

Staffordshire, Shropshire & Black Country  
Neonatal Network



## Annual Report

April 2005 – March 2006





## Foreword

I am pleased to open the second Annual Report of our Neonatal Network. The report is our way of demonstrating what the network has done on behalf of our constituent organisations and individual clinical staff. Networks do not directly provide services to babies or their families but they do help support our frontline staff to provide the services to babies and their families in more efficient and effective ways. They also help our frontline staff to develop, improve and fulfil their full potential.

I believe this report demonstrates the value of our work in supporting the development of these vital services for babies and their families.

I would like to thank all the network staff for their dedication, hard work and commitment.



**Jon Crockett**  
Chair, Staffordshire, Shropshire & Black Country Neonatal Network

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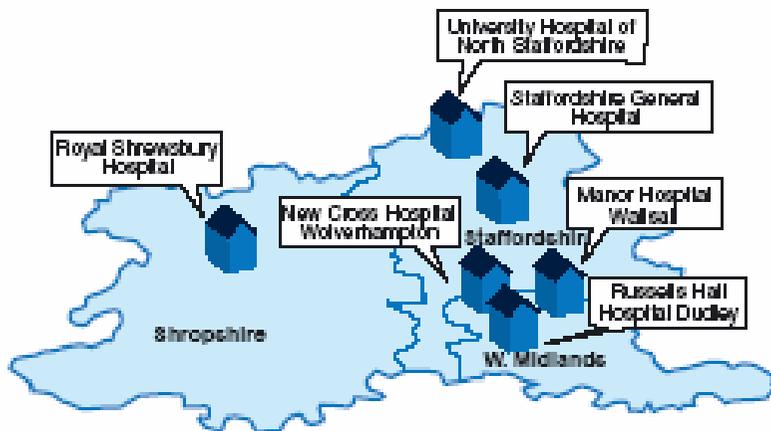
## Introduction

In April 2003 the Department of Health (DOH) published the report of the expert working group on neonatal intensive care 'Strategy for Improvement'. One of the main recommendations was that networks of care should be established to provide access for all families to appropriate and high quality care. In response, a structured collaborative approach to caring for newborn babies with hospitals working together in formal managed clinical networks was adopted. Neonatal or Perinatal networks have been set up all over England.

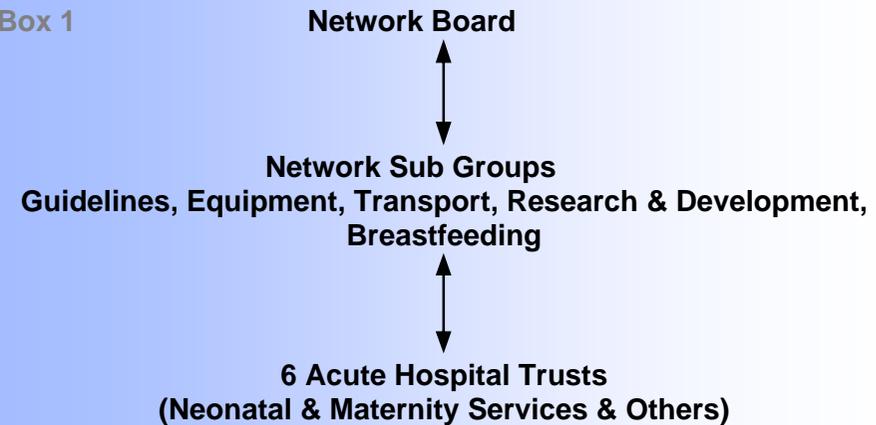
The Staffordshire, Shropshire and Black Country Neonatal Network is one of three newborn networks established in the West Midlands as agreed at the meeting of the West Midlands Specialised Commissioning Group in December 2003. During 2004/5 all 3 networks were formally launched, established boards chaired by PCT Chief Executives, and appointed lead clinicians and network managers.

The main purpose of Staffordshire, Shropshire & Black Country (SSBC) Neonatal Network is to implement the recommendations of the DOH Report of the Neonatal Intensive Care Services Review Group 'Strategy for Improvement' through the development of services within a managed neonatal network providing for all babies from referral in-utero or birth until discharge from neonatal/ maternity services across Staffordshire, Shropshire and the Black Country ensuring that mothers and babies are treated in the right place, at the right time and by appropriately skilled staff. Through the progress made in the developing network we aim to achieve our Mission:

" Better Services for Babies and Families"



### Box 1



The network is hosted by Wolverhampton City PCT, Chaired by the Chief Executive, Jon Crockett. The network board has been formed with the responsibility for leading the network, making final recommendations, commissioning work groups and monitoring progress.

The Network Board is accountable to The Shropshire & Staffordshire Strategic Health Authority and the Birmingham & Black Country Strategic Health Authority who are responsible for the populations served by the neonatal network, with day to day accountability to the West Midlands Specialised Services Agency and its constituent organisations.

The board is supported by the network management team which consists of a Lead Clinician, Network Manager/Lead Nurse, Lead Obstetrician and Network Administrator. The network organisational structure is shown in **box 1**.

The Staffordshire, Shropshire & Black Country Neonatal Network has made significant progress since it was established. The first year's annual report 2004/05 recorded the networks early achievements and is available on the networks website [www.newbornnetworks.org.uk/staffs/](http://www.newbornnetworks.org.uk/staffs/). The network website was published on the World Wide Web and is an up to date source of information on network activities for professionals, parents and the public.



Ruth Moore  
Network Manager/Lead Nurse

## Staffordshire, Shropshire & Black Country Neonatal Network Activity/Workload

Unit activity/workload data 1 January 2005 – 31 December 2005

Between 1 January and 31 December 2005 the units within the network admitted 1878 babies requiring 4848 days of intensive care, 4426 days of high dependency care, 18414 days of special care and 98 days of normal care. The split of activity within each unit is shown in the table below.

Unit	No. of births	Admissions to NNU	%	Readmission	Intensive Care Days	High Dependency Days	Special Care Days	Normal Care Days
Manor	3635	255	7.0	13	340	801	2350	30
New Cross	3423	366	10.7	16	1451	1372	4051	68
North Staffs	5411	403	7.4	17	1396	1024	3227	0
Shrewsbury	4959	423	8.5	12	932	729	4150	0
Stafford	2240	180	8.0	24	42	91	1400	0
Russell's Hall	4057	251	6.2	6	687	409	3236	0
<b>Total</b>	<b>23725</b>	<b>1878</b>	<b>6.5</b>	<b>88</b>	<b>4848</b>	<b>4426</b>	<b>18414</b>	<b>98</b>

Source: West Midlands Neonatal Register 2<sup>nd</sup> Report – June 2006 BAPM 2001 criteria for intensive/high dependency/special/normal care days

### Transfers

A key objective for newborn networks is to increase capacity to enable the network to care for 95% of it's babies ensuring less than 5% of babies are transferred out inappropriately of the network. Much work is still to be done in order to increase capacity within the network, the first stage of identifying the current situation has been completed during the unit designation work described later in this report. Another related piece of work is the development of a fit for purpose transport service which will aid the appropriate transfer of patients within and external to the network. In the meantime the current transfer data is presented in the table below against which in the future we will be able to benchmark the network's progress in implementing the necessary changes to patient flows.



Unit	TRANSFERS OUT							
			Transfers of <48 hrs age for Intensive Care					Total Transfers
	< 48 hrs	> 48 hrs	In region	Out of region	Destination in region	Destination out of region	Destination Unknown	
Manor	28	12	17	0	33	7	0	40
New Cross	6	61	0	1	59	8	0	67
North Staffs	6	46	0	0	38	14	0	52
Shrewsbury	18	18	1	0	21	15	0	36
Stafford	20	6	13	3	20	5	1	26
Russell's Hall	10	16	1	0	21	2	3	26
<b>Totals</b>	<b>88</b>	<b>159</b>	<b>32</b>	<b>4</b>	<b>192</b>	<b>51</b>	<b>4</b>	<b>247</b>

Source: West Midlands Neonatal Register 2<sup>nd</sup> Report – June 2006

## Staffordshire, Shropshire & Black Country Neonatal Network Representatives

### Parent Representatives

The Department of Health Report of the Neonatal Intensive Care Services Review Group April 2003 recommended that each clinical network would need to have a supervisory structure involving key stakeholders in the provision of care including representatives of parents. At the network board meeting in February the board agreed to pilot a user involvement programme developed by BLISS, the national charity for the newborn, in conjunction with the Central Newborn Network.

BLISS has developed a user involvement programme for parents interested in being a user representative in newborn networks.

The programme includes:

- Written guidance about networks and the role of parent representatives on network boards for prospective representatives
- A process for selecting parent representatives based on advertising through local parent groups and on the BLISS website, a structured telephone discussion with prospective representatives and recommendations to the board.
- Training for network parent representatives based on the National Consumer Council Stronger Voices training package

BLISS recommended appointing 3 parents with 2 attending meetings and one to act as a deputy as they believe it is unfair to put all the pressure onto one parent, recommending that there should be a minimum of two. They also indicate that the board should cover the expenses incurred by parent representatives attending board meetings.

### Lead Obstetrician

In recognition of the importance of the interface between maternity and neonatal services the network board agreed to appoint a Lead Obstetrician to the network in order to lead the engagement of maternity services in the development and management of the Staffordshire, Shropshire and Black Country Neonatal Network in delivering the changes required by the "Strategy for Improvement". Simon Jenkinson, Consultant Obstetrician, Royal Wolverhampton Hospitals NHS Trust was appointed in the spring of 2006. Prior to Simon's appointment perinatal services continued to be represented at the network board by David Churchill, Consultant Obstetrician, Royal Wolverhampton Hospitals NHS Trust.

### Achievements in 2005

- Successful recruitment of 2 parent representatives through the BLISS process.
- The two parent representatives attended a number of board meetings
- Parent representatives contributed to the unit designation process through attending stakeholder workshops.
- One of the parent representatives attended the training day in February 2005 and the other received the training material and report from the day.
- The network developed and agreed a reimbursement of expenses policy for parent representatives common to all 3 newborn networks in the region (this is available on the parents section of the network website)



*"I feel able to make a useful contribution to discussions regarding proposed changes in neonatal care."*

Claire Wyon  
Parent Representative



Simon Jenkinson  
Lead Obstetrician

## Capacity Planning and Unit Designation

The SSBC neonatal network board agreed to commence work on capacity planning and a process to decide unit designation at its first meeting in November 2004 this work continued throughout 2005 and led to the recommendations for proposed unit designations, summarised in Box 2, being presented and discussed at the network board meeting in October 2005. The proposed designations were accepted by 5 of the 6 units in the network, with further discussions taking place with the Shrewsbury and Telford Hospital Trust and commissioners of the service regarding the unit at the Royal Shrewsbury Hospital. The steps of the unit designation process completed in 2005 are summarised in the table below.

Box 2 Unit	Recommended designation level
Dudley	2
Wolverhampton	3
Walsall	2
Shrewsbury	2
Stafford	1
Stoke	3

April	Report from the stakeholder event, designation process & 9 options to be analysed agreed by Network Board
April & May	Collection of further individual unit information on criteria identified at stakeholder event
May	Capacity planning analysis (DH Neonatal Toolkit)
May	Options appraisal Small Team Network & External Members (Parent, Patient Representative, Neonatologist, Neonatal Nurse, Network Manager & SSBC Network Lead Clinician, Network Manager/Lead Nurse, Obstetrician)
June	Stakeholder Event To discuss option appraisal process and outcome
July	Draft Designation Report Circulated for comments
August	Report on June Stakeholder Event Presented to Network Board & Further Actions required Agreed
August & September	Further Actions Work & Visits to each Trust Completed
October 2005	Final Designation Report Presented to Network Board

The proposed unit designations formed the basis for work completed by the network to inform the proposals for additional funding for newborn services across the West Midlands submitted for consideration in the autumn/winter 2005 commissioning round. All three newborn networks agreed the priority was to increase capacity and quality in the proposed level 3 units through increasing the number of nurses and consultants in order to provide discrete neonatal consultant rotas and increase the number of nurses towards BAPM 2001 staffing levels to improve the number of staff caring for the sickest babies and the quality and safety of service delivery within each network. WMSCG accepted the need to move towards the level and standards of service required within the national newborn strategy and identified £1,250,000 of additional funding for newborn services in 2006/07, this funding has since been deferred due to the financial situation in the NHS, it is anticipated that this funding will be made available to newborn services once the NHS financial situation recovers.

## Network Sub Groups

Network Groups have been developed where a particular need for network development has been identified. Each network group reports to the network board and comprises of representatives from across the network. The network board is able to support the network groups with business and workforce planning and by working closely with children's commissioners. There is a constant tension between developing new network groups and providing adequate resources to existing services to the level that is required. The network is an open organisation and we are keen to welcome anyone from the network area to join our network groups. Three new network sub groups were formed in 2005. Each network group has a page on the website where further details about their activities can be found at [www.newbornnetworks.org.uk/staffs](http://www.newbornnetworks.org.uk/staffs)



## Equipment Group

Having firmly established its role as a group able to purchase equipment on behalf of all of the six Trusts in the network, the equipment group submitted 4 bids to the network all of which were successful and are detailed in the list of achievements below.

These would not have been realised without the hard work of many of the group members. I would like to thank Phil Carter who joined us this year and who has given invaluable procurement advice and support. Also, thanks go to the staff at New Cross Neonatal Unit who hosted this year's evaluation day, in particular Tim Cottle for devising the evaluation form and providing an in depth summary of the evaluations. Good luck to their Consultant Babu Kumararatne who takes on the role of Chair of the group from May 2006.

Finally, I wish to thank Gina Hartwell and Dave Roden for the submission to Bliss for funding of our project to devise a DVD and educational package to support parents when their baby is ready for discharge. Well done on achieving the final round.

### Achievements

- Evaluation of innovative Neonatal Ventilation equipment
- Successful bid to purchase one ventilator for each neonatal unit at a considerable discount
- Agreement with the supplier for further discounts if more ventilators are purchased in the next 3 years
- Informing each Trust of the out dated equipment valued at >5K in need of replacement on their individual neonatal units
- Successful bid to purchase a cranial and cardiac ultrasound scan machine for the neonatal unit at Russell's Hall, giving all level 2-3 units the potential for telemedicine linkage
- Successful bid to fund visits to research telemedicine link equipment and set up
- Supporting the breastfeeding group bid for standardised breast pump equipment
- Completing the in-line scales project



Wendy Tyler, Chair  
Equipment Group

## Transport Group

The transport sub group held its first meeting in April 2005 and since then has had regular meetings every 8 – 10 weeks involving representatives from all the neonatal units in the Network, members of the West Midlands Ambulance Service and the network neonatal nurse educators. The key areas of responsibility for the group are identified in Box 3. During the first year to address the group's key areas of responsibility the group's activities were focused on the four areas of education and training, documentation, equipment and organisation of the services. The transport group has made a significant amount of progress in a relatively short period of time. Their first year's achievements are summarized in Box 4.

On behalf of the Network I would like to thank all the members of the Transport Group who have contributed to the groups success and I look forward to working with the group over the forthcoming 12 months when the next priority is to develop and implement a proposal for an improved transport service within the network.

### Box 3

#### Key areas of Responsibility

- Identify transport issues and future transport requirements within the Network
- Make recommendations to the Network Board to improve transport collectively within the Network
- Develop transport protocols and procedures for use across the Network
- Make recommendations for standardising transport education and training across the Network



Alyson Skinner, Chair Transport Group

### Box 4

#### Year one Achievements

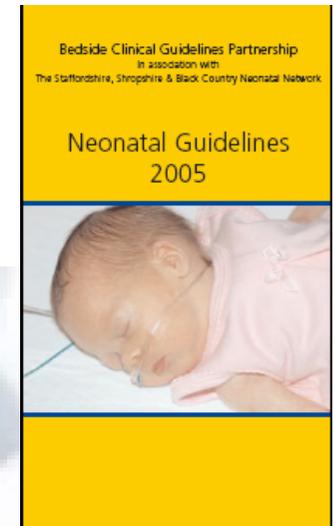
- Fifty staff members have been on transport courses and two transport study days have been held within the network.
- Transfer documentation has been standardised and has been distributed and implemented by all the neonatal units in the network.
- A transport guideline was developed by the group and included in the first edition of the Network Bedside Clinical Guidelines book circulated in November 2005.
- A transport equipment evaluation day was held in Wolverhampton in January 2006 and was attended by staff from all the Trusts. The NNU at New Cross hospital has subsequently purchased a new transport incubator and monitoring equipment.

## Clinical Guidelines

The network has pulled off the most amazing result of publishing the first edition of the Network Guidelines in September 2005: within a year of the network being established. This was possible by the cooperation of leads from each centre representing both medical and nursing disciplines. The guidelines were based on leads contributing existing guidelines and updating them with an evaluation of the evidence by a guidelines librarian, David Rogers. Guidelines were adapted to a "bedside" format by Marian Kerr, the Bedside Clinical Guidelines Partnership coordinator. They are designed to be quick reference action points to help staff decide "what do I do now?". They aim to compliment more detailed in-house guidelines which may provide more educational material and individual hospital procedures for example telephone numbers. An A4 version of the guidelines was provided for this additional material and a hard copy of the 'pocket' sized book was printed for each medical and senior nursing member of staff. We are currently evaluating the first edition by a feedback audit and would welcome any comments and contributions for the next edition due for publication September 2007.



Paddy McMasters, Chair Clinical Guidelines Group



Neonatal Guidelines Book

## Breastfeeding Group

The Network Breastfeeding Group was set up in 2005 by a group of interested staff aware of a need to improve breastfeeding for preterm babies and their mothers and the knowledge and skills of neonatal staff. The group comprises of a neonatal unit representative and a breastfeeding coordinator (where one exists) from each Trust in the network in addition to a Network Practice Educator.

### The aims of the group are:

- Promoting and developing breastfeeding across the network with colleagues and parents
- Providing breastfeeding support and training to colleagues across the network
- Sharing ideas and disseminating best breastfeeding practice within the network
- Reviewing innovations and changes in breastfeeding practice to improve the quality of care for babies and their families.

### Achievements

- Successful network bid to purchase standardised breastfeeding equipment
- Training of neonatal unit breastfeeding representatives in preterm mammary physiology and breastfeeding management
- Network dissemination of BLISS parent information leaflet
- Breastfeeding guidelines developed and included in the Network Neonatal Guidelines
- Securing of sponsorship for Network Breastfeeding Study Days.
- The first Preterm Breastfeeding study day was held in January 2006 for 30 delegates. The evaluation of the study day indicated the strong need for specialist preterm breastfeeding training.
- Research bid to evaluate breastfeeding support across the network – funding secured



Liz Jones, Chair  
Breastfeeding Group



## Research & Development Group

The Research & Development Group had its first meeting at the end of April 2005 and have met quarterly since then. The group comprises of representatives from each neonatal unit in the network, a network practice educator and healthcare lecturers from Wolverhampton and Keele Universities. The first year objective of the group was to promote, develop and facilitate collaborative research and audit across the Network. The group membership was complemented during the year of this report with the appointment of a network Neonatologist with responsibility for audit across the network.

### The aims of the group are:

- To provide peer review for neonatal research proposals within the Network
- Help in design, ethical oversight, execution, analysis and presentation of neo/Perinatal research projects
- Provide a research, development and audit discussion forum
- Support individuals with research ideas
- Collaborate both within and external to the network
- Develop service centred research
- Develop and encourage clinical audit and benchmarking

### Achievements

- Successful bid for nutrition audit support and network audit prize
- Developed and commenced first cross network audit on nutritional management and outcomes
- Development of ideas for subsequent cross network audits
- Support for the research bid to evaluate breastfeeding support across the network
- Identification of the first Network Clinical Guideline to be audited
- Development of further ideas for areas to be researched

## Maternity Network

Maternity services' face many challenges in the future. These include significant changes to the training of future Consultant Obstetricians, the European Working Time Directive, new standards for the staffing of Delivery Suites and not least the ever increasing demand for increased quality and lower mortality rates. These problems can be addressed collaboratively as a Network, to provide as safe, effective and local service as is possible for our population.

The Maternity Network came to life with funding linked to European Working Time Directive issues for Maternity Services through the formation of a Service Level Agreement with the Shropshire and Staffordshire and the Birmingham and Black Country Strategic Health Authorities and the Neonatal Network.

The launch of the Network took place on the 24<sup>th</sup> May attended by Obstetricians, Midwives, Directors of Public Health and Managers from the various Maternity Units in the Network who met to discuss a more formal constitution and set programmes of work for the next year. A project team was identified at the launch with representation from each acute Trust. The project teams' remit was to prepare a proposal of the options for the development of a Maternity Network to be considered by representatives of professions and Trusts at a meeting in the autumn and to identify the process to take forward the European Working Time Requirements within the Maternity Services Network.

A second stakeholder event was held in November 2005 at which the Maternity Network Development options Appraisal Report was presented to Stakeholders to gain wider views on the recommended option and to identify the Stakeholders views on the next steps required in the development of a Maternity Services Network. There was stakeholder agreement with the project team's recommended option 2, A Maternity Network integrated with the Neonatal Network sharing the same support and infrastructure facilities, as the way forward in the development of a Maternity Services Network.

The Maternity Project Team identified the need to recruit a Project Manager on a 12 month fixed term contract to support the development of the Maternity Network and to identify the issues faced by maternity services within the network with regard to the European Working Time Directive and the implementation of the National Service Framework for Children, Young People and Maternity Services. To that end the post holder will liaise closely with the lead obstetrician and maternity services representatives in the network. A job description has been agreed by the project team and network board and it is anticipated the post will be recruited into shortly.

Reports of the May and November stakeholder workshops are available on the neonatal network website at: [www.newbornnetworks.org.uk/staffs/](http://www.newbornnetworks.org.uk/staffs/).

The Neonatal Network Board supported the maternity stakeholder event findings and will work on implementing this with the Maternity Project Team and the Neonatal Network Lead Obstetrician, Simon Jenkinson who commences in post on 1 April 2006.



David Churchill,  
Perinatal Services Representative for  
the Newborn Network

## Staffordshire, Shropshire & Black Country Neonatal Network Education & Training

Since coming in to post the Network Practice Educators have worked to establish the role within six clinical areas and across the network as a whole. Working clinically with six different nursing and medical teams has been challenging, and enabled them to critically evaluate their own practice through being exposed to so many different ways of doing things!

We have participated in Network Groups and attended Board Meetings; these activities have enabled us to view neonatal nursing activity within the wider perspective of health care as a whole. Establishing links with Higher Education has led us to an understanding of neonatal nurse education within that context, and the problems inherent to providing courses to a small numbers of students. In both of these areas, there is a climate of huge change and financial constraint; Nurse Education is changing in its method and location of delivery and this is reflected in the way in which the Practice Educators roles are evolving. The Practice Educators work in an increasingly facilitative way, providing resources such as learning packages rather than delivering traditional classroom teaching. The network website has been utilised as a point of access to the learning packages. In response to a need identified by network staff working within the community, a Network Community Group has been formed following an inaugural meeting in February 2006, facilitated by one of the Network Practice Educator's. The initial purpose for the group was to share practice and to offer peer support, through quarterly meetings and the formation of an e-contact group.

A Network Education Audit was undertaken in Spring 2006 the purpose was two-fold; to obtain information regarding the distribution of qualifications throughout the nursing workforce, and to identify topics for network nurse study days. The response rate of 35% to a postal questionnaire sent to all nursing staff in the network is comparable with similar questionnaires. The information regarding topics for study days has been used to plan education activity for the following year. This audit and its analysis provided the practice educators with a very steep learning curve. However, we feel we rose to the challenge, and our efforts were commended by the Workforce Development Group and the Network Board.

Prior to the Practice Educators coming into post the network board had acknowledged the importance of a programme of nurse education, training and development within the network. The table below details the nurse education, training and development programme funded by the network during 2005/06.

Title	Number of Places	Funding Required	Places Used	Cost
NLS (Newborn Life Support) Courses	60 Places	£9,000 – £10,500	56 (Places still to be used; Walsall 1, New X 2, UHNS 1 )	£7950 (invoices not received) £700 Walsall, £450 Wolverhampton)
GIC (Generic Instructors Course)	6 places	£2,700	1 (Places still to be used; Walsall, New X, UHNS, RSH, Stafford)	£450 Carry forward 2006/07
Transport Course	6 places 6 places	£2070 £4410	3 + 1 ALSG 7 Keele	£1430 Invoice not received £4410
Community Care of the Neonate	6 Places	£1,500 approx.	2 (Places still to be used: Walsall, RSH, Stafford, Russells Hall)	£380 Carry forward 2006/07
Developmentally Focused Neonatal Care	6 Places	£1,500 approx.	3 (Places still to be used: Walsall, Russells Hall, Stafford)	£690 Carry forward 2006/07
Neonatal Nurses Association Annual Conference	12 Places	£1,800	12	£1800
REASON Conference	12 Places	£3,060	12	£3060
Breastfeeding Study Days	4 days 20 network places per day		19 (1 day held so far)	Cost mostly sponsored
Stable Course	To be decided ? 6 places	£1,050 for 6 places	0	0
Bereavement Study Days	2 Study Days 20 places per day	£1,100	0	0 to date carry forward 2006/07
Network Team Building Days	12 Days 20 -25 places p/day	£6,600 approx	0 Tender process commenced	0 to date carry forward 2006/07
		£36,290		£15,760+ Invoices not received £5560 Total Funded 2005/06 £21,320



## Financial Report 2005/06

The West Midlands Specialist Commissioning Agency (WMSSA) holds the nationally allocated neonatal monies on account for the three newborn networks in the region.

Staffordshire, Shropshire & the Black Country's allocation in 2005/06 was Seven Hundred and Thirty Five thousand pounds (£735,000).

Two hundred and Forty thousand pounds (£240,000) was allocated to Wolverhampton City PCT, host of the network, to fund the salaries of the Network Manager, Lead Clinician, Lead Obstetrician, two Practice Educator's, Network Administrator, Support Secretary and other network infrastructure costs including website, guidelines, hospitality, for network meetings, travel and training etc.

Funding for Four (4) Network Consultant Neonatologist posts had previously been agreed totaling Four Hundred and Twenty Five thousand pounds (£425,000)

The table below summarises the Staffordshire, Shropshire & Black Country Neonatal Network's commitments on the 2005/06 allocated monies and previous agreed commitments on the under spend from 2004/05 funding.

<b>WMSSA Annual Network Allocation</b>	<b>£735,000</b>		
<b>Commitments</b>		<b>£665,000</b>	<b>110,000</b> New Cross/ Walsall Consultant <b>105,000</b> New Cross/ Dudley Consultant <b>105,000</b> Shrewsbury/ Stoke Consultant <b>105,000</b> Stoke/ Stafford Consultant <b>240,000</b> Network Infrastructure Manager /Lead Nurse, Lead Clinician Administrator, Educators X 2 Lead Obstetrician, Support Secretary Hospitality Network Meetings Expenses (Travel, Telephones, Study, Office) Clinical Guidelines plus printing Website maintenance and development Annual General Meeting/ Stakeholder Event PCT Hosting Network Charge
<b>Balance 2005/06 Allocation</b>		<b>£70,000</b>	
<b>WMSSA Unspent Network Allocation 2004/05</b>	<b>£44,498</b>		<b>Equipment - In Line Scales/ Incubators</b>
<b>Unspent Network Infrastructure 2004/05</b>	<b>£54,000</b>		<b>Education, training and development</b>

### Commitments on the non recurrent 2005/06 monies

£70,000 of recurrent money was uncommitted in the network during 2005/06, some of the above posts were not recruited into fully during 2005/06 and there was some under spend on the network infrastructure budget too therefore this money was used non – recurrently within the network to fund agreed network priorities. The total non recurrent funding available in 2005/06 was £243,000 (Unspent WMSSA Allocation 2005/06 £201,000 + Network Infrastructure £42,000 forecast under spend)

Each network sub group was invited to submit bids for the non recurrent funding; a meeting with the chairs of each sub group, Network Chair, Lead Clinician and Network Manager decided the overall priorities for the use of the non recurrent funding.

	Supported	Comments
4 Electric Breast Pumps	£3,754	Royal Shrewsbury Hospital X 2 Staffordshire General Hospital X 2
Ultrasound Machine	£63,333	Russell's Hall Hospital
Tender for 12 Ventilators	Partially £91,500	1 Ventilator for each of the 6 Neonatal Units in the network
Telemedicine Links Visits	£1,200	
Evaluating the Impact of Preterm Breastfeeding Information	£10,400	
Network Neonatal Nutrition Audit and Network Audit Prizes	£300	
ANNP Training (3 Backfill Salaries)	£72,000	

## Key Milestones/ Network Achievements April 2005 – March 2006

- Recruitment of two parent representatives to network board
- Lead Obstetrician appointed
- Remaining 3 Network Consultant Neonatologists appointed
- Appointment of the 2 Network Practice Educators
- Investment in standardized equipment across the network
- Delivery of a funded network training programme for neonatal nurses
- Publication and Circulation of the Network Clinical Guidelines
- Proposed unit designations recommended
- Additional network sub groups set up in Research & Development, Transport and Breastfeeding



**Lynsey Ward**  
Network Practice Educator appointed in  
2005/06



**Barbara Howard**  
Network Practice Educator appointed in  
2005/06

## Plans for the next 12 months April 2006 – March 2007

Specific objectives, leads responsible and timescales for the forthcoming year will be developed and agreed in a network business plan for 2006 / 07. The objectives will include the commitments and priorities for the network identified below:

- Participate in the evaluation of parent representatives on newborn network boards being conducted by Warwick University
- Participate in the West Midlands review of proposed unit designations
- Assess standards of care in each neonatal unit in the network against agreed network standards
- Make recommendations for the improvement of the transport system within the network
- Develop and implement a network R&D and Audit strategy.
- Set up a workforce development sub group to develop a workforce development strategy
- Produce a capacity plan that identifies the shortfall in cot capacity plus the associated resources to meet the existing and future population needs in Staffordshire, Shropshire & the Black Country.
- Co-ordinate long term follow up for the network



**Dr Tilly Pillay**  
**Dr Damien Armstrong**  
Network Consultant Neonatologists  
appointed in 2005/06



**Dr Alison Moore**

## Concluding Comments

Shortly after the network was set up, I along with the Network Manager posed the question “Newborn Networks, the Golden Age of Neonatology or just another Expensive Re-organisation?” If it was to be a golden age for neonatology, then the current financial situation in the NHS, soon dashed any hope of extensive new funding for neonatal services. Consequently we have achieved a great deal of structural change to the services, but as so often happens in the NHS, we have not been able to back this up with the financial under-pinning. This is needed to enable the proposed level 3 units to do their job and thus relieve the pressure on the often over-burdened level 1 and 2 units. Until we are able to fund an efficient transport service and sufficient capacity in our level 3 units we will not prevent the haemorrhage of patients out of the network or spare mothers and babies the trauma of medically unnecessary transfers.

So does this negate the value of the work we have done so far? I hope that in reading this report you will be in no doubt that this network has huge value. Many of the achievements that have been listed would not have been possible without a network structure and support. Despite the financial difficulties, at last, real progress is being made with transport. The network has been able to make excellent use of non recurrent funding, often declared at short notice, in order to get real benefits for patients through the Equipment and R&D groups. Breastfeeding in the network has moved further forward in the last year, than in the previous ten. The guidelines, although already in need of revision, are helping to support high quality and continuously improving practice. The Network Practice Educators have shared good practice between units and communication across units is at an all time high. We have discovered the benefits of working together across a much larger geographical patch. So no, networks are not a golden age for neonatology, neither are they just an expensive re-organisation. This network is achieving real benefits for patients.

In closing I would like to thank everyone from parents to managers to staff working on the floor for contributing whole heartedly to our network and thus ensuring it's success.



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