



SOUTHERN WEST MIDLANDS NEWBORN NETWORK

Hereford, Worcester, Birmingham, Sandwell & Solihull

6TH ANNUAL REPORT 2011-2012



Website: www.networks.nhs.uk/nhs-networks/southern-west-midlands-newborn-network

As we produce this sixth Southern West Midlands Newborn Network (SWMNN) Annual Report, it is time to reflect on all that has been achieved. This report aims to demonstrate the achievements in 2011-2012 on behalf of our constituent organisations, individual clinical staff and everyone involved with maternity and newborn care.

Katie Thompson (Developmental Care Lead) retired after six years with the Network. We thank Katie for her valuable contribution to improving the care of babies and families. This was the first national Network post, and Katie's determination and commitment to the role made it a great success. She will be missed by all her colleagues and the babies and families whose care she improved.

We also said goodbye to Andy Spencer, who was the Clinical Lead for Staffordshire, Shropshire, Black Country Newborn Network (SSBCNN) who retired in April 2012. His knowledge and experience was instrumental in helping develop the Networks from the beginning.

The Network would like to welcome our newest parent representatives Beth Hawkes, Jennie Almond, Mandy McKeon, Corinne Da Costa, and Lucy Gibson. Also Alia Hussain, who is the BLISS Parent Volunteer Co-ordinator, who works very closely with SWMNN, the Units and our Parent Representatives.

Katy Parnell (Network Speech and Language Therapist), and Laura Johnson (Network Dietitian), continue to work with the Units to improve care for the babies in our Network, as does Nicky Hawkes (Respiratory Physiotherapist) The team was asked to speak at a national conference in January 2012 as an example of good practice and working together.

The Network now has three years' data and is again able to produce a Neonatal Activity Annual Report. Network staff continue to submit data into the Clevermed neonatal data collection system (Badger). This enables the production of an activity report for the Network Board and to give monthly information to the Commissioners. We held our second Annual Mortality Review Meeting on the 13th November 2011, and this valuable meeting was well attended.

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

The West Midlands Neonatal Transfer Service (WMNTS) continues to provide 24 hours, 7 days a week care for infants in the West Midlands area. Work is being done to provide a 24-hour, 7 days a week cot/bed location service for neonatal and maternity services, and we are in early talks around merging paediatric intensive care and neonatal transfer services, to ensure a sustainable service for the local population.

Good Hope is currently undergoing a refurbishment and Heart of England Heartlands neonatal unit rebuild will take place next year, which will greatly improve the neonatal unit.

As Andrew Lansley stated (April 2012), the Health and Social Care Act has now been passed into law. At its heart are two simple principles. First, that patients should have more control over the care they receive. Second, that those responsible for patients care – the doctors, nurses and others who work in our NHS – should have the freedom and the power to lead an NHS which delivers continually improving care for patients. We are still uncertain about the future of Networks within the NHS, but there is a clear message that Networks are here to stay. What they look like and what they cover is still to be determined, but I feel we have an opportunity to engage with our maternity and paediatric colleagues and clinical commissioning groups to ensure a Network structure built on the foundations of clinical leadership and patient involvement that will result in clear high quality care pathways from birth through to adulthood.

I realise that this is a difficult time for everyone with uncertainties around future employment and financial issues impacting all of us. We need to think smarter and ensure the services we provide are as effective as possible. We need to continue working together to improve local care, and manage babies within the Network. Bill Martin, Obstetric Lead for the Network, has been encouraged by the engagement of obstetric and midwifery colleagues in our Network maternity meetings and grand rounds.

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



Dr Patrick Brooke
Chair, SWMNN
Interim Senior Responsible Officer,
Solihull CCG

Communication and Stakeholder Engagement

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

Andrew Lansley (20 April 2012) stated that Networks are the way forward in the NHS. *“In order to support the aims of clinically-led commissioning and the promotion of effective partnership and collaborative working, the role of clinical networks and senates will be to provide leadership and insight rather than oversight and compliance. The Authority and the Board should closely involve CCGs and their leaders in the development of Networks and Senates. In relation to specialist services, we would expect the Board to commission within the context of the local need and for this to be reflected in the preparatory work of the authorities”.*

The SWMNN website has changed and we are now members of the NHS Networks website, address: www.networks.nhs.uk/nhs-networks/southern-west-midlands-newborn-network

Mary Passant
Network Manager/Lead Nurse

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

INTRODUCTION

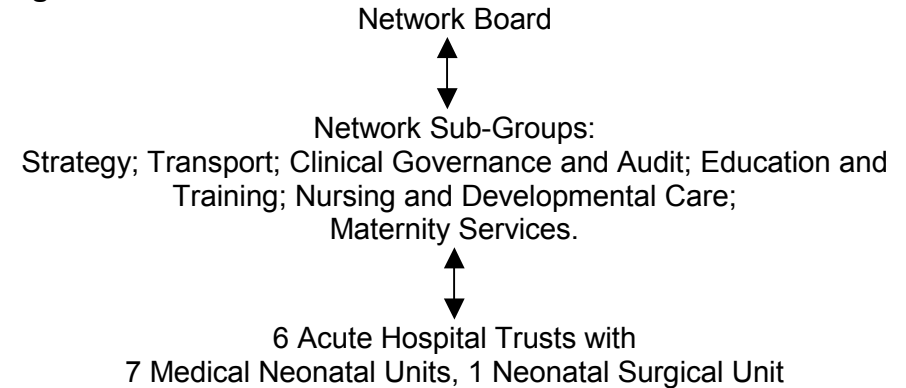
The Southern West Midlands Newborn Network (SWMNN) continues to work to ensure that mothers and babies are cared for as close to home as possible, and that the smallest and sickest babies are cared for in recognised specialist care centres.

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

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



Organisational Structure

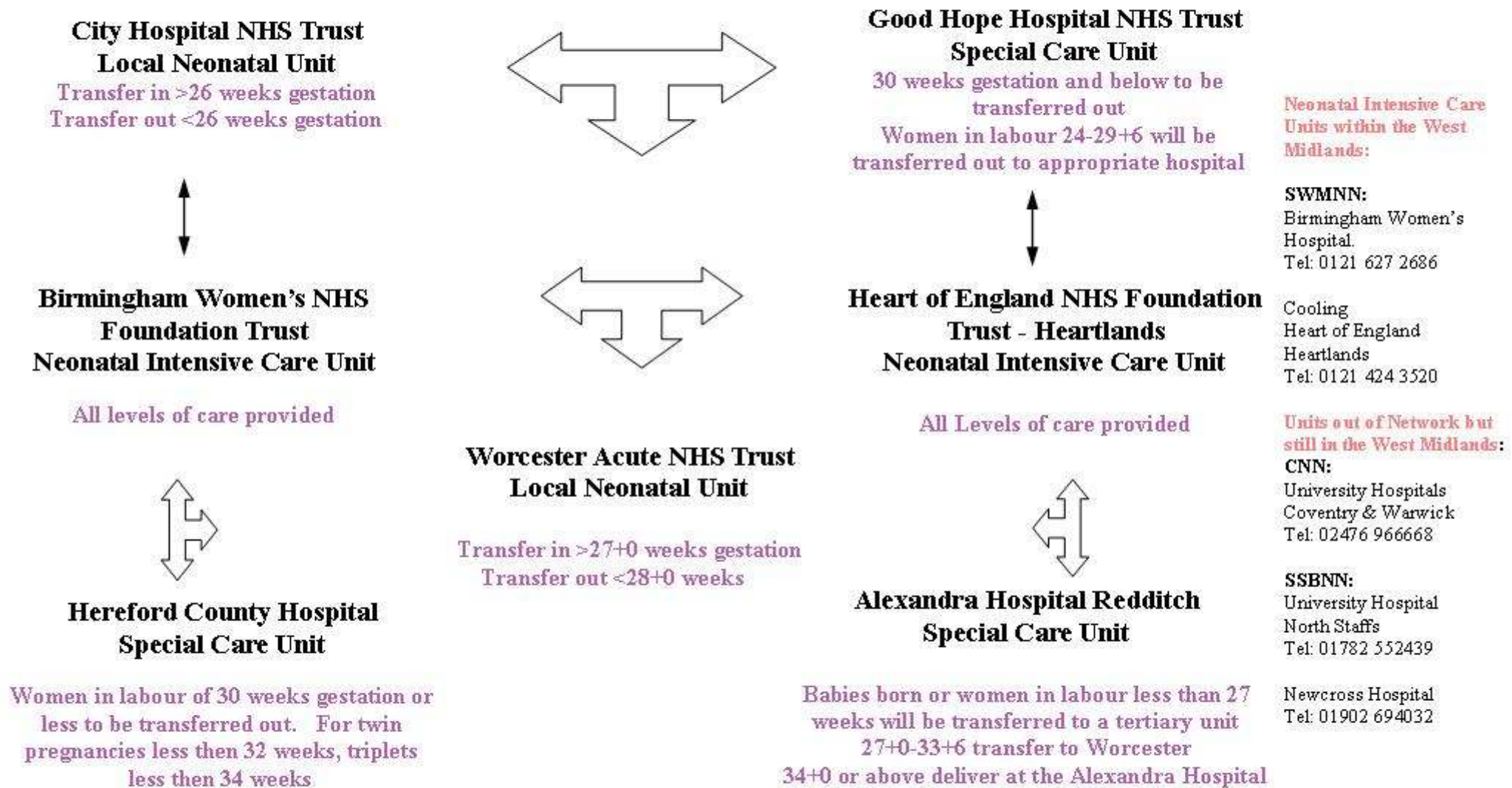


The Network Board is chaired by Patrick Brooke, Interim Senior Responsible Officer, Solihull Clinical Commissioning Group. The Network Board is responsible for leading the Network and is made up of the Network Lead Clinician; Network Manager/Lead Nurse; a Lead Clinician and Nurse/Manager from each of the Acute Trusts; Chairs of the Network Sub-Groups; parent representation; commissioning representation; a Public Health Lead; ambulance services and invited speakers.

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

The Network website is a valuable resource providing up to date information on network activities for professionals, parents and the public. <http://www.networks.nhs.uk/nhs-networks/southern-west-midlands-newborn-network>.

LEVELS OF CARE FLOW CHART



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

KEY MILESTONES AND ACHIEVEMENTS 2011 – 2012

The key milestones for the Network in 2011-2012 continue to relate to partnership working:

- SWMNN won the All-Party Parliamentary Group on Maternity – Maternity Services Award 2011.
“For Most Marked improvement in services to address health inequalities or improve outcomes for mothers and babies” for the work undertaken by the West Midlands Neonatal Surgical Project and the reduction in out of region transfers.
- Active parent involvement in all aspects of the Network, and appointment of 5 new parents.
- West Midlands Surgical Project continues to work at improving neonatal surgery.
- Held an International CDH Conference in November 2011, which was a very successful day.
- Local and National Conferences, with many Network staff being invited key speakers.
- Network staff and parents speak on network study days
- Continue to work closely with BLISS
 - Alia Hussain appointed as BLISS Volunteer Co-ordinator for the Midlands, with an office base at SWMNN.
 - Agreement for the Family Centred Co-ordinator Post.
- Produced a neonatal care pathway for babies with Downs Syndrome in conjunction with colleagues in the community teams.
- Regular Grand Rounds held, including Joint Maternity and Neonatal Grand Rounds.
- Continued to build strong communication between units within the Network, strengthening working relationships and sharing good practice.

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

- Neonatal Unit Managers
- Neonatal Interest Group at Birmingham Children’s Hospital
- SWMNN Manager is a Board Member of NNAP
- Working within the new NHS structures – Joint Midlands and East Neonatal/Perinatal Network Meetings.
- Held fifth Stakeholders day in September 2011.
- Hosted the Sixth Quad Network event/Network training day in January 2012.
- Working with commissioners to look at value for money in neonatal care.

- Taking the lead on neonatal palliative care for the West Midlands.
- Participated in the development of the Perinatal Network. Membership of the Perinatal Network Board, and represented on commissioning and provider forums.

FINANCIAL REPORT 2011/12

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

Southern West Midlands Newborn Network's commitments on the 2011/12 allocated funding

| | |
|----------------------------|-------------------|
| Previous recurrent funding | £1,090,000 |
| 2007/08 recurrent funding | £430,000 |
| 2008/09 recurrent funding | £379,500 |
| 2009/10 recurrent funding | £511,000 |
| 2010/11 recurrent funding | £0 |
| 2011/12 recurrent funding | £0 |
| Total | £2,410,500 |

Recurrent Funding

| | | |
|-------------------------------------|----------|-----------------|
| Network Infrastructure | £219,019 | paid on invoice |
| HEFT 2 ANNPs contract | £80,000 | paid within |
| HEFT Consultant x2 contract | £215,000 | paid within |
| HEFT 11.5 Nurses contract | £373,750 | paid within |
| HEFT neonatal outreach team funding | £79,518 | |

Non-Recurrent Funding

| | | |
|-----------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| City Hospital Consultant contract | £105,000 | paid within |
| Hereford 2 Band 5 Nurses | £76,725 | paid on invoice |
| SWB Breastfeeding advisor | £14,730 | paid on invoice |
| SWB 5.75 Nurses contract | £189,750 | paid within |
| BWH 3 Band 6 Nurses contract | £98,597 | paid within |
| Network Transport Consultants contract-Hosted by BWH | £330,000 | paid within |
| Network Transport Nurse Consultants contract-Hosted by BWH | £118,000 | paid within |
| Network Transport ANNPs contract-Hosted by BWH | £214,000 | paid within |
| Network Transport Nurse contract-Hosted by BWH | £32,000 | paid within |
| Network Clinical Lead | £23,412 | paid on invoice |
| Network Respiratory Physiotherapist, } Network Dietitian and } Network Speech & Language Therapist} | £72,773 | paid on invoice |
| Total | £2,162,756 | |
| | Total | £79,518 |
| Grand Total | £2,242,274 | |

Respiratory Physiotherapy Report 2012

Our Network Allied Health Professional (AHP) team has continued to be unique in the country, and this gives me a real sense of pride in our Network and our achievements in the improvement in care for our babies!

So what have been the highlights over the past 8 months since I wrote the last report?

Our AHP team were invited to present at a conference in January for Network/Unit managers regarding the set up of the team and our current roles and subsequent improvements in care – this was a definite feather in our Network cap!

I have continued to teach/monitor/encourage excellent practice within our Network through visits and bedside sessions, scenarios and case studies, plus teaching on local professional courses. I am still based at The Children's Hospital and part of our Acute Physiotherapy team, and review the surgical babies on PICU with our Physios.

- I have had opportunities to give more formal talks at various national modules/conferences - both physiotherapy and multi-disciplinary regarding my role and evidenced based physiotherapy practice. This in turn has led to visits by physiotherapists from outside our region to experience the service first hand – including an MSc student on clinical placement. It has been very rewarding publicising our work nationally.
- The Chest Physiotherapy Guidelines have been revised and are available throughout the Network.
- I continue to be a committee member of the National Neonatal Physiotherapy group, part of the Association of Paediatric Chartered Physiotherapists (APCP). We are aiming to publish a Respiratory Physiotherapy Competency Framework for physiotherapists coming into the specialty during the coming year.

The time goes so quickly - I can't believe that in July it will have been 5 years since I came into post. It has been very encouraging looking back to see the changes that have occurred since those day in 2007 when I first stepped onto the NNUs and a member of staff told me that they didn't actually need a physio as they had been doing it perfectly well for years, thank you.....BUT of course that wasn't my overall experience – I was warmly welcomed and staff were and are keen to see how physiotherapy techniques can be utilised appropriately and effectively. I always enjoy working with the nursing staff and mutually learning as we treat the baby. Like any specialty there is always so much to learn and I continue to thoroughly enjoy the experience of working in this field.

In the immediate future I intend to produce a distinctive Network-wide physiotherapy assessment/treatment/advice sheet that I can fill in and slot into the medical notes, plus parent information leaflets. There are other projects on the back burner which will be revealed later in the year!

Nicky Hawkes , Advanced Respiratory Physiotherapist



Neonatal Dietitian – Laura Johnson



I have been in post as the Network Dietitian since January 2011. The two main roles of my post continue to be to provide specialist neonatal dietetic advice and also education and training to all members of the multidisciplinary team within the Network. Now in my second year since the post began, the role continues to grow and become more established.

To date I have:-

- Co-wrote the Network Enteral Feeding Guideline which was launched across the Network in April;
- Been involved in the development of surgical feeding algorithms with Tracey Johnson (Gastroenterology Dietitian at Birmingham Children's Hospital), which will firstly be trialled at Birmingham Women's Hospital before launching across the Network;
- 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;
- Established nutrition ward rounds at Heartlands, Worcester and City which have helped raise my profile and the importance of adequate and appropriate nutrition;
- Lecture on study days round the Network, and provide routine training for all staff on preterm nutrition and growth.

My plans for the future:-

- Audit the use of the Enteral Feeding Guideline within the Network over the summer;
- Provide medical training at Hereford in April and City in August;
- Look into streamlining vitamin and mineral supplementation and feed preparation across the Network;
- 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 role is becoming increasingly far reaching across the Network.

To date I have:-

- 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 local Speech and Language Therapists inputting within the Network;
- Provided training at different units on feeding development and difficulties in the preterm infant;
- Developed a referral pathway for units within the Network who have no funded speech and language therapy support;
- Supported a cue feeding approach to shorten the transition from tube to oral feeding (Network poster);
- Supported the Network launch of the Down Syndrome Initiative.

My plans for the future:-

- 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 IMPLEMENTATION GROUP

We continue to work together in a changing, destabilising and uncertain climate. The national and global austerity measures have seriously “kicked in” and have meant that we have all had to tighten our belts and maintaining morale is difficult at times. The networks are very much supported by the Government’s strategic objectives, and are here to stay, but the shape of networks in the future is uncertain. In spite of this the individuals contributing to the care of babies and families in each and every unit continue to rise to the challenges, and do a brilliant job.



Alison Bedford Russell,
Clinical Lead SWMNN

The Future of Networks

Dr Kathy McClean, Clinical Transitions Director has been leading a project on networks for the NHS commissioning Board. She has said that:

1. The NHS reforms will introduce a number of new sub-national structures to co-ordinate the work of, and relationships between, different bodies in defined geographical areas. These include, amongst others, Clinical Senates, Academic Health Science Networks (AHSNs) and Local Education and Training Boards (LETBs).
2. These new arrangements will sit alongside other existing structures such as clinical networks, research networks and deaneries (some of which are also under review).
3. A key issue which has arisen in the design of the new system is that the numbers and geographical boundaries of both the new and existing structures vary significantly. In some cases this lack of consistency will not matter, but in others it could lead to problems in maintaining effective working relationships and partnerships. There will be opportunities to achieve significant benefits through closer alignment and greater consistency.
4. To address this a rapid exercise has been undertaken with representatives involved in developing the key functions to identify and map all of the groupings, and to consider the scope for greater consistency and alignment
5. Clinical Senates and Networks will be supported by a number of teams or ‘hubs’, sited, at least in the medium term, within the NHSCB (NHS Commissioning Boards) Operations Directorate.

Current position on key structures:

| Structure | Number | Current position |
|--------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Senates | 14 - 15 | There will be 14 or 15 senates. Their proposed geography will be determined by patient flows around tertiary centres. Boundaries will be co-terminous with those of the local authorities and CCGs in their area. |
| Networks | Various | The number of strategic networks supported by the NHSCB within each geographical area may vary by condition, but their boundaries will be nested within the footprints of the clinical senates. |
| Specialised Commissioning Hubs | 11 | Specialised commissioning arrangements will be managed within the NHSCB's four regions. It is currently proposed that there will be 11 contracting teams based around patient flows and the major provider contracts. As these will be management arrangements within the NHSCB the actual number of teams can be adjusted to align with other structures as necessary. |

There are currently 5 possible options for the configuration of clinical senate areas being considered. The NHSCB intends to confirm the configuration of senates by the end of May 2012.

In a recent letter to Professor Malcolm Grant, Chairman of the NHS commissioning Board Authority, Andrew Lansley wrote that one of the objectives to support the establishment of the new commissioning landscape is to ensure that clinical networks and senates provide advice and insight to commissioners – i.e. what happens already within the West Midlands will continue to happen, albeit within an altered geographical stamp and framework.

In the meantime it is vital that we continue to do what we are doing well, and keep forging ahead with new initiatives. The changes represent a time of opportunity.

What have we achieved by working within a Network together?

The individual sub-group reports describe a fantastic amount of output from many joint initiatives, from the ongoing success of establishing our Badger data collecting systems, to the success of the Newborn Transfer service, the neonatal surgery project, developments with guidelines, training and educational programmes. The routine capture of standardised data by clinical teams in all the network units, using the Badger system, gives us the opportunity to evaluate the impact of policy implementation, and healthcare outcomes for our babies and their families.

We are working well together in attempting to ensure that babies are cared for and transferred within network care pathways. There is friendship, mutual respect and a spirit of collaboration amongst service providers. We are delighted to hear some excellent feedback from parents who have

had babies on every unit in the network. The nurses as always are “tops”.
The reduction in neonatal Mortality rates have been sustained, - a triumph!

What do we still need to do?

Our biggest challenge is to work better with maternity service providers.

Although out of region transfers have reduced, - recent problems with cot capacity have resulted in an undesirable increase, - and so they are still occurring. This is reflected nationally: while the number of babies at 27-28 weeks gestation delivering in appropriate units has increased from 18 in 1998-2000 to 49% in 2009-2010, this means that 51% were transferred after delivery, - some from NICUs to LNUs. In countries which provide services across large geographical areas, (eg Australia, Canada, USA and France) where maternity and newborn service organisation is combined and centralised, upwards of 80% of deliveries occur in the right unit, and early postnatal transfer is avoided. Clearly we can learn from this. (Gale et al, Impact of managed clinical networks on NHS specialist neonatal services in England: population based study. BMJ, 2012; Apr 3;344:e2105.)

Unacceptable Perinatal Transfers – a BAPM initiative.

Sometimes we are unaware that a baby has been delivered out of region because the transfer was in-utero and we do not yet have a robust system in place to capture data regarding such transfers.

Collected data confirms that in-utero transfers may not always be “appropriate” e.g. failed transfer such that the baby remains at a unit providing a lower level of care than baby is expected to require; outside the region for non-clinical reasons (e.g. lack of staffed cots); outside the normal Network pathway (unless geographically appropriate); baby travels past the nearest within-region unit able to provide the required level of care for the infant when an appropriate cot is vacant and staffed at that unit; transfer results in twins or higher order births being located in different units; transfer is out of the mother’s ‘home’ unit to accommodate another infant who requires a higher level of care.

Sometimes babies may be accepted from out of region and subsequently “block” a bed for a local baby, resulting in inappropriate transfer out of region. NTS have had to undertake too many transfers for “capacity” reasons. This is devastating for parents. We need to improve coordination between maternity and neonatal services to facilitate in utero transfer before delivery, and make better utilization of network care pathways to meet the needs of babies and families.

Discussions are ongoing to develop a “**One number for all neonatal surgical and medical referrals AND antenatal referrals.**” This should result in an enhanced ability to record and monitor all activities relating to mothers and newborn who require transfer.

Parent feedback. While there is much good individual parent feedback, - teams are only as good as the weakest links. The Picker institute published parent feedback reports that have warranted some big behavioural changes. Family-centred care is the responsibility of us all and we must all be champions together to improve how we provide developmental care for babies and support their families. The Small Wonders (Best Beginnings) DVD has just been launched and will be available to augment such care.

The newly formed BLISS volunteer group will be available to help support parents – and all units will be being audited using the BLISS parent audit tool.

Development of Community Links

A Network Care Pathway has been developed for newborn babies with Down Syndrome, which has extended into a community care pathway currently under discussion with primary care commissioners. This initiative has seen the newborn network linking in with community multidisciplinary healthcare and educational professionals, to develop an appropriate care pathway which will hopefully make way for a seamless transition of care for babies with Down syndrome in the first instance, but ultimately for babies with all types of neuro-disability.

One feature of the stakeholder meeting on 1st March 2012, was parents telling us about the variety of ways in which the news about their baby having Down syndrome had been broken. We need to improve how we give bad news. The Network is keen to introduce some workshops on how to improve how we give bad news. We would ideally like a programme similar to cancer services where all staff breaking bad news have to attend a course similar to the Advanced Communication Skills for Senior Healthcare Professionals in Cancer Care. The Network are working with the team that produced this course to replicate this for neonatal and maternity services.

Quality issues – the QUIP and CQUINs. A key aim for 12/13 is that the majority of specialised services CQUIN indicators will be consistent at a national level. Plans for specialised services CQUINs for 2012/13, and the development of a national CQUIN menu have been developed as part of the remit of the Specialised Services Transitional Quality and Innovation Workstream. A CQUIN Task and Finish group was established with representation for each SCG Cluster to discuss and agree the key CQUIN arrangements, processes and to review CQUIN suggestions and confirm which would be included in the CQUIN menu. The starting point for menu development was the “top 10” QIPP areas. Different SCGs lead on developing CQUINs in each clinical area. Not all suggestions were sufficiently robust and relevant to QIPP to be included in the menu. The finalised menu was ratified by the SCG Directors Group.

CQUINs There are 6 National CQUINs. The West Midlands commissioners have chosen 3: Improved timely administration of PN; Increase effectiveness of hypothermia treatment ; To increase the percentage of preterm babies who are fed on mother’s breast milk at discharge.

Neonatal Dashboard - the collective neonatal teams from both networks in the West Midlands (SWMNN and SSBCNN) have been working together as we do not feel that the current National Neonatal Dashboard (NND) – which has 22 items - is fit for purpose. We have raised concerns and issues with the national neonatal dashboard team and local commissioners and public health leads. We have suggested that the NND should be piloted in the first instance to see if it is achievable and beneficial rather than dedicating huge amounts of time and resource into something which has not been proven to work and have any value.

We will endeavour to support neonatal units to collect the data required but we do not believe it will provide useful information which will in return improve clinical care. Units should not be penalized if the data is not readily collectable as it is still unclear what the purpose and plans are with this intensive data collection process.

Summary - Our main strategy for 2012: The Development of the West Midlands Perinatal Network (WM PNN)

This remains our BIGGEST future challenge.

The success of forming a true perinatal network depends on linking maternity service providers with newborn service providers. This has been the greatest of ambitions to date and remains an aspiration. At unit level, - we strongly encourage links between newborn service providers with heads of midwifery and obstetricians, - and if you can facilitate their engagement with key perinatal meetings – that would be great. There is an opportunity to develop care pathways together and inform the new commissioners for maternity services how the service should be organised to facilitate delivery of high quality perinatal services.

Just for the Birmingham and Solihull Local health economy, a review of capacity is currently under way in a project being led by Ros Keeton, CEO of Birmingham Women's. While the focus is as stated there is due consideration being given to the impact on the wider West Midlands Health economy. It is vital that leads for maternity service providers attend the meetings they are invited to (or send a deputy) and engage with developments. Their inputs can help shape our future services.

EDUCATION AND TRAINING GROUP

The Network education team continue to work alongside the neonatal units working towards the implementation of Principles 2 and 5 (DoH Toolkit 2009). This year has seen new study days, conference days and education events added to the SWMNN portfolio. We continue to promote the philosophy of multiprofessional, collaborative principles in the delivery of education and training for all staff who care for neonates and have extended this to collaborate with our neighboring Network, The Staffordshire, Shropshire and Black Country Newborn Network (SSBCNN) to develop and deliver more events conjointly.



Achievements

- Developed the curriculum, with academic partners from Coventry University, for an e-learning, Neonatal Palliative and End of Life Care module (academic level 7)
- Delivered a National Conference Event relating to Congenital Diaphragmatic Hernia
- Delivered a variety of Network Neonatal study days
- Developed a Neonatal Hypothermia course
- Initiated a regional simulation training project
- Initiated a Network clinical skills project
- Undertook survey into ANNP continuing professional development needs
- Supported staff to undertake neonatal education programmes in palliative care, Bayley III assessment, NHS Leadership Fellowship.
- Supported staff to attend neonatal conferences
- Presented posters and plenary sessions at National conferences
- Publications in academic journals

Activities

- Work with the West Midlands Neonatal Workforce Deanery in a consultancy role, contributing developing the neonatal workforce
- Strengthened relationships with the West Midlands Medical Workforce Deanery and initiated several projects in response to issues raised (exploring ways to support regional medical training needs for neonatal and paediatric trainees; Clinical Skills Project; ANNP CPD Project).
- Supported Qualified in Speciality Preparation (QIS) and career pathways for nursing staff (implementation of the WM Career Pathway (2009). Accredited courses based at SSBCNN; Heart of England Faculty, Birmingham City, Staffordshire ; Coventry , Wolverhampton and Keele University).
- Contributed to the curriculum development and delivery of ANNP training with academic partners at Birmingham City University.
- Contributed to the delivery of other teaching sessions on Trust training days, within University programmes and for other Newborn Networks as requested.
- Jointly deliver e-learning Neonatal Palliative Care Course with Coventry University academic team.
- Delivered the SWMNN Surgical Neonatal Nursing module
- Delivered a regional Newborn Transport Training day (twice yearly)
- Joined Centre for Children and Families Applied Research (CCFAR), Coventry University and attended monthly team meetings,



Activities (cont.)

- Review abstracts for scientific poster presentations and Awards
- Provide academic support to students undertaking courses and programmes of study
- Offer career progression advice to staff working within the neonatal arena in the SWMNN
- Publish Network Training Bulletin Bi-monthly
- Developed the Education section within the SWMNN website
- Developing a secured website area within NHS Networks to be accessible by delegates and students participating in SWMNN Education programmes and courses (underdevelopment, to be launched July 2012).
- Network regionally and nationally with education colleagues to share and develop good practice initiatives

Research

Research activity continues across the network. Dr. Andrew Ewer presented findings from the Pulse-ox Study internationally, including the Perinatal 2011 conference and at the Quad Network Study Event at Solihull in January 2012. The I2S2 study has been underway in many units within the region throughout the year. A new national study, the DOVE study has commenced this year involving researchers from our region in its development and implementation (Dr. A. Ewer and team).

Future Activities

Continue to work in partnership with the neonatal units, Perinatal partners, Trust Education and Learning Departments, HEIs and Health Education England to develop and educate the neonatal workforce.

Continue to contribute to neonatal training programmes delivered by Trusts, Network & Universities.

Develop and launch the new section for education of the SWMNN website.

Support multiprofessional education and training events working with the education team in the SSBCNN.

Launch, deliver and evaluate the new Neonatal Hypothermia Course

Continue to develop the portfolio of Network study days according to need and other activities that support staff development.

Submit bids for funding to progress with the simulation training plans

Submit bids for funding to support further Network Education developments (e.g. Surgical skills package development, e-learning and Network-internet resources)

Work with partners at HoE faculty for Education to develop and accredit more neonatal modules within the neonatal nursing career pathway template.

Present a Poster at the Neonatal Managers Conference, Bristol in May (Development of the Midlands Integrated Comfort Care Pathway -ICCP).

Co-present seminar with Coventry University academic team at the national RCN paediatric conference October 2012 (development of a palliative care e-learning module for neonatal HC professionals).



Network Study days / Conferences April 2011 to March 2012

The following events have been organized and delivered by SWMNN

Neonatal Palliative Care Study Day, (Day 2) Neonatal Palliative Care Study Day, 13th April; Belfry, Sutton Coldfield. *Regional Conference*
 Newborn Transport Study day, 4th May *Regional Study Day*
 Neonatal Palliative Care Study Day, (Day 2) Neonatal Palliative Care Study Day, 19th May, Belfry, Sutton Coldfield. *Regional Conference*
 Neonatal Palliative Care Study Day, (Day 1) 27th June, Loughborough. *Regional Conference*
 Preterm labour and managing extreme preterms, 12th July, Heartlands Hospital, *Fetal Medicine/ Neonatal Grand Rounds*
 Gastroschisis, 2nd September, BCH, *Surgical Perinatal Meeting*
 Neonatal Nurse Researchers (N3R) Group Meeting, Friars Gate, Solihull, 14th September, *National Education Meeting*
 Neonatal Surgery (part II) 27th September, Heartlands hospital, Education Centre, *Local Surgical Study Day*
 SWMNN Stakeholder Event, 30th September, The Village Hotel, Solihull. *Local Conference*
 Network Mortality Review, 13th October, City Hospital *Grand Round*
 Hypoplastic left heart syndrome & Univentricular heart- an update, Neonatal Cardiology Interest Group, 9th November, City Hospital, *Grand Round*
 Congenital Diaphragmatic Hernia, November 15th, The Village Hotel, Solihull: *International Conference*
 Neonatal Study Day, Organized by Helen Underhill, 16th November, Hereford County Hospital. *Local Study Day.*
 Renal conditions, 2nd December, BCH, *Surgical Perinatal Meeting*
 WMNTS Training Day, 15th December 2011, Education Resource Centre, BWH. *Bi-Network Study Day*
 Quad Network Event, 'Midlands Matters'. 27th January, The Village Hotel, Solihull. *Regional Conference*
 Developmental Care Study Day. 22nd February, Birmingham Women's Hospital. *Network Study Day.*
 Surgical Grand Round, 2nd March, BCH, *Surgical Perinatal Meeting*



Sponsorship and Awards

Congratulations to all our staff who have successfully completed programmes of study or achieved awards this year.

The SWMNN Change in practice Award was received by Hannah Smith Senior Sister (ward manager) Heartlands Hospital Neonatal Unit and Sheena Lewis Senior Sister (ward manager) Good Hope Hospital Neonatal Unit. The award of £1000 towards conference fees.

There were 3 runners up who will each receive up to £50 towards attendance at a training event in 2012.

One of the 60 Clinical Leadership Fellowships offered in 2011 by the New NHS Leadership Academy was awarded to Alex Philpott who is currently undergoing the programme.

| Course | Dates | Staff Funded by SWMNN |
|----------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|
| Nutrition Study Day, SSBCNN | 20.05.11 | 1 |
| Perinatal Conference Harrogate | 15-17.06.11 | Full course fee and accommodation Accommodation (only) |
| | | 13 1 |
| Bayley III Training | 21- 22.06.11 | 4 |
| Washington Neonatal Nursing Conference | 06-09.09.11 | (Part funded by CCFAR, Coventry University) |
| | | 2 |
| Neonatal Palliative and End of Life Care, e-learning Module, Coventry University | 22.09.11 to 18.01.12 | Full course fee |
| | | 5 |
| CYP Palliative and Complex Care, Introductory module | 22.09.11 to 18.01.12 | Full course fee |
| | | 1 |
| CYP Palliative and Complex Care, PGCe it (3 modules) | 22.09.11 to 18.01.12 | Full course fee |
| | | 1 |
| Nursing The Surgical Neonate | 02.09.11 to 24.02.12 | Full course fee |
| | | 5 |
| Innovative Workforce Strategies | 24.01.12 | Full course fee |
| | | 1 |
| All Ireland Neonatal Conference | 02-3.02.12 | Full course fee and accommodation |
| | | 2 |
| NNAP Collaborators Meeting | 20.01.12 | Attendance fee |
| | | 2 |
| Quad Network Conference | 27.01.12 | Full course fee |
| | | 8 |

Birmingham City University - ANNP**September 2009 Group***Post Graduate Diploma*

Corenna Bowers

Rommel Orland

Maggie Seldon

September 2010 Group*Post Graduate Diploma*

Helen Emanuel

Ian Clarke

Birmingham City University - QIS*Dimensions in Health Care, Neonatal Critical Care Award.**January 2011- January 2012***Dimensions in Health Care Advanced Diploma in Neonatal High Dependency and Intensive Care**

Amanda Calcutt

Jasmin Jackson

Patricia Clayton

Debbie Underhill

Anita Gill

Dimensions in Health Care BSc in Neonatal High Dependency and Intensive Care

Lara Alamad

Jennifer Luke

Beverley Bowler

Rosemarie McIntosh

Hollie Marie Daniel

Laura Maguire

Lisa Desjarlais

Francesca Mann

Clair Finnegan

Anita Patel

Andrea Genner

Tracey Perkins

Victoria Hornsby

Alexandra Pomeroy

Amarpreet Kaur

Emma Raybould

Louise Lawrence

Helena Spencer

Dimensions in Health Care Graduate Certificate in Neonatal High Dependency and Intensive Care

Sonia Allcock

Elizabeth Mann

Claire Brown

Kerri Owen

Claire Butcher

Rachel Richards

Claire Chahal

Stacey Shaw

Lisa Rachel Holt

Sara Wheatley

University of Wolverhampton**Post Graduate Certificate (PG Cert) in Education for Healthcare Practitioners**

Louise Kingham

Coventry University**Post Graduate Certificate CYP Palliative and Complex Care****CYP Palliative and Complex Care, Introductory module**

Lora Borg-Bartolo

Neonatal Palliative and End of Life Care, e-learning Module, Coventry University

Gemma Clarke

Fran Wootton

Perspectives on Palliative and Complex Care For CYP and Families: PG Cert module

Mary Passant

Heart of England NHS Foundation Trust Faculty of Education**Foundation 1 Special Care (Level 6 – degree)**

Azra Bi

Rebecca Light

Natalie Clark

Lucy Parott

Charlie Ford

Najma Salad

Laura French

Faysa Suleman

Laura Griffiths

Amy Walker

Hamdi Hassan

Rebecca Wyatt

Louisa Hudson



Pulse oximetry as a screening test for congenital heart defects in newborn infants: a test accuracy study with evaluation of acceptability and cost-effectiveness

AK Ewer, AT Furnston, LJ Middleton, JJ Deeks, JP Daniels, HM Pattison, R Powell, TE Roberts, P Barton, P Auguste, A Bhojar, S Thangaratinam, AM Tonks, P Satodia, S Deshpande, B Kumararatne, S Sivakumar, R Mupanemunda and KS Khan



January 2012
10.3310/hta16020

Health Technology Assessment
NIHR HTA programme
www.hta.ac.uk



Winners of the innovating for Life Awards - Neonatal Award

The Innovating for Life Awards is a joint initiative between *Infant Journal* and the *British Journal of Midwifery*, sponsored by Danone. The team from Heartlands Hospital were successful out of eight submissions for the Neonatal award with their project relating to *Difficult Airway Management*.

This consisted of a four-step intervention project aimed at improving the management of infants with difficult neonatal airways by development of an algorithm, an equipment kit, improved laryngoscopy training using the Storz video laryngoscope and implementation of a neonatal clinical pathway.



From left to right, Christine Bishop, Infant Journal; the winning neonatal team Dr Lauren Johansen, Dr Ratidzo Danha, and Dr Richard Mupanemunda; and Janet Warren, Danone.

Publications - Palliative Care Project Work

KBranchett, JStretton

Neonatal Palliative And End Of life Care. What Parents Want From Professionals.
JNN. Vol.18.2.40-44. April 2012

Presentations - Education Project Work

JStretton

West Midland Education Project. Developing and Implementing a Neonatal Nursing Career Pathway Framework: Pre-Registration to Advanced Practice

Oral presentation at the Neonatal Nurse Managers Conference, Tortworth Court, Bristol, May 2011.

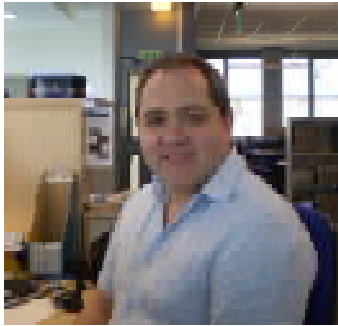
JStretton

Qualified In Specialty. How We Got Here and Where we Are Going.

Oral presentation at the Perinatal 2011, Joint association conference, Harrogate. June 2011.

GUIDELINES SUB-GROUP

The Guidelines Sub-Group, comprised of staff from each unit and chaired by Phil Simmons has had spent another busy year.



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

We have worked closely with the Nutritional Interest Group to finalise guidelines in this area. Topics include the initiation of Breastfeeding, Tube feeding and Bottle feeding. Our work with the Network Dieticians culminated in the launch of a final version of the 'Enteral feeding in the preterm infant' guideline earlier this year.

We also worked to produce new pain assessment frameworks and guidance, strengthening the role of developmental care within the network.

We have continued to work with the Surgeons at Birmingham Children's Hospital, this year renewing existing guidelines and creating several new ones including guidance on 'arranging insertion of surgical central lines and their aftercare, 'Management of Anorectal malformations' and 'stoma care' guidelines

Future Directions

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

We aim to join in production of the Partners in Paediatrics Neonatal Guidelines book. The latest edition was published in January 2012 and we are to work in unison to produce the next version due out early 2015.

Change in group Leadership

Phil has recently taken up a new Consultant Post within the network, but the funding for this role as group chair remains with his previous post at City Hospital.

I would like to thank everyone across the network for their support of my Network role, over the last 7 years. It has been hard work but enjoyable..

Phil Simmons
Chair, Guidelines Sub-Group

MATERNITY SUB GROUP

Whilst the ideal of a truly managed clinical network for perinatal care remains elusive, it remains a goal we continue to strive for. The Newborn Networks continue to function very well across the West Midlands and act as a template for maternity care. There are though reasons peculiar to maternity that make such care more difficult to arrange. For example, it is difficult to determine the (seemingly) basic issue of which maternity cases were transferred *in utero* and what their outcome was. This is because the majority of threatened preterm labours do not go on to deliver. Once a baby is delivered it becomes easier to determine where it is and goes. Ideally we would want a maternity transport system, with a central number to call (preventing hours of obstetric frustration on the phone) to arrange not only a neonatal cot, but also a surgical cot and maternity bed as and when required. These remain distant hopes but work continues to attempt to bring them to fruition.

The Maternity Sub Group continues to meet regularly every 3-4 months. Guidelines are being developed for delayed cord clamping, and preterm labour (yes, still - new developments have delayed its further development) to include magnesium use for neuroprotection. We continue to participate in multidisciplinary meetings and perinatal grand rounds, and we organised a very successful and well attended meeting (thank you Teresa Meredith) to showcase current and future maternity data systems. Such systems are vital to allow accurate real time data capture to provide robust data for audit, commissioning and research to continue to improve and streamline patient care.

Finally, and at the risk of sounding like a broken record, the engagement by the obstetric and midwifery colleagues around the network, whilst less than we would wish, continues to improve. Further meetings are planned, for example regarding perinatal infection and grand rounds, mortality meetings, all with a perinatal flavour.

The changes in health care have led to uncertainty regarding the direction of the health service and future of the networks. It is our aim to ultimately provide more coordinated care across the SWMNN not just for neonatal patients but also for the maternity patient.



Bill Martin, Obstetric Lead, SWMNN

CLINICAL AUDIT AND DATA SUB-GROUP

It is now over 3 years since we as a Network started using the unified neonatal data collection system, Badger. This has provided us with an opportunity to look at trends in our activity over the last three years. In summary, there is an overall increase in activity across all levels of care in all the units in the Network whilst there is a reduction in the mortality. This reflects all the excellent hard work of the neonatal staff in caring for these vulnerable babies in our Network. I believe the neonatal staff appreciate the importance and benefits of the system. Nevertheless, we need to continue to ensure complete and accurate data is entered, in order for us to reap the benefits of this system.

Dashboards seemed to have taken a lot of our time this year and will continue to do so. We have been able to publish our monthly SWMNN Network Dashboard to monitor our activity and trends in major outcomes namely CLD, NEC needing surgery and ROP laser treatment. The national neonatal dashboard has been introduced as a CQUIN for this coming year. We have our concerns and reservations about it and have spent a lot of time reviewing this dashboard. We have fed back to the responsible teams involved in designing the dashboard and to the commissioners. The local units have also agreed on their CQUINs for this year. We will continue to ensure that the data is readily available on Badger by working closely with the Clevermed team.

We managed to audit the use of sucrose in our Network. In summary the local neonatal units showed better compliance with the guidelines. It has been challenging trying to audit the early hour care of babies less than 28 weeks gestation. In our last audit meeting, the team felt that these two areas are the bread and butter of care we provide and we agreed to re-audit in the next few months.

I have worked closely with some keen Registrars to look at our activity and major outcomes. Meghana Pearson and Nonhlanhla Dlamini have looked at our chronic lung disease prevalence. Matthew Nash has reviewed our NEC cases, and finally Imran Sheikh has monitored our trends in babies less than 31 weeks gestation. It is encouraging to have the juniors involved in this process and we hope to have more interest this year.

We have had a few Badger workshops and plan to continue this in the hope of encouraging good quality data collection. I have had the opportunity to present our work at the Clinical Audit and Improvement Conference. We would encourage all unit leads to attend the national NNAP/NDAU/Badger meetings. We will hold our annual mortality meeting later this year. We also hope to hold a research/audit meeting later in the year to share our experiences within the Network in these areas.

Presentations

1. M Nash, M Passant and SV Rasiah
A network perspective of necrotising enterocolitis needing surgery.
Oral presentation at the Paediatric Research Society Meeting. April 2012
2. M Pearson, N Dlamini, M Passant and SV Rasiah.
Prevalence of chronic lung disease in preterm babies less than 31 weeks gestation:
A network perspective.
Poster presentation at European Society of Paediatric and Neonatal Intensive Care. 2nd to 5th Nov 2011
3. S V Rasiah. Developing clinical audit across a clinical network.
Oral presentation at the Clinical Audit and Improvement Conference. London. 8th February 2011



| SWMNN 2011 Dashboard | | | | | | | | | | | | | | |
|--------------------------|-------------|------|------|------|-------|------|------|------|------|------|------|------|------|--------|
| | | Jan | Feb | Mar | April | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Annual |
| Total Admissions | <i>n</i> | 419 | 368 | 413 | 390 | 421 | 426 | 435 | 437 | 417 | 395 | 418 | 420 | 4959 |
| By Gestation in weeks | < 26 | 14 | 13 | 16 | 14 | 9 | 13 | 15 | 9 | 15 | 13 | 15 | 7 | 153 |
| | 26 - 30 | 39 | 31 | 40 | 44 | 44 | 39 | 44 | 46 | 38 | 41 | 39 | 35 | 480 |
| | 31 - 36 | 140 | 142 | 124 | 121 | 176 | 135 | 150 | 141 | 142 | 146 | 151 | 168 | 1736 |
| | > 36 | 226 | 182 | 233 | 211 | 192 | 239 | 226 | 241 | 222 | 195 | 213 | 210 | 2590 |
| By Birth Weight in grams | < 1000 | 23 | 26 | 30 | 29 | 28 | 26 | 29 | 27 | 40 | 31 | 33 | 25 | 347 |
| | 1000 - 1499 | 40 | 35 | 34 | 41 | 35 | 40 | 37 | 37 | 21 | 25 | 31 | 30 | 406 |
| | 1500 - 1999 | 48 | 54 | 66 | 47 | 64 | 42 | 75 | 55 | 61 | 58 | 47 | 64 | 681 |
| | 2000 - 2499 | 63 | 58 | 56 | 54 | 84 | 58 | 74 | 72 | 69 | 70 | 58 | 85 | 801 |
| | 2500 - 2999 | 87 | 68 | 66 | 72 | 67 | 68 | 63 | 70 | 78 | 63 | 75 | 58 | 835 |
| | > 3000 | 158 | 127 | 160 | 145 | 143 | 192 | 157 | 176 | 145 | 148 | 174 | 158 | 1883 |
| Network Activity | ITU | 746 | 655 | 651 | 702 | 724 | 638 | 581 | 617 | 675 | 672 | 656 | 680 | 7997 |
| | HDU | 731 | 741 | 740 | 827 | 804 | 791 | 824 | 768 | 777 | 779 | 862 | 978 | 9622 |
| | SCBU | 3565 | 3286 | 3528 | 3352 | 3579 | 3649 | 3764 | 3739 | 3396 | 3735 | 3646 | 3568 | 42807 |
| Outcomes | | | | | | | | | | | | | | |
| Discharged home on O2 | <i>n</i> | 0 | 0 | 1 | 2 | 2 | 0 | 1 | 3 | 2 | 1 | 1 | 1 | 14 |
| NEC (Transferred to BCH) | <i>n</i> | 4 | 3 | 5 | 6 | 6 | 5 | 3 | 4 | 7 | 2 | 5 | 1 | 51 |
| ROP Lazer Treatment | <i>n</i> | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 1 | 1 | 1 | 7 |
| Therapeutic Hypothermia | <i>n</i> | 4 | 2 | 4 | 3 | 2 | 3 | 3 | 2 | 1 | 5 | 4 | 6 | 39 |
| Deaths by Gestation | < 26 | 1 | 4 | 4 | 1 | 2 | 4 | 4 | 1 | 4 | 2 | 2 | 1 | 30 |
| | 26 - 30 | 1 | 3 | 0 | 1 | 3 | 4 | 1 | 3 | 2 | 0 | 3 | 0 | 21 |
| | 31 - 36 | 0 | 1 | 2 | 1 | 0 | 2 | 1 | 5 | 3 | 1 | 1 | 0 | 17 |
| | > 36 | 2 | 2 | 3 | 1 | 1 | 1 | 4 | 2 | 1 | 2 | 1 | 1 | 21 |
| Death by Birth Weight | < 1000 | 1 | 6 | 4 | 1 | 4 | 5 | 5 | 4 | 4 | 2 | 3 | 1 | 40 |
| | 1000 - 1499 | 1 | 2 | 0 | 2 | 1 | 3 | 0 | 1 | 1 | 0 | 2 | 0 | 13 |
| | 1500 - 1999 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 0 | 11 |
| | 2000 - 2499 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| | 2500 - 2999 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 3 | 2 | 1 | 0 | 1 | 10 |
| | > 3000 | 1 | 2 | 2 | 1 | 0 | 1 | 3 | 1 | 0 | 1 | 1 | 0 | 13 |
| NTS Activity | Transfers | 95 | 78 | 95 | 94 | 81 | 83 | 95 | 93 | 84 | 81 | 90 | 73 | 1042 |
| | Declined | 15 | 12 | 15 | 12 | 14 | 7 | 9 | 15 | 9 | 18 | 12 | 23 | 161 |
| Transfer out for NICU | <i>n</i> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Transfer out for Surgery | <i>n</i> | 0 | 1* | 2 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 6 |
| Transfer out for Cardiac | <i>n</i> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

P.5. These are preliminary figures based on the available Bagder data.

Limitation of above data - Dependent on the completeness and accuracy of the data entered.

Produced by Vishna Rasiah SWMNN Audit Lead

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

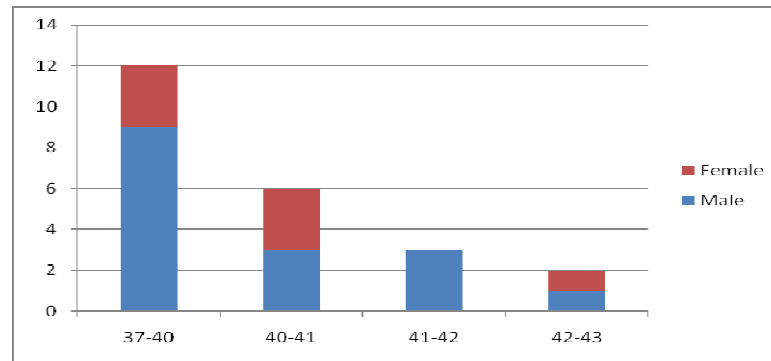
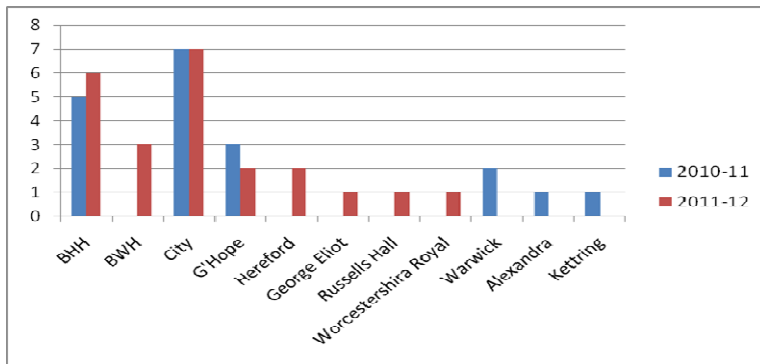
SWMNN (2011-2012) Financial Year Activity Report for Therapeutic Hypothermia (Cooling)

Introduction

It is now two 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 SWMNN 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

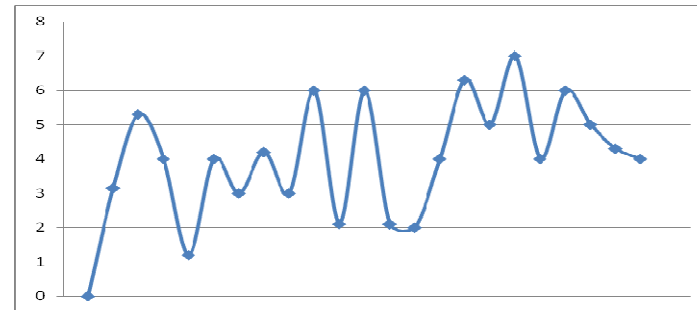
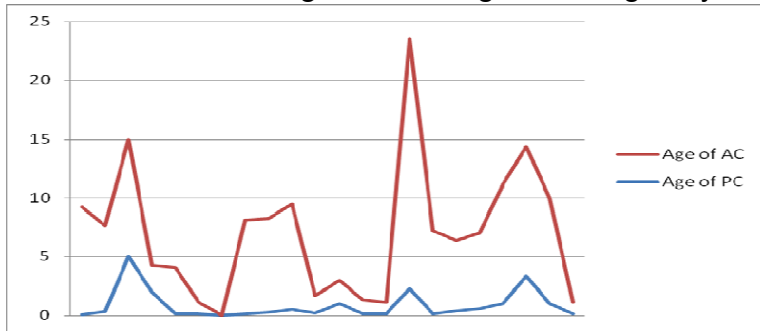
A total of twenty three (23) babies received therapeutic hypothermia. As shown in fig.1 there has been an increase in the number of babies who received therapeutic hypothermia in the year 2011-12 when compared to 2010-11, both within and outside the network.



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

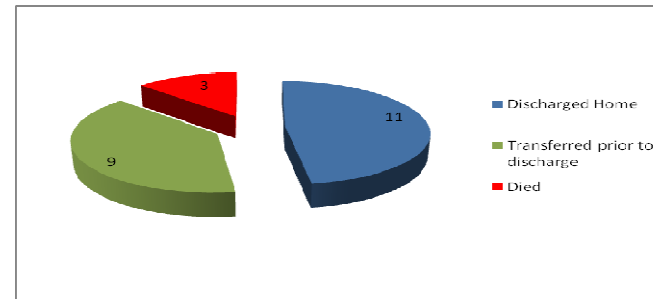
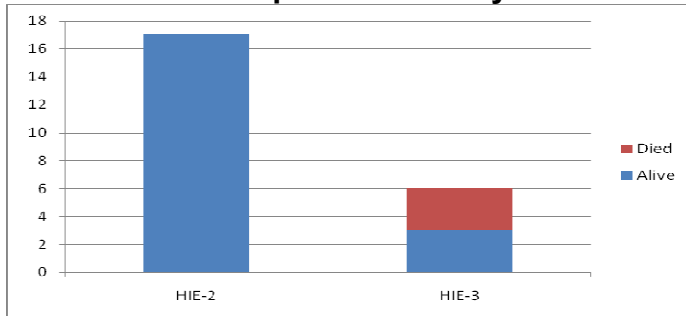
3. Age when cooling commenced

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



4. Time to reach target temperature (33.0°C – 34.0°C)

5. Distribution as per the severity of the HIE and mortality



6. Initial outcome after cooling treatment

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



Vidya Garikapati
Cooling Lead, SWMNN
Consultant in Neonatology
Birmingham

NEONATAL SURGICAL OUTREACH SERVICE Birmingham Children's NHS Trust / Birmingham Women's Hospital

The Neonatal Surgical Outreach Service has now been in operation for two and a half years. In this time, the speed with which effective professional working relationships have been established throughout the Trusts in the Newborn Networks, has enabled the service to achieve its aim of improving the quality of care for surgical neonates and their families far more easily than we could have hoped for.



Bernadette Reda
Neonatal Surgical Liaison /
Outreach Nurse

Since June 2011 there have been daily surgical ward rounds, by a surgeon, at The Women's Hospital. In addition to this, staff caring for babies transferred back to their local hospital following surgery, are Supported by the Surgical outreach Nurse

The success of the service has resulted in a consistent annual reduction of babies transferred out of region for surgery. The total for 2011/12, being 5 babies, of which 4 required PICU cots.

Antenatal counselling clinics are now taking place every Wednesday at BCH with a surgeon and the Outreach Nurse, and in the words of a mother, "Everything seems very joined up."

OUTREACH NURSE POST 2011/12

1.1 Quarterly Comparisons

| Period | Bed Days Saved at BCH (running total of pts.) | Out of Region Transfers (NTS data) |
|--------------------------------|--------------------------------------------------|---------------------------------------|
| Quarter 1 (April – June 2011) | 578 (20 pts.) | Nil |
| Quarter 2 (July – Sept . 2011) | 509 (27 pts .) | 2 (1 vent. + 1 non-vent.) |
| Quarter 3 (Oct. – Dec. 2011) | 549 (19 pts.) | Nil |
| Quarter 4 (Jan. – Mar.2012) | 437 (25 pts.) | 3 (Vent.) |
| Annual 2011/12 | 2073 days | 5 |

87 patients were actively transferred out of BCH (PICU & NSW) under the continuing care of the Outreach Service. This was an increase on the 38 patients in 2010.

There was a further reduction in out of region transfers. The majority of transfers were for lack of PICU cots for ventilated patients.

1.2 Point of Discharge

This data is collected from Lorenzo for the neonates discharged from Paediatric Surgery on NSW (specialty 171). Some of the neonates transferred did not require the Outreach Service.

| 2011/12 | Quarterly total No. Discharged from NSW | Total No. of babies discharged to home | % babies discharged to home | Total No. of babies transferred to local hospital | % babies discharged to local hospital |
|-------------------------------|-----------------------------------------|----------------------------------------|-----------------------------|---------------------------------------------------|---------------------------------------|
| 1st Quarter | 74 | 55 | 74.3% | 19 | 25.7% |
| 2nd Quarter | 57 | 27 | 47.4% | 30 | 52.6% |
| 3rd Quarter | 62 | 42 | 67.7% | 20 | 32.3% |
| 4th Quarter | 67 | 41 | 61% | 26 | 39% |
| Yearly Total | 260 | 165 | 63.4% | 95 | 36.6% |

The comparison with 2010 shows that although there were fewer discharges from paediatric surgery, the number of neonates transferred, as opposed to staying on the NSW at BCH until discharge, increased. This shows an increase in through-put, creating capacity for all specialties on NSW.

| NSW | 2010 | 2011/12 |
|-----------------------------------------------------|-------------|----------------|
| Total discharges for Specialty 171 | 301 | 260 |
| Total Discharged Home from NSW | 215 | 165 |
| % Discharged Home | 71% | 63.4% |
| Total transferred to other hospital / ward from NSW | 86 | 95 |
| % Transferred to other hospital / ward | 29% | 36.6% |

1.3 Outreach Episodes

| 2011/12 | Phone Contacts | Patient contact episodes | Total contact episodes | Number of patients seen across all episodes of care |
|---------------------|----------------|--------------------------|------------------------|-----------------------------------------------------|
| Quarter 1 | 26 | 209 | 235 | 29 |
| Quarter 2 | 12 | 263 | 275 | 31 |
| Quarter 3 | 19 | 288 | 307 | 25 |
| Quarter 4 | 31 | 171 | 202 | 25 |
| Annual Total | 88 | 931 | 1019 | 110 |

Each quarter there were a couple of pre-op patients receiving Outreach support, safely delaying admission to BCH or avoiding admission altogether in the case of a patient with an exomphalos.

110 neonates received care from the Outreach Nurse compared to 91 neonates in 2010. These patients were located in Trusts in the SWMNN and SSBCNN.

1.4 Training and Education - Teaching sessions and surgical study days have continued throughout the year, with new sessions at City Hospital, Heartlands and Hereford, in addition to the regular sessions at BWH, BCU and PICU Foundation Course. In June 2011 I gave a presentation on my role at the Perinatal Conference in Harrogate

1.5 Awards - July 2011 - The Neonatal Surgical Outreach Service was nominated by the SWMNN and SSBCNN for the All Party Parliamentary Group on Maternity awards and received an award for the winner of the “Most marked improvement in services to address health inequalities or improve outcomes for mothers and babies” category.

February 2012 - BCH Staff Recognition Awards. The Neonatal Outreach Team won the “Outstanding Care or Service (Clinical) “ award.

West Midlands Neonatal Transfer Service (WMNTS) 2011 - 2012

It was an exciting year for WMNTS as we were allocated our first neonatal grid trainee from the West Midlands Deanery. Our ANNP team was strengthened with one of our own trainee ANNPs successfully completing her ANNP course and returning to transport duties and another continuing with her studies.

Activities

There were 1390 requests for transfers and 1074 were performed.

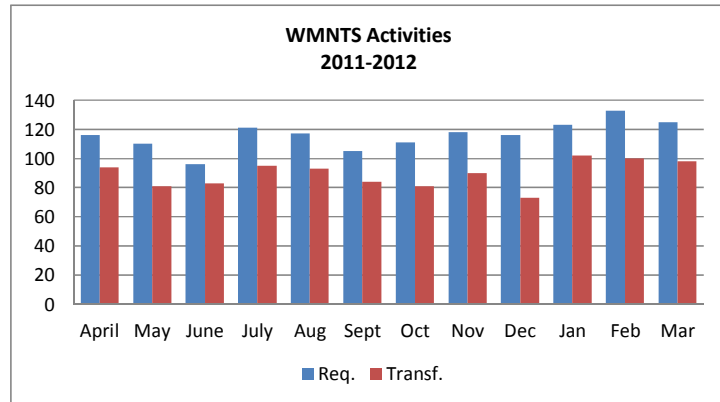


Figure 1

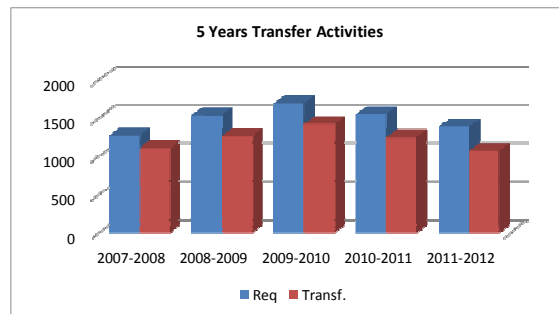


Figure 2

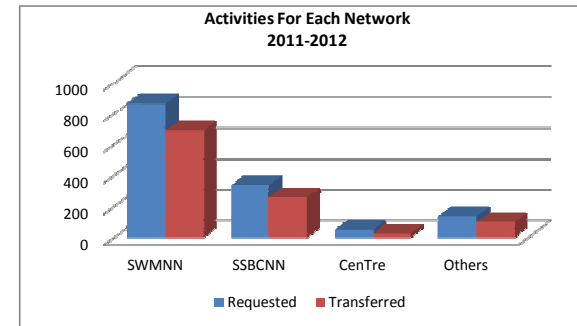


Figure 3

Surgical Transfers

There were 229 surgical transfers but only 9 babies were transferred out of region for surgical care due to lack of capacity within the region. 8 babies were transferred out appropriately for care that was not available in the region.

Cooling Transfers

26 babies were transferred for therapeutic hypothermia therapy and 22 reached the target temperature. (On arrival at cooling centre 2 babies temperatures = 34.6°C, 1 baby < 33°C and 1 = 35.7°C).

Budget

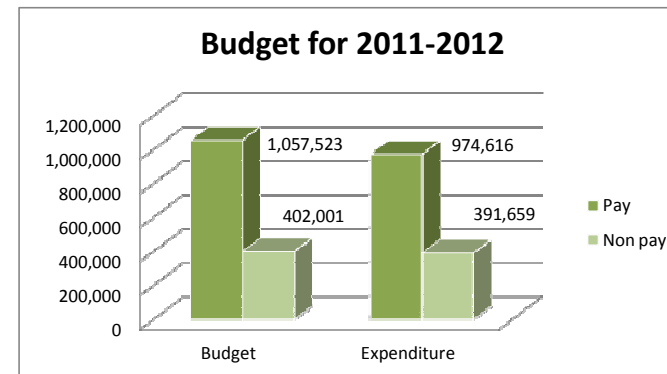


Figure 4

Staffing

The team consists of:

- 1 Consultant Lead (10PAs)
- Consultants from SWMNN (3PAs) & SSBCNN (2PAs) (to commence Aug 2012)
- 1 Nurse Consultant
- 5 Advanced Neonatal Nurse Practitioners
- 2 Trainee Advanced Neonatal Nurse Practitioner
- 1 grid trainee
- 8 Nurses (7.5 WTE)
- 1 Cot Locator Clerk
- 1 Administrator
- with support from 7 ambulance team members

Education

Multidisciplinary training days took place in May and December and evaluated well. Topics included stabilisation of the preterm, the surgical neonate and preparing a baby for cooling and transfer.

2 members of staff completed PanStar training and were recommended for instructor status. WNNTS staff continue to teach on NLS courses; another of the team has been recommended as having instructor potential.

Neonatal transport is now on the programme for the Deanery ST study days.

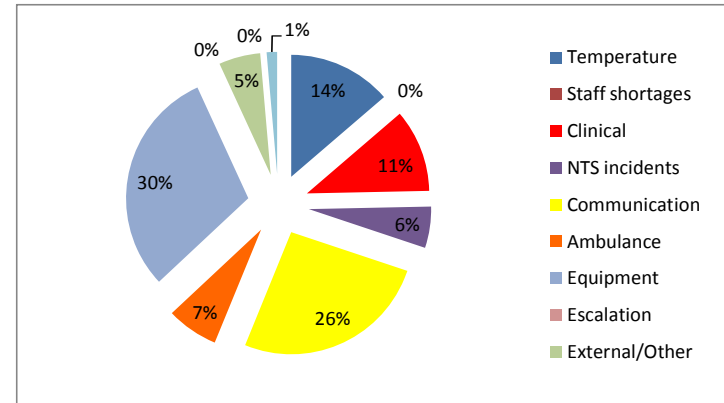
Audits

2 audits were presented:

1. Acute cardiac transfers provided by West Midlands Neonatal Transfer Service – Poster presentation at the Association for European Paediatric and Congenital Cardiology in Granada
2. Gatoschisis transferred by the WMNTS – an oral presentation at Quad Network Conference

Clinical Governance

A total of 73 incidents were reported during 2011/2012 equating to 7% of total transfers (1074) undertaken. Incidents were broken down as follows:



Charitable Fund

Tiny Travellers appeal was set up to raise funds for a cooling mattress and other essential equipment for transfer.

We had our first Charity Quiz in November which was a great success and raised £720. So far the charitable fund has raised £4,285

Link www.justgiving.com/TinyTravellersAppeal



PARENT REPRESENTATIVES REPORTS

Kate Branchett, Parent Representative, SWMNN



Time has flown and it seems just a few moments since I wrote for last year's report. It has been a busy year and I have started a new full time job, so I feel like I am not giving as much time to the Network as I would like. However, I am still extremely thankful for the opportunity to be able to illustrate the experiences of real families and to try to help make improvements.

I have taken every opportunity I could to become involved with Network events and I have learned an amazing amount once again this year. I am passionate about education and it is great to see so many study days and events being organised by the Network.

I have continued my involvement with the Palliative Care Project and I am pleased that parents' views and experiences have been taken so seriously and informed so much of the ICCP. The research I carried out into parents' views and experiences has been published in the April Edition of the Journal of Neonatal Nursing. Huge thanks must go to Jackie Stretton for her help and support with this.

I have also continued to work with BLISS and I hope to help strengthen the Network's links with the charity. I am part of the panel for their quarterly magazine 'Little Bliss' and this past year has seen significant changes in this publication. I have been asked to speak at several BLISS

events locally and I went along to their stakeholder day. I am really pleased to see that Alia is now in post and I feel that this is a very exciting time.

I hope to increase my involvement with SWMNN again over the coming months as I am now settling into my new job. There are more parents involved now and this is a fantastic opportunity to gain rich insight into parents experiences and how we can make their experiences as new parents as positive as possible. There are real openings for us to establish excellent links and pathways for support for parents around the region and to influence the way units and staff work together. I look forward to the next 12 months!

Jennie Almond, Parent Representative, SWMNN



Holly newborn

My name is Jennie Almond I am a mother of twins who were born at 29+5 weeks. The reason why? - my daughter Holly went in to reverse blood flow and I needed an emergency Cesarean Section. Holly was born at 11b 8oz and my son Sam was born at 2.14oz. The next four months were a roller coaster of emotions, one good day could amount to 3 bad days but slowly my children began to get better. Sam, who at first was on CPAP as well as having a heart murmur, began to recover and he was home within two months. Holly on the other hand had a few obstacles to get over. She was very small, and had prolonged jaundice and suspected NEC, so her road to recovery was a little longer, but after a long four months she was home. After just 3 days she was rushed back to hospital with Group B Strep Meningitis but with the work of the fantastic Consultants, Doctors and Nurses she pulled through. Now both are happy healthy eight month old babies.

This is why I am joining Southern West Midlands Newborn Network, to help support other parents who are experiencing what me and my family have gone through. I am really looking forward to my new post and working with other Parent Representatives as well as working with the other Professionals. It is going to be so rewarding.



Jennie and Sam

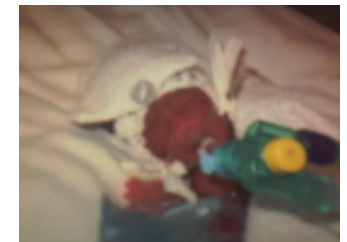


Sam and Holly

CORRINE DACOSTA - PARENT REPRESENTATIVE, SWMNN

In July 2008 at Birmingham City Hospital, I had an emergency caesarian section delivering a baby girl (Thaila Dymond) at 27 weeks pregnant, weighing 595grams because my high blood pressure and diabetes made my placenta insufficient.

Our stay on the neonatal unit lasted 6 months in total, a real rough rollercoaster ride. We experienced Birmingham City Hospital, Sandwell General Hospital and Birmingham Childrens Hospital where Thaila was ventilator and oxygen dependant, suffered a pulmonary haemorrhage, query NEC on long term TPN due to not being able to tolerate milk feeds, had Retinopathy of prematurity, 2 fractured humerus' and a hernia repair. Eventually Thaila was allowed home on oxygen, the best day of my life but so sad to be leaving behind the nurses who cared so well for us and the friends I had made with other parents.



First Picture After birth



Upon discharge alongside some of the nurses on the neonatal unit, we founded 'Special Care Tots to Toddlers Support Group'. We hold a monthly meeting inviting parents on the unit to come along for some moral support and babies and their families who have been discharged. We have special meetings for occasions such as Easter and Halloween fancy dress, Teddy Bears' picnic, a sponsored toddle and Santa comes bearing presents at Christmas.

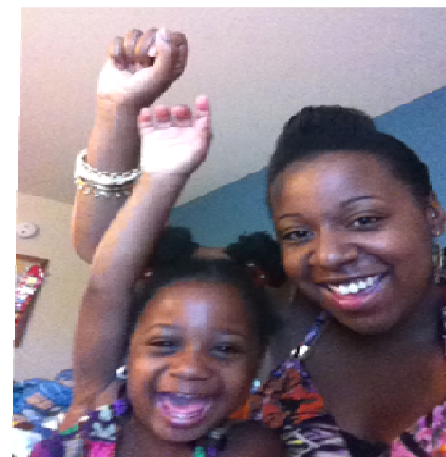
Almost 4 years later, I have a very happy, determined chatty little 'lady'. She makes every moment of my emotional neonatal journey worth it. I have also been a Staff Nurse on the neonatal unit at Birmingham City Hospital for the past year and I love every minute of it.

First hold 17 days old.



First Picture at home

Now!



I have joined the Network parent reps to try and enhance the neonatal journey for parents who have to go through it. I can't wait to fulfil this role to the best of my abilities, learn and make some new friends along the way.

Concluding Comments

As stated earlier, Andrew Lansley (20 April 2012) stated that Networks are the way forward in the NHS.

“In order to support the aims of clinically-led commissioning and the promotion of effective partnership and collaborative working, the role of clinical networks and senates will be to provide leadership and insight rather than oversight and compliance. The Authority and the Board should closely involve CCGs and their leaders in the development of Networks and Senates. In relation to specialist services, we would expect the Board to commission within the context of the local need and for this to be reflected in the preparatory work of the authorities”.

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

Mary Passant
Manager/Lead Nurse, Southern West Midland Newborn Network



Thank you Katie

Contacting the Network Office

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