for a baby in hospital and direct one to one help for families via phone, email or face to face with a Buddy who has experienced their own neonatal journey.



I have been working closely with managers of local children's centres and with Cheryl Curson (Bliss Nurse) and in partnership have set up two Bliss Family Groups in Atwood Green/Ladywood and Sutton Coldfield areas.

SWMMNN and I work closely together to identify gaps in the service that I can fill which cannot be filled by clinical staff and opportunities where we can provide support to as many parents and families as possible. Since the conception of the programme, I have placed 18 Buddies, 40 Champions and created 4 Family Groups for parents to access post discharge around the West Midlands.

The programme, currently funded by the Department of Health is due to end in July 2014 but we will continue to work with Units and the Network to continue to provide volunteers where needed. Post July 2014, the volunteer roles need not adhere strictly to the three roles we have outlined above. The new roles will take a more holistic approach 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 Buddy or Champion.

Post July 2014, Bliss West Midlands can extend their geographical reach to include Units within the Network we do not serve. If you are interested in finding out more please contact me on the details below.

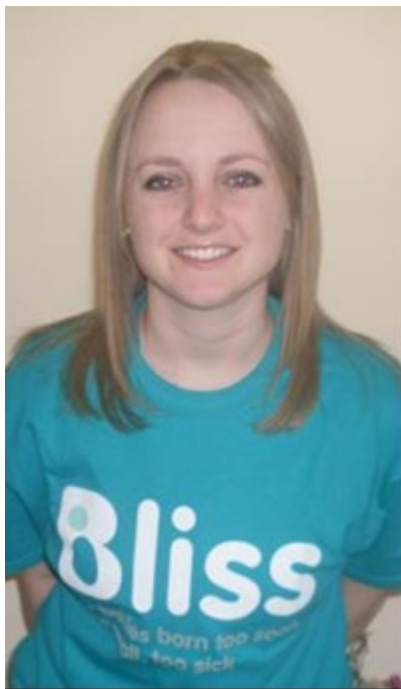
I have thoroughly enjoyed working with and sitting alongside Sonia and her team and have appreciated utilising their knowledge and experiences in helping me carry out my role. I have been invited to meetings, study and training days to help aid my understanding of the neonatal journey. I am also invited to Parent Rep meetings which are a great opportunity for me to gain a better understanding of what parents want on the Units and other meetings/events that the Network thinks will be relevant to my role.

I have assisted the Network with the translation of the SWMMNN parental phone app. I have been invited along to support the Network on the roadshows which I thoroughly enjoyed as it was a valuable opportunity to meet staff on the units and to promote the work I do. I envisage an even stronger relationship with the Network and greater collaboration on future projects.

This year, Bliss hosted an event to recognise and acknowledge the commitment and support received by partner organisations, stakeholders and volunteers. The event, held at City Hall in London consisted of an award ceremony and speeches from parents and our stakeholders. I am very pleased to announce that my volunteer Jade Caddick (Bliss Buddy at Heartlands Hospital) received an award for her contribution to volunteering and dedication to supporting families.

The Network is also 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 would like further information please email me at [aliah@bliss.org.uk](mailto:aliah@bliss.org.uk) or call on 07436 102 346.



Sarah Lovatt  
Bliss Champion at Good Hope Hospital

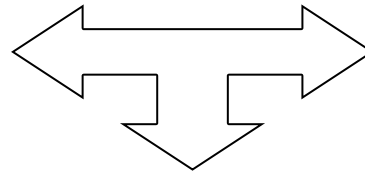


Jade Caddick  
Winner of the Bliss Special Dedication to Families Award



## LEVELS OF CARE FLOW CHART

**City Hospital NHS Trust**  
**Local Neonatal Unit**  
 Transfer in >27+0 weeks gestation  
 Transfer out <27+0 weeks gestation



**Good Hope Hospital NHS Trust**  
**Special Care Unit**  
 34+0 weeks gestation and below to be transferred out to respective LNU or NICU

**INTENSIVE CARE UNITS WITHIN THE WEST MIDLANDS:**

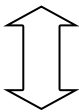
**SWMNN:**  
 Birmingham Women's Hospital.  
 Tel: 0121 627 2686

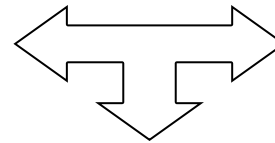
**Heart of England**  
 Tel: 0121 424 3520

**CNN:**  
 University Hospitals Coventry & Warwick  
 Tel: 02476 966668

**SSBCNN:**  
 University Hospital North Staffs  
 Tel: 01782 552439

**Newcross Hospital**  
 Tel: 01902 694032

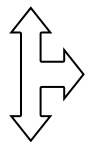
  
**Birmingham Women's NHS Foundation Trust**  
**Neonatal Intensive Care Unit**



**Heart of England NHS Foundation Trust**  
**Neonatal Intensive Care Unit**

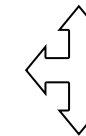
All levels of care provided

All Levels of care provided



**Worcester Acute NHS Trust**  
**Local Neonatal Unit**

Transfer in >28+0 weeks gestation  
 Transfer out <27+0 weeks gestation



**Hereford County Hospital**  
**Special Care Unit**

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

**Alexandra Hospital Redditch**  
**Special Care Unit**

34+0 weeks gestation and below to be transferred out to respective LNU or NICU



**\*ALL BABIES LESS THAN 27 WEEKS MUST BE TRANSFERRED TO A DESIGNATED INTENSIVE CARE UNIT**

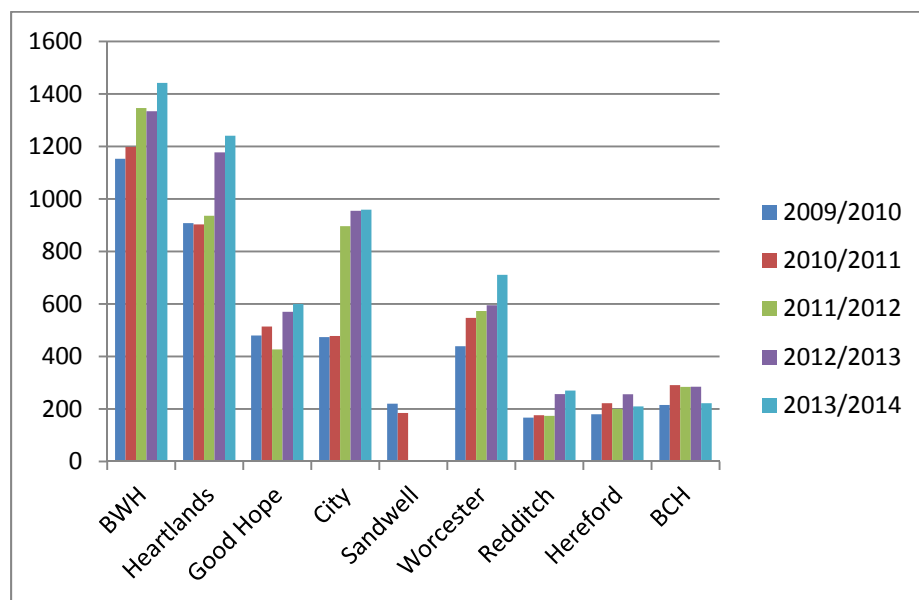
## SWMMNN Financial Year Activity Report 09/10 to 13/14

It is more than 5 years now that we have had a unified patient electronic system for all the neonatal units in our network. We would like to thank everyone for their continued support with the data entry. Please remember that the data is only as accurate and complete as when it was entered locally. For more detailed activities especially comparing the individual units, please ask for the extended version of the report for the respective financial years (09/10, 10/11, 11/12, 12/13 and 13/14).

**Table 1. Total number of distinct babies admitted to SWMNN**

Admissions	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Number of Distinct Babies	4236	4513	4835	5431	5655
Number of Admissions	4557	4771	5113	5798	6040

**Figure 1. Total number of distinct babies admitted to SWMNN**

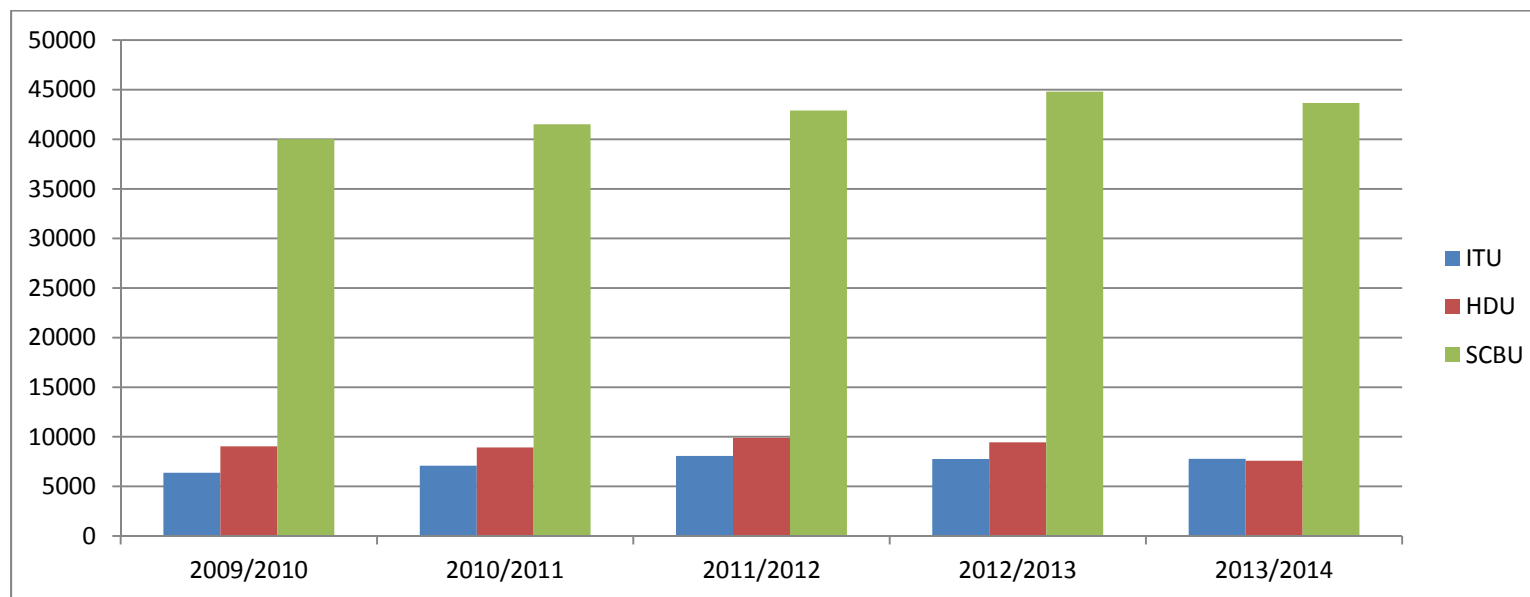


**Table 2. Number of distinct babies admitted according to gestational age**

Gestational Age	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
22	0	6	0	1	1
23	22	22	15	21	24
24	52	52	50	41	33
25	58	40	51	51	80
26	46	55	72	61	97
27	100	66	58	63	50
28	110	95	88	113	115
29	105	100	101	101	89
30	136	114	120	83	136
31	134	153	137	150	127
32	184	230	205	195	188
33-36	1240	1304	1368	1605	1703
37-42	2048	2275	2567	2944	3273
>42	1	2	4	0	4
Total	4236	4513	4835	5431	5655



**Figure 2. Level of care activity over the last 3 financial years.**



**Table 3. Summary about the level of care activity in the last 3 years.**

Level of Care	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
ITU	6368	7089	8062	7770	7774
HDU	9039	8932	9890	9449	7579
SCBU	40011	41509	42905	44803	43670

*NB - The above figures would be a significantly higher if the BCH activity is complete. Therefore it must be acknowledged that the overall neonatal activity is increasing within our network. We need to work closely together to ensure we maintain capacity within the network by utilizing the neonatal cots appropriately.*

Table 4. Respective units level of care activity over the last 4 financial years.

		2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
<b>BWH</b>	ITU	2389	2634	3097	3119	3682
	HDU	1909	2086	2510	3112	2822
	SCBU	8718	9839	10242	10895	11339
<b>Heartlands</b>	ITU	1455	1801	2073	2028	1977
	HDU	1920	1551	1776	1618	1451
	SCBU	8692	8098	8183	8933	8637
<b>Good Hope</b>	ITU	130	89	121	83	76
	HDU	323	338	275	283	169
	SCBU	5203	5184	4814	4645	4421
<b>City</b>	ITU	1326	1133	1313	1385	1330
	HDU	1919	1832	1818	1683	1583
	SCBU	5105	5305	8677	8711	8791
<b>Sandwell</b>	ITU	56	37	0	0	0
	HDU	136	66	0	0	0
	SCBU	2247	1744	0	0	0
<b>Worcester</b>	ITU	367	411	574	474	401
	HDU	927	982	932	890	901
	SCBU	4455	5486	5590	5825	5797
<b>Redditch</b>	ITU	18	16	54	54	33
	HDU	46	35	66	70	53
	SCBU	1832	1907	1703	2144	1816
<b>Hereford</b>	ITU	104	95	97	103	95
	HDU	216	215	216	180	138
	SCBU	2470	2317	2359	2406	2376
<b>BCH</b>	ITU	523	873	733	<b>524</b>	<b>180</b>
	HDU	1697	1827	2297	<b>1613</b>	<b>462</b>
	SCBU	1289	1629	1337	<b>1244</b>	<b>493</b>

**Tables 5. Cumulative deaths in the last 5 financial years**

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Total Deaths	97	84	84	75	78

**Table 6. Deaths according to the gestational age in the last 5 years.**

Gestation	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
22	0	3	0	0	1
23	10	8	6	5	11
24	14	10	10	13	10
25	12	5	7	7	11
26	6	7	4	9	5
27	6	2	8	3	0
28	6	2	3	5	4
29	6	3	4	4	2
30	4	4	2	0	0
31	3	2	2	3	1
32	1	3	3	2	6
33-36	13	9	11	9	11
37-42	16	26	24	15	16
>42	0	0	0	0	0
Total	97	84	84	75	78

It is reassuring that our mortality figures have improved over the last 5 years. We need to continue to ensure that the right baby is delivered in the right hospital to provide the necessary level of care as close as possible to home. With the newly established maternity network, we hope to reinforce this pathway of care and continue to strive to reduce our mortality figures in our network. The 'One Number' service we are seeking for should also help with this process. We also need to proactively repatriate the babies back to their local neonatal units to ensure that beds are not blocked where required.

We would like to ask everyone in the network to keep up with the good work and spirit. We hope the SCN, stakeholders and commissioners appreciate all our hard work especially in these challenging financial times and reconfiguration of services. We believe that this activity report provides robust evidence for the workings of an effective in delivering high quality services for their babies and families.

**Table 7. Overall Survival Rates according to gestational age over the last 5 financial years**

Gest	2009/2010			2010/2011			2011/2012			2012/2013			2013/14		
	Admissions	Deaths	% Survival	Admissions	Deaths	% Survival	Admissions	Deaths	% Survival	Admissions	Deaths	% Survival	Admission	Deaths	%Survival
22	0	0	0	6	3	50	0	0	0	1	0	0	1	1	0
23	22	10	54.5	22	8	63.6	15	6	60	27	5	76.2	24	11	54.2
24	52	14	73.1	52	10	80.7	50	10	80	52	13	68.3	33	10	69.7
25	58	12	79.3	40	5	87.5	51	7	86.2	65	7	86.3	80	11	86.2
26	46	6	86.9	55	7	87.2	72	4	94.4	76	9	85.2	97	5	94.8
27	100	6	94	66	2	96.9	58	8	86.2	79	3	95.2	50	0	100
28	110	6	94.5	95	2	97.9	88	3	96.6	125	5	96.4	116	4	96.5
29	105	6	94.2	100	3	97	101	4	96	109	4	97	89	2	97.7
30	136	4	97	114	4	96.5	120	2	98.3	89	0	100	136	0	100
31	134	3	97.9	153	2	98.7	137	2	98.5	163	3	98.7	127	1	99.2
32	184	1	99.4	230	3	98.7	205	3	98.5	211	2	98.9	188	6	96.8
33-36	1240	13	98.9	1304	9	99.3	1368	11	99.2	1699	9	99.4	1703	11	99.3
37-42	2048	16	99.2	2275	26	98.8	2567	24	99.1	3057	15	99.5	3273	16	99.5
>42	1	0	100	2	0	100	4	0	100	0	0	100	4	0	100
Total	4236	97	97.7	4514	84	98.1	4836	84	98.3	5753	75	98.7	5921	78	98.7

## Summary

Over the last 5 years we have seen a steady increase in admissions into our neonatal units. This is followed by respective increase in intensive and special care activity. The high dependency activity remains rather steady. We anticipate seeing a progressive increase in these activities in the coming years and we will need to address how we as a network are going to facilitate this increase within these challenging financial times.

One of the strategies we propose to look at is to repatriate babies back to the local units as soon as they are well enough to do so. This is recognized as an ongoing challenge faced by the units when the parents refuse to repatriate to their local hospitals. We appreciate that whilst there is patient choice for where they choose to deliver, when it comes to intensive care, there is no choice and very limited resources. We propose to develop a network policy on repatriation of babies and ensure that this is adhered to because there is no more funding available for the additional cost at the moment.

The 5 years trend has also showed us a decreasing trend in our mortalities. This is attributable both to the exceptional care the staff provides for these vulnerable preterm and sick babies and their families and these babies are being delivered in the right place for their level. We need to maintain this good practice and reinforce this with the newly established maternity network. We hope our maternity network would be able to produce an activity report in the near future along the similar lines.

We have to congratulate the respective neonatal teams in SWMMNN for their hard work and commitment to these babies and their families. We certainly cannot achieve this without the help of our transport teams in moving these babies around and trying to keep them within the network.

Finally, I would like to thank all staff members who have been actively involved in Badger data entry and the administrators who have ensured the data quality. Once again, without your help we would not have been able to produce this report.

Thank you.

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

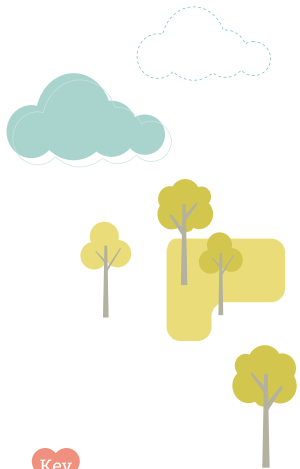
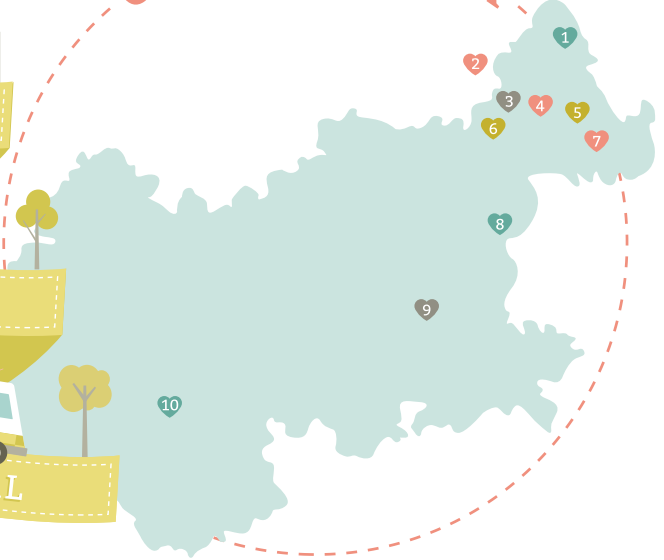


## Our specialist Transport Team will ensure the safe transport of your baby.

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. The transport team will also move babies to units closer to home when specialist facilities are no longer required.



## OUR NETWORK



Key

- (MLU) Midwifery Led Unit
- ♥ Neonatal Intensive Care Unit
- ♥ Local Neonatal Unit
- ♥ Special Care Baby Unit



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Lyndon  
West Bromwich  
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B18 7QH



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Steelhouse Lane  
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B4 6NH



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Bordesley Green East  
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B9 5SS



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Mindelsohn Way  
Edgbaston  
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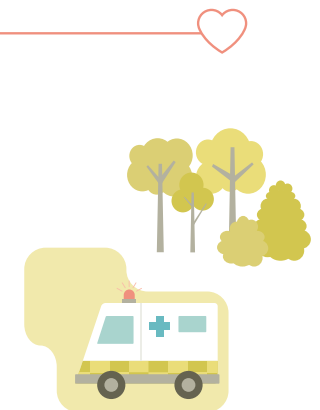
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# UNDER NEW MANAGEMENT!

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



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Network Manager/Lead Nurse



Vishna Rasiah  
Clinical Lead



Cheryl Curson  
Bliss Family Centred Care Nurse



Sarah Morris  
Lead Practice Educator



Joan Lilburn  
Lead Midwife



Alex Philpott  
Education Lead



Neil Shah  
Obstetric Lead



Siva Svakumar  
Guidelines 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:

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