

**Staffordshire, Shropshire & Black Country
Newborn Network**



Annual Report

April 2007 – March 2008



Foreword

I am pleased to once again introduce the annual report of the newborn network and to highlight what has been achieved in delivering our aim of 'better services for mothers and babies'.

The network continues to support frontline service providers and their staff through funding of additional staff and equipment, and also providing learning opportunities for staff.

The board is supported by a series of active sub groups who undertake the work practices of the board. I want to thank all those who contribute in this way; you are what gives the network its strength.

I want to highlight just some of the many achievements this year. I am particularly pleased with the development of the maternity network, which we developed ahead of the national programme. Just as ground breaking was the implementation of the network Standard Assessment using a web based approach. I could not complete any review of the year without acknowledging the success of our Transport Service which is bedding in to provide a vital additional service.

I would also like to acknowledge the tremendous support we have received from our parent representatives who continue to add real value to our board.

Through our staff the network continues to help everyone to improve quality of services to mothers and their babies. As always there remains much to do, but I am confident that the hard work, dedication and commitment of both the network staff and those directly providing services will ensure we continue to grow and improve these critical services.

Thanks to everyone.



Jon Crockett
Chair, Staffordshire, Shropshire & Black Country Newborn Network

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Introduction

Through the progress made in the network the Staffordshire, Shropshire & Black Country Newborn Network (SSBCNN) aims to achieve its mission; “**Better Services for Babies and Families**”

So how is the SSBCNN doing?

Since its inception in July 2004 the network has documented its progress annually in a printed annual report, fed this back to key stakeholders at an AGM held each September and publicised network documents on the network website; www.newbornnetworks.org.uk/staffs but is the network making a difference and what progress has been made towards implementing the recommendations from the report of the expert working group on neonatal intensive care ‘Strategy for Improvement’ published by the Department of Health (DOH)¹?

The National Audit Office (NAO) conducted a national study of services for premature, small and sick babies and their families in 2007 in order to:

- Provide Parliament with an assessment of how well neonatal networks have been implemented and in particular whether they have met the Department of Health’s objectives set out in their 2003 review.
- Identify where capacity is being efficiently managed and long distance transfers are minimised.
- Gain a national picture of the workforce and the costs of neonatal care.

The NAO published its report² in December 2007. This has enabled the SSBCNN to review our progress against the findings and recommendations in the NAO report.

Whilst there are areas where good progress has been made for example;

- The SSBCNN is one of only 50% of networks that provide a specialist transport service 24 hours a day, seven days a week, further details of this are on page 11.
- The development of a Network Foundation Programme in Neonatal Nursing to facilitate recruitment into this specialised area, further details of this are on page 13.
- A Pilot Network Parent Experience Survey, further details of this are on page 4.

There is still more to do and this is reflected in the network objectives for 2008/09.

Ruth Moore

Network Manager/Lead Nurse

1. Department of Health. Report of the Neonatal Intensive Care Services Review Group; Strategy for Improvement. April 2003.

2. National Audit Office Caring for Vulnerable Babies: The re-organisation of neonatal services in England. December 2007

Box 1 NAO Report Summary Findings & Recommendations

Summary/Findings	Recommendations
1. There is widespread support for neonatal services to be delivered through managed clinical networks, but networks have evolved at different rates	Define the performance management arrangements which will monitor outcomes of the networks
2. Most networks have made progress in reducing long-distance transfers, but only half provide a specialist transport service 24 hours a day, seven days a week.	Networks and Strategic Health Authorities should examine the relative cost-effectiveness of the different transport arrangements
3. Evidence of outcomes, other than the traditional indicators of mortality rates, is sparse and these rates show unexplained variations.	Targeted research, whether commissioned by the Department or by other appropriate funders, such as the relevant professional bodies. This needs to be aimed at reducing the demand for neonatal care through improved understanding and prevention of trigger factors which are associated with preterm birth.
4. Networks have improved communication and coordination between units and now have better, more consistent information on performance.	As a priority, contribute fully to the National Audit Programme minimum dataset. Network managers should work with units and the Department to reduce duplication of data collection
5. Constraints in relation to capacity continue to undermine the effectiveness and efficiency of neonatal care.	Commissioners should drive re-designation to enable capacity to match the needs of their population, and ensure babies are being cared for in settings with appropriate staffing levels and skills.
6. A key reason for problems with capacity is nursing.	Develop a targeted action plan to address neonatal nursing shortages.
7. Parents are mostly very happy with the specialist care and expertise their babies receive, but they also have needs, which are currently not always met.	Neonatal services are part of a continuum of care which starts with maternity services.
8. The separation of commissioning for different levels of care causes difficulties in planning services.	Networks, commissioners and Strategic Health Authorities should work together to commission care pathways across all three levels of care.
9. The costs of the service are not fully understood and there is a mismatch between costs and charges.	NHS and Foundation Trust should improve the completeness and accuracy of financial management data on neonatal activity.

Staffordshire, Shropshire & Black Country Newborn Network Transfers

Activity

Unfortunately the activity data for the network previously obtained from the West Midlands Neonatal Register published by the Perinatal Institute was not available in time for inclusion in this annual report, this will be compiled separately and distributed to stakeholders when the information is available.

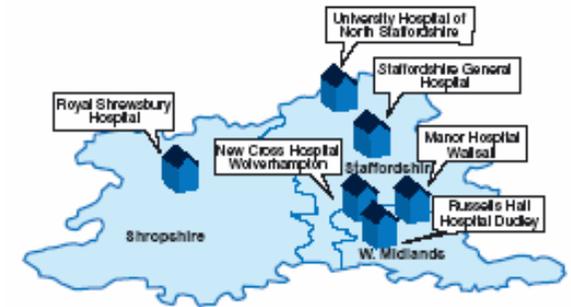


Table 1 NAO Report Summary of key service indicators, grouped by network

	2005 Mortality	Surgery Available in the network	% of Babies transferred out		2005 Mortality	Surgery Available in the network	% of Babies transferred out
Bedfordshire & Hertfordshire	2.2	No	5.9	Northern	3	Yes	0.3
Central South Coast	2.3	Yes	1.8	North Central London	3.3	Yes	2.5
Thames Valley	2.9	Yes	3.4	North East London & North Middlesex	2.6	Yes	4.6
Cheshire & Merseyside	3.6	Yes	0.7	North Trent	3.1	Yes	2.1
Essex	1.9	No	6.2	North West London	4	Yes	2.8
Greater Manchester	3.1	Yes	2.1	South East London	3.4	Yes	2.2
Kent & Medway	2.4	No	6.2	South West London	2.9	Yes	3.7
Lancashire & South Cumbria	2.9	No	6.4	Surrey & Sussex	2.5	No	5.4
Central Newborn	2.7	Yes	2	Trent	3.5	Yes	3.4
Staffordshire, Shropshire & Black Country	4.3	No	9.3	Western	2.5	Yes	3.5
South West Midlands	4.8	Yes	2.7	Yorkshire	3.5	Yes	1.9
Norfolk, Suffolk & Cambridgeshire	2.2	Yes	2.9				

Overall the transfers out of the 2011 NNU admissions SSBCNN are 226 = 11.2%

86 surgical transfers = 4.3%

30 transfers for specialist medical care, Scan &/or Ecmo = 1.5%

84 transfers for special care = 4.2%

Only 18 transfers out for neonatal intensive care = Less than 1% of all admissions to NNU in SSBCNN.

This clearly falls within the objective for newborn networks to have sufficient capacity to ensure less than 5% of babies are inappropriately transferred out of the network.

Transfers

Within the NAO Report 2007 SSBCNN had significantly higher transfer rates outside of the network (9.3%) which could not be explained by the fact that surgery is not available within the network as you can see in Table 1 the yellow highlighted networks also do not have surgery yet their transfer out of network rate is significantly lower than SSBCNN.

Studying SSBCNN transfers in 2006 in a little bit more detail using data submitted to the Perinatal institute found that although the total number of transfers out of the network was higher than reported by the NAO survey the majority are appropriate transfers either for specialist care not available within the network or to repatriate babies to units closer to home for special care.

The number of admissions to the units in the network was 2011.

A compilation of the transfers undertaken from the units in the network are given in the Table 2.

Table 2 SSBCNN Breakdown of New Transfers During 2006

Reason for Transfer	Destination				Total
	SSBC	WM	Out	Unknown	
ECMO	0	0	1	0	1
Neonatal intensive care	24	14	4	0	42
Nitric oxide	1	0	0	0	1
Scan	0	10	0	0	10
Special care	59	69	15	0	143
Specialist medical care	3	14	5	0	22
Surgery	0	44	42	0	86
Unknown	0	5	2	1	8
Total	87	156	69	1	313

Staffordshire, Shropshire & Black Country Newborn Network Parent Representatives

The report of the expert working group on neonatal intensive care 'Strategy for Improvement' published by the Department of Health (DOH)¹ in April 2003 identified the need to include all stakeholders on the boards of the newly formed neonatal networks. The SSBCNN worked in partnership with the other two newborn networks in the West Midlands and BLISS to develop a standard approach to the recruitment of parent representatives to networks and using this process have had up to 2 parent representatives on the network board since June 2005.

During the first full year of the network the parent representative activity was focussed on the designation process and attendance at network board meetings. This expanded in 2007/08 to participating in other sub group activities such as the long term follow up and breastfeeding groups and training network staff. Whilst these are all worthwhile activities the current parent representatives have identified a need to develop;

- a process of accessing current parents views to feedback into network developments
- support for parents on discharge from neonatal units which may also provide an avenue from which future parent representatives may develop

Pilot of the Network Parent Experience Survey

The National Neonatal Audit Programme recommends that neonatal units carry out a regular survey of the parents whose babies were cared for on their unit. Apart from this requirement, the network felt it was important to know our strengths and areas for further improvements from parents' experiences.

In order to capture this information the Research, Development & Audit (RDA) Group proposed that a survey of the parental perceptions of the service be carried out among all the neonatal units within the network during April and May 2007.

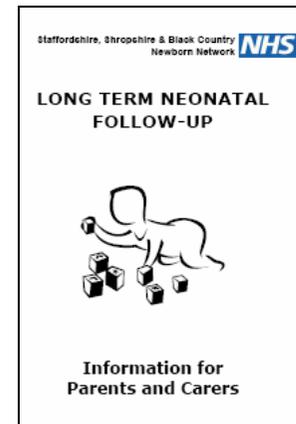
Parents were provided with a questionnaire a couple of days before discharge from the neonatal units. At the end of the audit period the returned completed questionnaires were input and the results for the network collated. The results of the survey were presented to the Network Board in December 2007 where it was agreed that a continuous survey needed to take place.

We would like to take this opportunity to thank all of the parents who took part in the survey for their valuable input into improving the service for other users.

A report of the pilot survey is available from;

http://www.newbornnetworks.org.uk/staffs/documents/SSBCResults_001.pdf

1. Department of Health. Report of the Neonatal Intensive Care Services Review Group; Strategy for Improvement. April 2003.



Key Activities in 2007/08

- Attendance at Network Board meeting
- Teaching on network study days
- Presentations at the network AGM and Quad Network Conference
- Participated in developing the network Parent Experience Survey
- Development of a parent information leaflet for the network long term follow up process
- Attended parent representative training with other West Midlands parent representatives facilitated by BLISS
- Formulated an action plan to take forward the network parent representative role in 2008/09

Key Objectives for 2008/09

- Develop parental support across the newborn network
- Participate in the analysis and reporting of the results from the continuous network parent experience survey
- Use the results of the parents survey to inform the network board of service developments required
- Support the newborn network to identify potential new parent representatives in the network

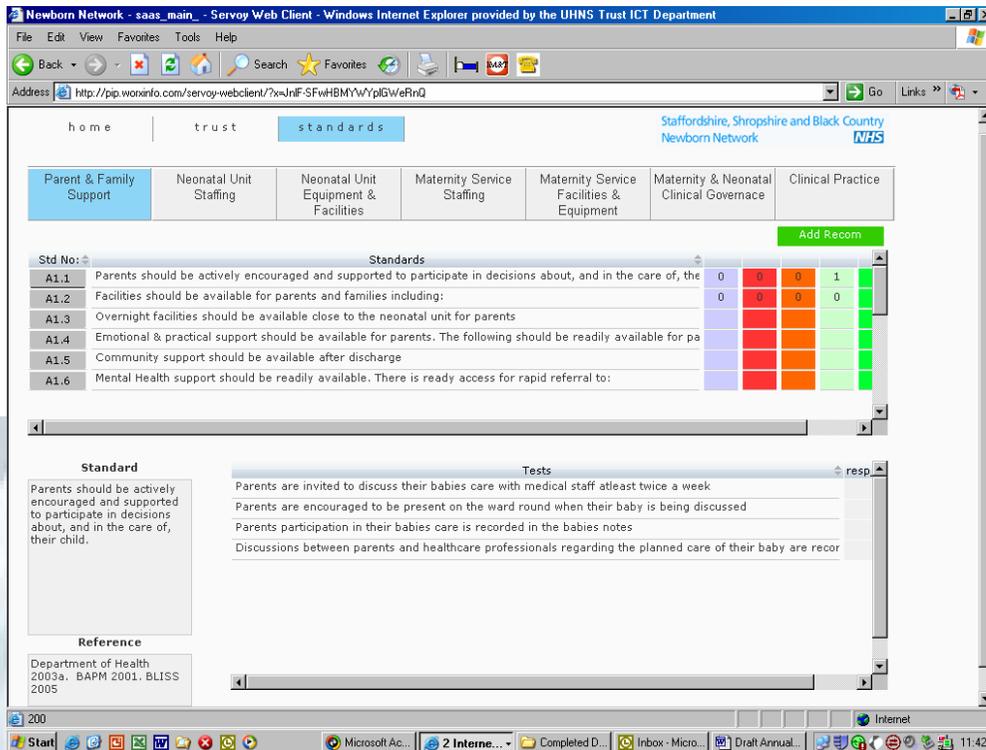
Network Standards Assessment

The SSBC Newborn Network Standards were developed and agreed using a paper process during 2006/07. Self Assessment of each neonatal service against the agreed standards took place between Jan and May 2007 following which the network management team conducted visits with each Trust to discuss the assessment process and the Trust's individual action plan.

The Trust action plans were reviewed and approved at network board meetings and a network wide action plan was developed from common areas of need across the network (Box 2).

The feedback gained from each Trust on the process was used to further develop the network standards and funding was identified to develop the standards into a web based application for ease of completion and comparison of progress with similar Trusts.

Figure 1 Screen Shot From Web Based Standards Assessment Tool



Box 2 Network Action Plan

Network Action Plan			
Area	Action	Lead & Group	Timescale
Equipment - Training	Standardise the approach to training and assessment of competence in equipment across the network	Network Practice Educators Equipment Group	Mar-08
Equipment - Replacement	Review equipment information about each Trust Write to each Trust regarding old equipment needing replacement Use the information to identify the types of equipment needing evaluation by the network for further standardisation	Babu Kumararatne Chair, Equipment Group	Mar-08
Long Term Neurological Follow Up	Agree the method, timing and personnel undertaking long term follow up assessments within the network Provide training in the agreed follow up assessment tools Develop and publish a network consent protocol for long term follow up Work with commissioners and the Perinatal Institute to develop a database for long term follow up	Andy Spencer Long Term Follow up Group	Mar-08
Staffing	Identify the shortfall in the neonatal workforce and develop a case of need for the 2007/08 commissioning round	Ruth Moore Workforce Development Group	Autumn 2007
Emotional & Practical Support for Families	Review findings from parent experience survey Work with parent representatives, Trusts and Social services to develop an action plan	Ruth Moore Senior Nurse group	Mar-08
Facilities for Parents & Families	Review findings from parent experience survey Work with parent representatives and Trusts to develop an action plan	Ruth Moore Senior Nurse Group	Mar-08
Obstetric Information	Work with maternity colleagues, Trusts, Commissioners and the Perinatal Institute to identify an appropriate network data collection system Identify any additional resources required to implement the maternity data system in the network	Simon Jenkinson Maternity Network Group	Sep-08
Obstetric Capacity	Work with maternity colleagues, Trusts and Commissioners to increase the obstetric capacity in units	Simon Jenkinson Maternity Network Group	Sep-08

Network Sub Groups

Network sub groups undertake the main work of the network addressing identified priorities such as workforce, audit and long term follow up. Each network group reports to the Network Board and comprises of representatives from each of the neonatal units and appropriate others such as a Procurement Advisor and Healthcare Lecturers. The Network Board is able to support the network groups with business and workforce planning and by working closely with specialised 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. One further network sub group was formed in 2007, Resuscitation. Each network group has a page on the web site where further details about their activities can be found http://www.newbornnetworks.org.uk/staffs/network_groups.htm. The following pages contain summaries of the key achievements of each sub group during 2007/08 and their objectives for 2008/09. Many thanks to all those who have contributed to the work of the network sub groups, without the input of the members of the sub groups the network would have been unable to have made the significant progress it has to date.

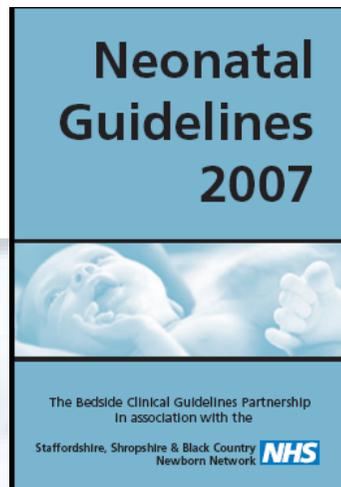
Clinical Guidelines

Clinical Guidelines Group Key Achievements in 2007/08

- Publication of the 2007 Neonatal Guidelines containing 31 new topics in addition to revisions to the original 58 guidelines
- The 2007 edition has an ISBN number and a copy of the book is held in the National Published Archive at the British Library Deposit Office
- Wider distribution of the second edition to include neonatal nurses in the network was funded by a successful bid for non recurrent monies



Ruth Moore
Network Manager/Lead Nurse
Chair of the Clinical Guidelines Group



Clinical Guidelines Group Key Objectives 2008/09

- To receive feedback on the format and usefulness of the Network Neonatal Clinical Guidelines published in 2007
- To augment the number and topics of Network Neonatal Guidelines in the revised version being prepared for 2009
- To increase the uptake of the guidelines across all the units in the network
- To develop parent information to support network guidelines

Network Sub Groups Continued

Equipment

Equipment Group Key Achievements in 2007/08

- Network Equipment Competency Document Completed
- Evaluation day of various consumables held in September 2007
- Options for sharing telemedicine & teleconferencing facilities with Greater Midlands Cancer Network were explored



Philips monitor
purchased by the Network



Babu Kumararatne,
Chair of the Equipment Group

Equipment Group Key Objectives 2008/09

- To develop telemedicine communication for clinical management and education purposes across the network and with Birmingham Children's Hospital and other appropriate external organisations
- To standardise the approach to training and assessment of competence in equipment across the network
- To build up awareness amongst staff in the network about the different invasive and non invasive ventilation modalities
- To research potential cost efficiencies available with standardising quality consumables used in neonatal care across the network and advise Trusts on a network approach to standardised quality cost efficient consumables
- To research innovations in neonatal incubators with a view to advising Trusts on a network approach to standardised high quality neonatal incubators

Workforce Development

Workforce Development Group Key Achievements in 2007/08

- The current network neonatal nursing career pathways were mapped and a generic network wide induction package developed
- The first six month Network Neonatal Foundation Programme was completed by four newly qualified nurses on 31 October
- A second Network Neonatal Foundation Programme was commenced with three newly qualified nurses on the 1st November
- A standard network Clinical Support Worker role description has started to be developed
- Participation in the West Midlands Workforce Group with regard to future workforce requirements for ANNP's and junior doctors



Lynsey Ward
Chair of the Workforce Development Group

Workforce Development Group Key Objectives 2008/09

- To develop & monitor a standardised approach to recruitment and retention into neonatal units
- To develop a sustainable network workforce

Network Sub Groups Continued

Research, Development and Audit

Research, Development and Audit Group Key Achievements in 2007/08

- The second network audit competition was held on the 5th December 2007. 1st prize of £100 book vouchers was won by Dr Anjali Gupta for her audit on 'Documentation of Sterile Procedures and Radiological Investigations'
- The winner of the first network audit competition in March 2007, Fiona Chambers, has subsequently published the "Audit to Assess the Positioning of Naso-Gastric Tubes in Neonates" in the Journal of Neonatal Nursing
- A pilot network parent experience survey was undertaken during April & May 2007, the results were presented to the Board who agreed for the survey to be undertaken continuously with the results being reported back annually
- A first cross network research project was undertaken on pre-term breastfeeding information, the results of which are being presented at the networks AGM in September
- Alyson Moore, Audit Lead for the Network led the second cross network audit on cranial ultrasound scans the results of which were presented at the second network audit competition in December 2007
- The group successfully bid for funding for a further cross network audit on nursing time spent



Sanjeev Deshpande
Chair of the R,D & A Group



Alison Moore
Network Audit Lead



Pictured from left to right: Dr Mark Williams, Dr Caroline Rose, Mr Robin McMahon, Dr Yogesh Thankey, Dr Alison Moore, Dr Anjali Gupta, Dr Isioma Onyekpe

Resuscitation

Resuscitation Group Key Achievements in 2007/08

- The group held its first meeting on the 27th February and agreed objectives for the forthcoming year

Resuscitation Group Key Objectives 2008/09

- To increase the opportunities for all neonatal and maternity staff to access NLS resuscitation training within the network
- Standardise resuscitation documentation
- Standardise resuscitation equipment



Dave Roden
Chair of the Resuscitation Group

Research, Development and Audit Group Key Objectives 2008/09

- To promote neonatal (perinatal) research across the Network
- To actively participate in multicentric neonatal research studies
- To develop collaborative perinatal audit projects across the Network

Network Sub Groups Continued

Breastfeeding

Breastfeeding Group Key Achievements in 2007/08

- 54 members of neonatal and midwifery staff from within the network attended two network preterm breastfeeding study days in May 2007 and January 2008
- A breastfeeding induction package for all new staff in the network has been produced
- Preterm lactation competencies were developed and piloted in the network
- A benchmarking document was agreed and will be used to compare each units' breastfeeding practices
- A feeding module is available to all staff within the network to attend, as part of the Keele Neonatal Nurse Course
- Nine people were funded through the network to attend the BLISS Understanding & Supporting Pre-Term Breastfeeding as Optimum Nutrition Study Day in Manchester in July 2007



Breastfeeding Group Key Objectives 2008/09

- To measure the effectiveness of breastfeeding support in NNU's across the Network
- To promote, share and support ideas, best practice and innovations in breastfeeding across the network
- To further develop and deliver standardised breastfeeding training and information to colleagues across the network

Liz Jones
Chair of the Breastfeeding Group

Long Term Follow Up

Long Term Follow Up Group Key Achievements in 2007/08

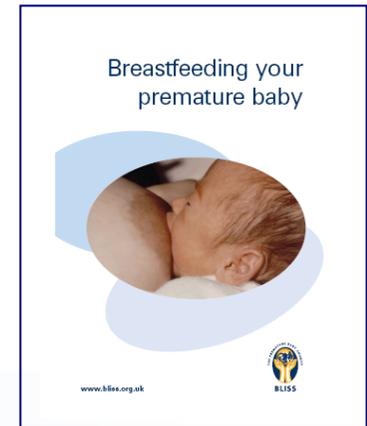
- The criteria of babies requiring long term follow up was agreed as; all babies born in the network less than 31 weeks gestation and/or had a very low birth weight, of less than 1250g
- The Bayley Scales of Infant & Toddler Development III assessment was agreed as the assessment to be used at 2 years corrected gestation in the network
- Two Bayley Scales of Infant & Toddler Development III assessment training workshops were held in December 2007 and February 2008 for clinicians from each centre in the network to attend
- 12 Bayley Scales of Infant & Toddler Development III assessment kits; 2 for each unit were purchased by the network



Bayley III Development Assessment Kit purchased by the Network

Long Term Follow Up Group Key Objectives 2008/09

- Develop an agreed standard protocol for long term follow up within the Network
- Collation of results across the Network
- Consider resources implications
- Clinical governance and quality control in undertaking the Bayley Assessments across the Network



Andy Spencer
Chair of the Long Term Follow Up Group

Network Sub Groups Continued

Joint Transport

Joint Transport Group Key Achievements in 2007/08

- £750,000 of additional funding was obtained through the West Midlands Specialised Commissioning Team for a dedicated ambulance service and to increase both the ANNP and nurse staffing for the Newborn Transport Service (NTS)
- The Operational Policy has been updated to reflect the needs of users and experiences of the NTS
- A transport Study day was held on the 21st June attended by 23 staff from both networks
- An open Extraordinary Transport Group meeting was held on the 18th September to discuss future developments of the NTS and gain feedback on the existing service from stakeholders
- Training for junior doctors was developed to allow them to gain valuable transport and stabilisation experience



Alyson Skinner
Joint Chair – Joint Transport Group

Joint Transport Group Key Objectives 2008/09

- NTS to perform > 90% of requested transfers
- Acquisition and update of equipment
- Establishment of an ambulance service which will provide a timely response to NTS requests
- Regular training and updates for NTS staff
- Provision of training in neonatal transport for neonatal SpRs
- Expand the range of guidelines
- Establish a robust system of clinical governance
- Complete audit of NTS activities
- Improve communication with all neonatal units served by the NTS in both networks
- Development of a Call Centre
- Production of an Annual Report

SOUTHERN WEST MIDLANDS NEWBORN NETWORK Hereford, Worcester, Birmingham, Sandwell & Solihull  Staffordshire, Shropshire & Black Country Newborn Network 

Would Like to invite all Stakeholders to an
Extraordinary Joint Transport Group Meeting
To Update Stakeholders on Progress of the NTS
and Gain User Feedback to Inform Future
Development Plans



Tuesday 18th September 2007
10.00-12.30 (lunch provided)

Lecture Theatre, Clinical Education Centre,
Russell's Hall Hospital, Dudley, DY1 2HQ

RSVP Sarah Carnwell, Network Administrator by the 31st August 2007
E-mail: Sarah.carnwell@uhns.nhs.uk Telephone: 01782 626185



Anthony Marsh – Chief Executive, West Midlands Ambulance Service with members of the Newborn Transport Service

Newborn Transport Service (NTS)

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

Activities

The last year has been very busy for the NTS. The monthly request for transfers increased from 77 in April 2007 to 111 in March 2008, an increase of 44% (Figure 3). Currently an average of 106 transfer are requested each month, 87% of which are performed by NTS (n 92.5)

Looking at activities for each network, there were more requests and more transfers performed for the SWMNN than for the SSBCNN. On average two third of transfers performed were for SWMNN and one third for SSBCNN (Figure 2).

Figure 2 Breakdown of Transfers Undertaken by Network

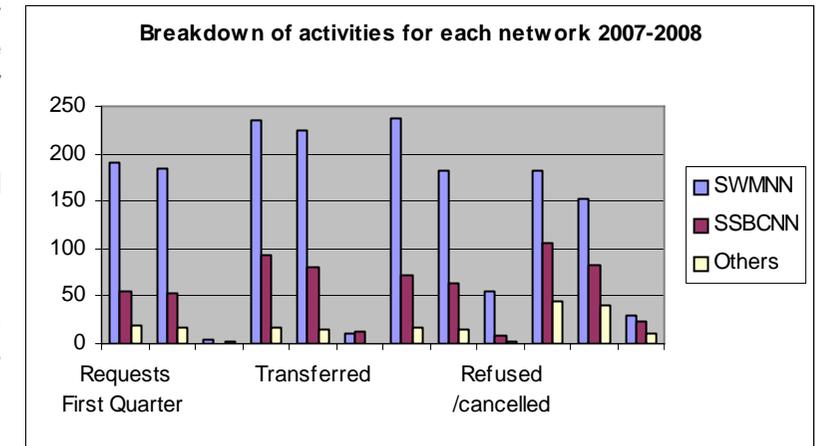
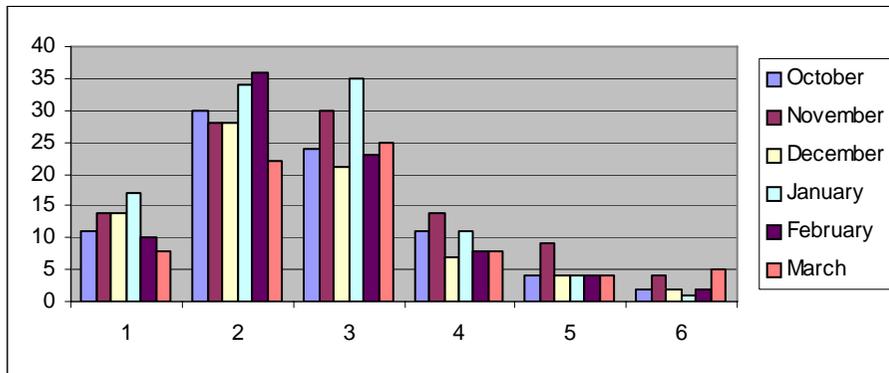


Figure 3 Transfer activities at 4 hourly intervals from 0700hrs



The trends demonstrate that the busiest time for the NTS is still between 11:00hrs to 19:00hrs (Figure 2). This year our aim is to increase the number of transfers earlier in the morning by ensuring that back transfers are booked 24 hours in advance.

Funding

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

Equipment

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

Education

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

SpR training

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

Clinical Governance

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



Jackie Harrison
Transport Nurse Consultant

Maternity Network

The aims of the Maternity Network have always been:

- To establish high quality clinical care pathways
- To scope the impact of the EWTD
- To link closely with the neonatal colleagues.

The Maternity Network held a Stakeholder Day in October 2007 as part of last year's project to identify a way forward. The result was the Project Plan (right) which set out to establish connected groups all working towards a plan for Quality, Safety and Sustainability. The table below describes the remit of each group established so far.

Simon Jenkinson, Clinical Lead for the Maternity Network, has been working alongside maternity clinical leads from our neighbour networks this year, advising a Strategic Health Authority group on issues surrounding configuration of all maternity and newborn services across the region. This work is due to be published as a report this year.

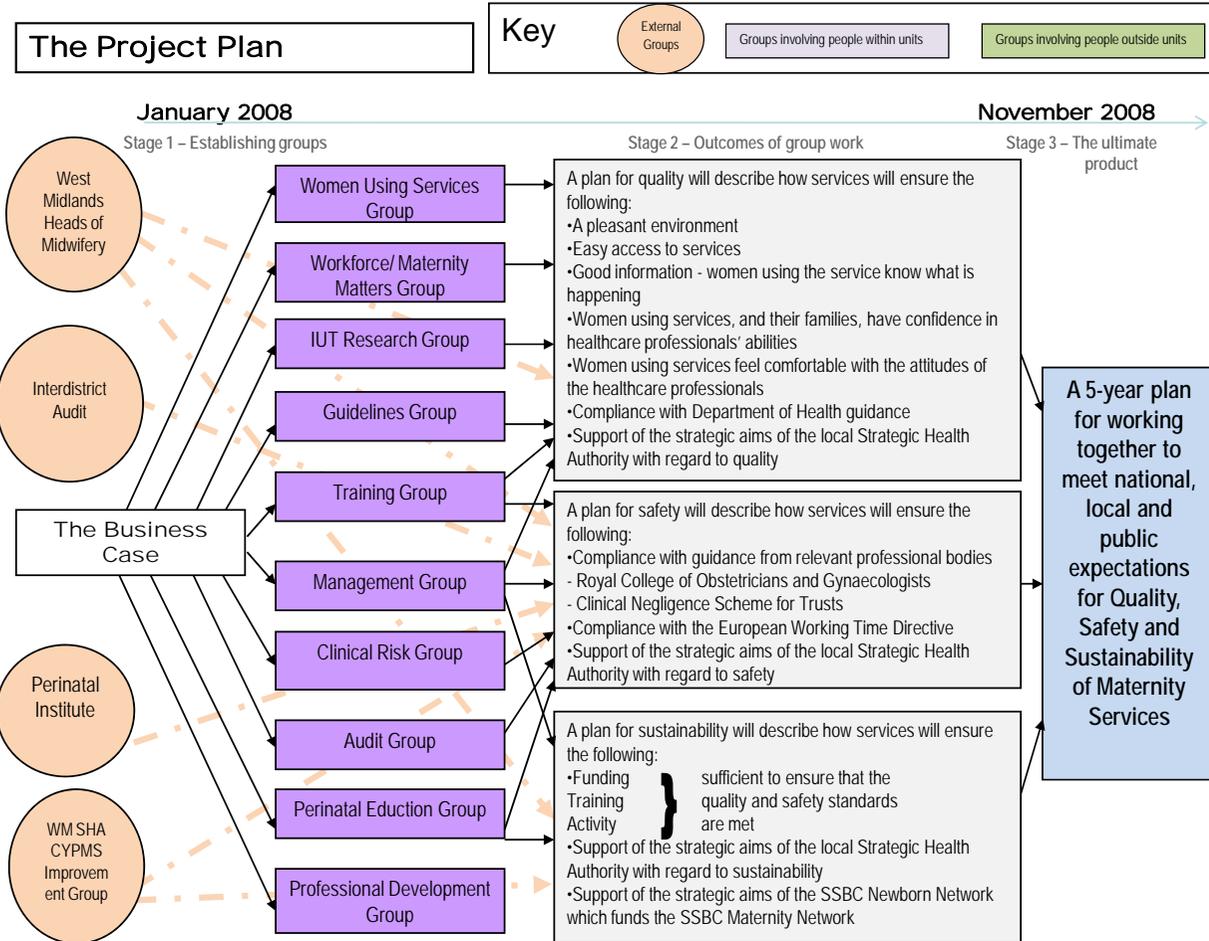
The West Midlands Maternity Tri-network event is to take place on 26th September in Coventry. This event will bring together key stakeholders from across the West Midlands.



Simon Jenkinson
Lead Obstetrician



Nina Spofforth
Maternity Network Project Manager



Group	Datasets	Guidelines	Audit	Workforce – EWTD/Maternity Matters	Professional Development	Perinatal Education	Maternity Matters	IUT Research Project
Initial reason for being (basis of business case)	To collect data relating to and influencing pregnancy outcomes across the SSBC area	To publish SSBC Maternity Network guidelines in partnership with the Bedside Clinical Guidelines Partnership	To share common audit results across the SSBC area and to publish these in an annual report	To plan together across the SSBC area to meet the challenges and opportunities of the EWTD	To share good practice and plan together for the development of the midwifery workforce	To develop multidisciplinary skills in clinical excellence across the SSBC Maternity Network area.	To plan locally the implementation of Maternity Matters in partnership with the West Midlands Maternity Matters Implementation Group	To publish IUT research outcomes in terms of clinical effectiveness and service user experience.

Staffordshire, Shropshire & Black Country Network Education & Training

The role of network practice educator has become more established although it is constantly evolving to meet the unit's individual requirements and also network priorities. An example of this is the involvement of the practice educator in Staffordshire & Shropshire in the development of a new neonatal nurse training programme at Keele University with neonatal Staff at the University Hospital of North Staffordshire NHS Trust. Whilst it remains challenging working with six different nursing and medical teams this also provides an opportunity to identify different practices and solutions to problems which in our role we are able to share with other units.

The educators continue to actively participate in the network with educator presence on each sub group and regular reports on progress made within their role at the network board.

Two new Network Foundation Neonatal Nursing Programmes, comprising of both theoretical and practical competencies, were delivered during 2007/08, the second cohort completed in April 2008. Both programmes evaluated well from the seven learners who successfully completed the course, as well as the clinical staff who supported their learning. Six of the learners successfully gained employment following completion of the programme, the seventh did not apply immediately for a post. Thanks to all staff who continue to support this programme. The Senior Nurse from each neonatal unit in the network also fully supports the programme, this is evident with their approval for a third programme with 6 learners due to commence in October 2008.

As well as teaching within the clinical area of each neonatal unit the educators have continued to facilitate study days within the network on topics identified by staff in the educational survey of 2006.

A second education survey was completed in March/ April of this year. Following the results from this survey a new programme of study days has been identified to run over the next two years.

Education and training of neonatal nursing staff remains a high priority within the network and this is verified by the amount of funding provided for this in 2007/08. The table below details the nurse education, training and development programme funded by the network during 2007/08.

Title	No. of Places Used	Cost
Newborn Life Support (NLS)	9	£1350
NLS Generic Instructors Course	1	£450
Network Team Development Day x 3	37	£1557
Quad Network Event	19	£865
Bayley III Assessment Training x 2 Workshops	30	£2669
Network Bereavement Study Day	19	£968
Viasys Ncpap Study Day	2	£100
NNA Conference	15	£1177
Neonatal Transport Conference	4	£180
BLISS Breastfeeding Study Day	9	£315
Child Protection for the Generalist Study Day	2	£100
Reason Conference	17	£3660
Beliefs, Culture & the Importance of Rituals Study Day	1	£80
Eastern Region Community Neonatal Study Day	2	£70
Breastfeeding – International Perspectives Conference	1	£95
BLISS Parent Representatives Training	2	£250
Breastfeeding Study Day x 2	54	£21
Developmental Care Study Day	20	Nil
Joint Transport Service Education Day	23	Nil
Total Training Funded by Network	267 Places	£13,907



Jo Cookson



& Lynsey Ward
Network Practice Educators



Developmental Care Study Day

Financial Report 2007/08

The West Midlands Specialist Commissioning Team (WMSCT) holds the nationally allocated neonatal monies on account for the three newborn networks in the region. Staffordshire, Shropshire & the Black Country's allocation in 2007/08 was £135,000.

£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 Educators, Network Administrator, Support Secretary and other network infrastructure costs including website, guidelines, hospitality for network meetings, travel and training etc.

The table below summarises the Staffordshire, Shropshire & Black Country Newborn Network's commitments on the 2007/08 allocated monies.

Staffordshire, Shropshire & Black Country Newborn Network's commitments on the 2007/08 allocated monies

Previous recurrent funding		900,000
2007/08 Recurrent funding added		450,000
		1,350,000
Recurrent investments		
Previous commitments		903,500
New commitments in 2007/08:	Part Year Effect (PYE)	
Royal Wolverhampton	Consultant-Clinical Effectiveness PYE	27,500
UHNS	Associate Specialist - Cardiology PYE	60,253
Royal Wolverhampton	5* neonatal nurses PYE	109,333
Royal Wolverhampton	2 PAs for Transport PYE	0
Total recurrent expenditure		1,100,586
Non-recurrent expenditure		
UHNS	Non-recurrent costs	1,500
UHNS	Backfill nurses	120,000
Wolverhampton City PCT	Foundation programme - funding for 3 band 5 nurses on 6 month contract	45,000
Keele University	Neonatal Nurse training	10,400
Total non recurrent expenditure		176,900
Total expenditure		1,277,486
Funding remaining in 2007/08		72,514

Uncommitted 2007/08 WMSCT network funding and under spend on the network infrastructure budget was used non – recurrently within the network to fund agreed network priorities.

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 then decided the overall priorities for the use of the non recurrent funding. Box 3 below identified the non recurrent expenditure during 2007/08 based on agreed network priorities

Box 3 Non recurrent Expenditure in 2007/08

Host organisation:	Non recurrent funding for:	Amount:
Wolverhampton City	Foundation programme - funding for 3 band 5 nurses on 6 month contract plus recruitment costs	45,000
Wolverhampton City PCT	Maternity Network Project Manager	51,900
Wolverhampton City PCT	Developmental Care Equipment	6,538
Wolverhampton City PCT	Bayley Child Development Assessment Training	8,705
BWH	Transport maternity leave cover	10,000
BWH	Transport monitor for 2nd incubator	9,635
BWH	Transport bank staff cover	10,000
Mid StaffsGeneral Hospital	USS Machine	35,133
Keele University	Neonatal Nurse training	10,400
Total Non Recurrent Expenditure		187,310

Key Milestones/ Network Achievements April 2007 – March 2008

April/May 2007

- Network board meetings moved to quarterly from bimonthly
- A process to share learning from clinical incidents across the network was agreed
- £ 450,000 of additional investment was made available to develop the intensive care capacity in the network 5 neonatal nurses, 2 Neonatologists & non recurrent funding for neonatal nurse training
- 6 Near patient Monitor Systems were purchased with network funding, one for each neonatal unit
- A parents experience survey was piloted in the network



November/December 2007

- 3 newly registered nurses commenced a 2nd Network foundation programme in neonatal nursing
- A 2nd network audit was completed in the quality of cranial ultrasound scans
- Appointment of neonatologist with special interest in clinical effectiveness
- The 1st Tri Network research study day was held
- Agreed funding for network Transport lead
- Each unit assessed itself against the agreed network standards, individual unit action plans & a network action plan were developed
- Participated in the West Midlands Maternity & Paediatric reconfiguration board with clinical input from the network's lead obstetrician
- A 2nd successful network audit competition was held



Pictured from left: Dr Williams, Dr Rose, Mr McMahon, Dr Thankey, Dr Moore, Dr Gupta, and Dr Onyekpe

June/July/August 2007



Dave Roden

Associate Specialist in Neonatology & Congenital Heart Disease

- Specialised commissioning group changed its name to West Midlands Specialised Commissioning Team (WMSCT)
- WMSCT commissioned all neonatal care including special care from July 2007
- Appointment of Associate Specialist in Neonatology & Congenital Heart Disease
- Participated in the NAO National Study of Services for Premature, Small and Sick Babies and their Families

September/ October 2007

- Participated in the development of a West Midlands Neonatal Surgical Service Specification
- A 2nd edition of the network neonatal clinical guidelines was published with an ISBN number containing an additional 31 topics. A copy of the book is held in the National Published Archive at the British Library Deposit Office
- 4 newly registered nurses successfully completed the Network Foundation Programme in Neonatal Nursing

Pictured from left:

Lynsey Ward, Jo Deeming, Jon Crockett, Neonatal Foundation Nurses: Libby Symonds, Jenny Bill, and Sarah Cartlidge



January/February/March 2008

- A 1st cross network Research was completed of pre-term breastfeeding information
- A successful Quad network Study Day was held
- A resuscitation group was initiated to address key resuscitation issues
- Recruitment into neonatologist UHNS/MSGH vacancy



Lleona Lee
Consultant Neonatologist

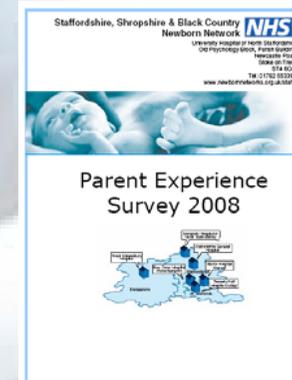
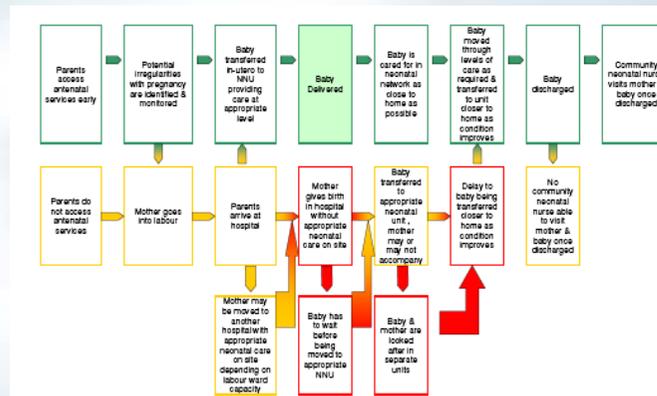
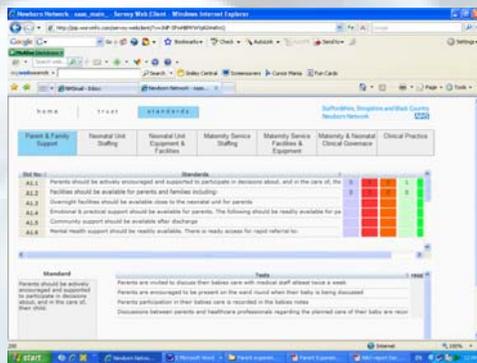
Plans for the Next 12 Months April 2008 – March 2009

Network Objectives 2008 – 2011

- Babies are cared for in the right place at the right time by appropriately skilled staff
- Safe high quality care is provided to babies in the network
- The network is fit for purpose and able to demonstrate added value

Full details of specific objectives, work programmes, leads responsible and timescales for the forthcoming year have been developed and agreed in a network business plan for 2008/09. The objectives include some of the commitments and priorities for the network identified below:

- A sustainable cost effective Neonatal Transport Service is developed, maintaining the established 24 hours, 365 day a year service
- Capacity is appropriate for our population, enabling care of the smallest and sickest infants to be centralised in two level 3 units with early repatriation to local units
- To have defined clinical pathways for babies who need neonatal intensive or high dependency care and for babies with complex problems whose care cannot be provided within the network
- To have defined clinical pathways for women whose babies will need neonatal intensive or high dependency care
- SSBCNN standards of care are developed into a web based tool and units are supported to work towards meeting the agreed standards
- Ensure all units collect standardised clinical data and participate in the National Neonatal Audit Project
- Continually seek parent views of the neonatal units through the network Parent Experience Survey
- To have in place arrangements for monitoring and reporting activity within each unit in the network and investigating failures of network operation
- Work with WMSCT and service providers to develop a more sensitive and consistent method of contracting, monitoring and funding of neonatal services consistent with broader NHS objectives and local PCT planning and commissioning strategies to be available to inform the setting of contracts for 2009/10



Concluding Comments

This report is a tribute to the hard work and commitment of the members of the Staffordshire, Shropshire and Black Country Newborn Network. As Jon Crockett has already pointed out, much has been achieved in the last twelve months, but there is much more to be done. So it is with great anticipation that I look forward to the next 12 months of working together on the agenda of improving neonatal services and outcomes.

The investment that has, and is going into the network is starting to make a real difference and it is against this background that we will be developing and implementing care pathways during the next year. This will ensure that infants receive the care that they require in the place that is best able to meet their needs at the time. Investment in the transport service will also assist with this initiative.

Working across organisational boundaries, although an essential part of being an effective network, is not always easy. Plans are in place to enhance the progress already made, by doing some team development between adjacent units.

During the course of next year, standards assessment will become a web based ongoing process. Bailey developmental assessments at 2 years of age in our neonatal graduates will be undertaken as part of the long term follow up project. We also hope to make progress with some of our more aspirational projects. There is a lot of enthusiasm for developing telemedicine links between units, in order to facilitate the further development of the echo-cardiography scanning service. At the moment, sharing the expertise we have across the network requires a great deal of travelling, so it is hoped that this development will lead to better availability of scanning and more timely interpretation of scans, particularly in the critically ill infant.

Finally there is still much improvement required in the collection and handling of neonatal data, which is necessary in order to support both commissioning and management of the neonatal network resources. During the course of next year this will be a key area of development for us.

In conclusion, a great deal has been achieved this past year, but there is an equally big agenda for next year. On behalf of the management team I would like to thank everyone for their ongoing support for the development of our neonatal services.



Andy Spencer, Lead Clinician
Staffordshire, Shropshire & Black Country Newborn Network



The Network Team from left: Lynsey Ward, Ruth Moore, Jo Cookson, Carol Guest, and Sarah Carnwell

**Staffordshire, Shropshire & Black Country
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Designed by Sarah Carnwell and Ruth Moore
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