

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



# **BUSINESS PLAN**

**2006/07**

## 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 Executive, and appointed lead clinicians and network managers.

## Purpose

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

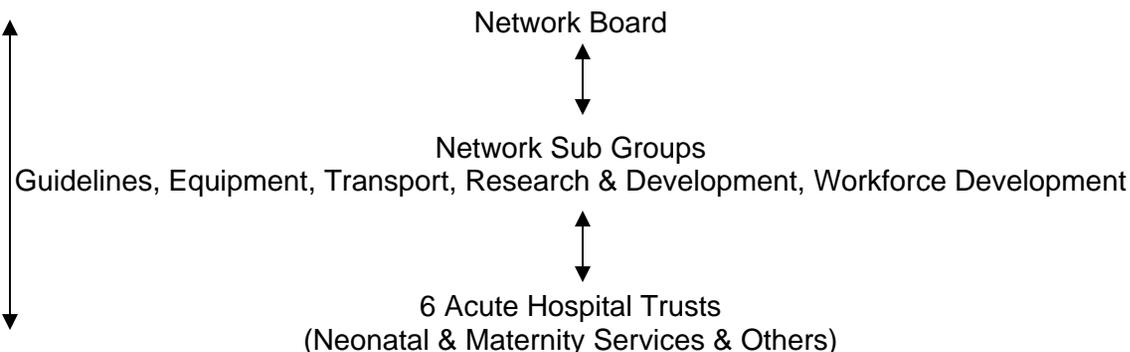
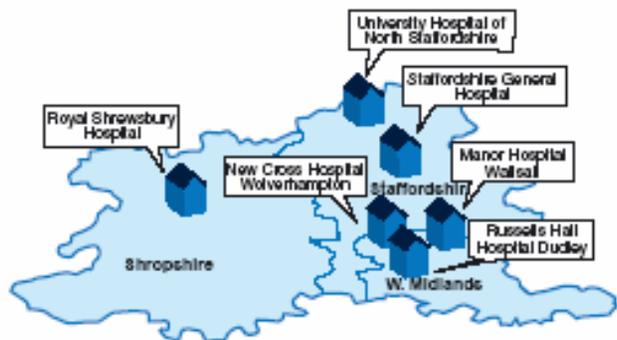
“ Better Services for Babies and Families”

## Organisational Structure

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.



## Present Status

The Staffordshire, Shropshire & Black Country Neonatal Network has made significant achievements since it was established. The first year's annual report 2004/05 records the networks early activities 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.

A programme of work was identified in the network for 2005/06, see appendix 1. Sub groups for Transport and Research & Development were formed to join the existing Guidelines and Equipment groups. All the groups have agreed terms of references outlining their specific objectives. The first edition of the networks Bedside Clinical Guidelines were published and circulated to all units. The equipment group conducted the evaluation of two pieces of equipment across the network resulting in the collective procurement of standardised ultrasound scan machines and ventilators across the network with significantly discounted prices.

Work was undertaken on the unit designation process throughout 2005 and the final designation recommendations were presented at the network board in October with agreement from 5 of the 6 neonatal units in the network. A gap analysis of medical and nursing staffing was undertaken to inform the networks investment proposals for 2006/07, this information has been presented to the commissioners. A sub group of the West Midlands Specialised Commissioning Group (WMSCG) has been formed to review the proposed designations of the three newborn networks across the West Midlands and to make the final decision on the priority for any additional investment in 2006/07 for newborn services.

The network agreed how its £735,000 allocation of the national recurrent funding for newborn services was to be used as follows; network infrastructure costs (Network Manager, Lead Clinician, Lead Obstetrician and Network Administrator, Website, Guidelines and Training & Development), four network consultant neonatologist, two network practice nurse educator posts with secretarial support and two neonatal nurses for the neonatal unit at Royal Wolverhampton NHS Trust. All network posts have now been recruited into.

## Objectives & Work Programme 2006/07

Objectives for the forthcoming year are divided between the continuation of developments already commenced in the network and the following new areas;

- Workforce Development to meet the needs of the babies and their mothers in the network
- Identifying the additional capacity, the associated resources required in the network and the capital funding necessary
- Understanding the current patterns of total investment in neonatal services in the network and the impact of Payment By Results on funding
- Monitoring network outcomes

Building on the network's 2005/06 work programme, the following identifies further development areas for the network and sets out the Network's objectives and work programme for the year 2006/07. It is not intended that all areas identified in the work programme will be completed within one year.

**Objective 1: To ensure 95% of babies are cared for within the network in a neonatal unit appropriately resourced to care for that baby**

| <b>Deliverables</b>  | <b>Work Programme</b>  | <b>Measurement Used</b>   | <b>Lead &amp; Sub Group</b>                                     | <b>Review Date</b> |
|--|--|---|---|--------------------|
| 1. To ensure there is sufficient cot capacity across the network                     | Produce a capacity plan that identifies shortfall in cot capacity plus associated resources to meet existing and future population in Staffordshire, Shropshire & the Black Country.       | Capacity plan produced and presented to Network Board   | Ruth Moore<br>Network Manager                                   | October 2006       |
| 2. To ensure units have sufficient modern and safe equipment to care for the babies. | To write up the audit of equipment at the units carried out in 2005 and assess the needs of each unit.   | Equipment audit produced and presented to Network Board   | Ruth Moore<br>Equipment Group                                   | August 2006        |
|  | To make trusts aware of the requirement for new and replacement equipment.   | Letter sent to each Trust highlighting equipment needs in their unit  | Wendy Tyler<br>Equipment Group                                  | June 2006          |
|  | Develop telemedicine communication for clinical management and education purposes across the network and with Birmingham Children's Hospital and other appropriate external organisations. | Costed option appraisal produced  | Dave Roden<br>Equipment Group                                   | October 2006       |
|  | Research innovations in neonatal monitoring systems with a view to advising Trusts on a network approach to standardised high quality neonatal monitoring systems                          | Monitoring systems evaluation report produced<br>Trusts informed of outcome of the evaluation and the priorities for replacement of monitoring systems in their trust | Babu<br>Kumararatne<br>Equipment Group                          | October 2006       |
|  | Standardise the approach to training and assessment of competence in equipment across the network  | Action plan produced to standardise the approach to training and assessment of competence in equipment across the network   | Barbara Howard/<br>Lynsey Ward<br>Network Practice<br>Educators | March 2007         |
|  | Develop a standardized approach to evaluating equipment for use across the network   | Standardised equipment evaluation form produced   | Alan Lawrie<br>Equipment Group                                  | September 2006     |

| <b>Objective 2: To provide safe high quality care for the neonates within the network</b>  |   |  |  |                    |
|--|---|--|--|--------------------|
| <b>Deliverables</b>  | <b>Work Programme</b>   | <b>Measurement Used</b>  | <b>Lead &amp; Sub Group</b>  | <b>Review Date</b> |
| 1. To implement the guidelines developed by the Guidelines Group   | To carry out an audit to establish the level of uptake of the guidelines.<br><br>To review the guidelines produced by the Guidelines group to date and agree any others required  | Produce audit documentation and present to Network Board   | Alison Moore<br>Network Audit Lead<br>RD&A Group<br><br>Ruth Moore<br>Guidelines Group | July 2006          |
| 2. To assess standards of care in each neonatal unit in the network against agreed network standards   | To develop an agreed network standards assessment document<br><br>To identify an agreed process and timescale for the first assessment of standards   | Agreed Standards Assessment Document used to assess standards across the network and report presented to the board | Ruth Moore<br>Network Manager<br><br>All Sub groups                                    | August 2006        |
| 3. 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 develop such agreed clinical pathways for babies requiring neonatal intensive or high dependency care and ensure they are communicated with all neonatal and obstetric units   | Produce document demonstrating clinical pathways within the network.   | Ruth Moore<br>Network Manager<br><br>Guidelines Group<br>Transport Group               | October 2006       |
| 4. To have defined clinical pathways for women whose babies are likely to need neonatal intensive or high dependency care.   | To work with the maternity network to develop such clinical pathways. To ensure they are communicated with all neonatal and obstetric units.  | Produce document demonstrating clinical pathways within the network.   | Simon Jenkinson<br>Lead Obstetrician<br><br>Maternity Network<br>Project Group         | October 2006       |
| 5. To ensure a consultant Neonatologist from a level 3 centre is always available for specialist advice.   | To review existing arrangements for adequacy and make plans to address any issues.  | Report to the Board  | Andy Spencer<br>Network Lead<br>Clinician  | August 2006        |
| 6. To monitor outcomes in comparable levels of units across the network  | To agree appropriate outcomes and comparable units within the network and frequency of reporting outcomes to network board<br><br>To develop appropriate network and unit monitoring systems with the MANNERS data at the Perinatal Institute | Monitored outcomes reported to network board at the agreed frequency   | Andy Spencer<br>Network Lead<br>Clinician  | March 2007         |

| <b>Objective 3: To increase and develop the workforce to provide a quality outcome for the neonate and family</b>  |  |   |  |                    |
|--|--|---|--|--------------------|
| <b>Deliverables</b>  | <b>Work Programme</b>  | <b>Measurement Used</b>   | <b>Lead &amp; Sub Group</b>  | <b>Review Date</b> |
| 1. To undertake a skill mix review to identify the gap between BAPM recommended establishment and current actual establishment and to develop a manpower strategy for narrowing the gap, taking into account those nurses coming up to retirement age. | To produce a skill mix plan that identifies the shortfall in staffing between current and recommended levels.<br>To produce a workforce strategy identifying how the staffing shortfall can be reduced | Business Plan produced demonstrating how the gap can be reduced.        | Ruth Moore<br>Network Manager<br><br>Workforce Development Group                         | October 2006       |
| 2. To develop a recruitment & retention strategy to address the shortfall in skilled neonatal nurses in the next 5 years.  | Identify the recruitment and retention issues in the network<br>To produce a workforce strategy to addressing the identified issues  | Workforce Strategy presented to Network Board                           | Workforce Development Group  | March 2007         |
| 3. Identify additional medical staff required from capacity plan (see objective 1).  | Develop and present business cases to expand capacity at the units to appropriate forums.  | Capacity plan and business case produced and presented to Network Board | Ruth Moore<br>Network Manager<br>Workforce Development Group                             | October 2006       |
| 4. To work with University and WDC to ensure that training modules relevant to current Neonatal practice are available and undertaken by the nursing work force  | To identify training needs of nursing staff in all the units and ensure they attend courses as appropriate.  | Network Training needs analysis produced                                | Barbara Howard &<br>Lynsey Ward<br>Practice Educators<br><br>Workforce Development Group | August 2006        |
| 5. To ensure that all staff attending high risk deliveries or providing care for babies receiving mechanical ventilatory support should undertake basic neonatal resuscitation training as provided by NLS.  | To undertake an audit to ensure such staff have NLS training.<br><br>To ensure NLS courses are made available to all staff and that places are taken up.   | Audit produced  | Barbara Howard &<br>Lynsey Ward<br>Practice Educators<br><br>Workforce Development Group | August 2006        |

| <b>Objective 4: To promote, develop and facilitate collaborative Perinatal research and audit across the network</b>  |  |   |  |                    |
|---|--|---|--|--------------------|
| <b>Deliverables</b>   | <b>Work Programme</b>                                      | <b>Measurement Used</b>                           | <b>Lead &amp; Sub Group</b>                    | <b>Review Date</b> |
| 1. For the network to have a defined strategy to promote and implement R&D and Audit with clear leadership and goals. | To develop and implement a network R&D and Audit strategy. | R & D and Audit Strategy produced by Group        | Sanjeev Deshpande / Alison Moore<br>RD&A Group | October 2006       |
| 2. To develop a research/trials and audit portfolio for the network   | To list current research and audit activity in the Network | Research and audit portfolio published on website | Sanjeev Deshpande / Alison Moore<br>RD&A Group | October 2006       |

| <b>Objective 5: To provide safe transfer of mothers and babies when required</b>   |   |  |                                   |                    |
|--|---|--|-----------------------------------|--------------------|
| <b>Deliverables</b>  | <b>Work Programme</b>   | <b>Measurement Used</b>                        | <b>Lead &amp; Sub Group</b>       | <b>Review Date</b> |
| 1. To provide recommendations to the Network Board for the improvement of the transport system within the network in line with the Recommendations in the Review of Neonatal Intensive Care Services | To work with the transport project lead to identify transport issues and future transport requirements within the network<br>Develop transport protocols, procedures and documentation for use across the network<br>Develop the transport skills and knowledge of staff within the network | Report produced and presented to network board | Alyson Skinner<br>Transport Group | August 2006        |

| <b>Objective 6: To provide timely information to support neonatal care</b>  |  |                                    |  |                    |
|---|--|------------------------------------|--|--------------------|
| <b>Deliverables</b>   | <b>Work Programme</b>  | <b>Measurement Used</b>            | <b>Lead &amp; Sub Group</b>                          | <b>Review Date</b> |
| 1. To implement the MANNERS neonatal information system in all units. This will enable all units to collect BAPM and other data electronically to provide activity and other reports for the network. | To produce regular network reports on activity.  | All units using system effectively | Andy Spencer<br>Network Lead Clinician               | August 2006        |
| 2. To have in place arrangements for reporting and investigating failures of network operation.   | To agree what constitutes a failure of network operations. E.g. Inappropriate transfer out of network.<br>To develop appropriate reporting mechanisms. | Regular Reports to the Board       | Ruth Moore<br>Network Manager<br>Senior Nurses Group | October 2006       |

| <b>Objective 7: To support obstetric and midwifery colleagues in the delivery of safe care to the mother and the newborn</b> |  |  |  |                    |
|--|--|--|--|--------------------|
| <b>Deliverables</b>  | <b>Work Programme</b>  | <b>Measurement Used</b>  | <b>Lead &amp; Sub Group</b>  | <b>Review Date</b> |
| 1. To increase capacity on the labour wards of the level 3 units to enable increased in-utero transfers.                     | To identify the number of transfers refused because of lack of this capacity.<br><br>To work with the maternity network and trusts to develop a business plan to achieve this. | Publish results of transfer survey.<br><br>Business plan produced. | Simon Jenkinson,<br>Lead Obstetrician<br><br>Maternity<br>Network Project<br>Group | March 2007         |

| <b>Objective 8: To have effective financial and commissioning arrangements in place</b>  |   |  |  |                                       |
|--|---|--|--|---------------------------------------|
| <b>Deliverables</b>  | <b>Work Programme</b>   | <b>Measurement Used</b>  | <b>Lead &amp; Sub Group</b>                                      | <b>Review Date</b>                    |
| 1. To achieve financial balance  | To publish a budget plan and bimonthly updates  | Budget plan agreed by network Board<br>Bimonthly updates reported to network board | Ruth Moore<br>Network Manager                                    | June 2006<br><br>Bimonthly<br>2006/07 |
| 2. To identify the total investment in neonatal services within the network and the impact on the network of future changes in the way funding is obtained | To identify the current patterns of total investment in neonatal services within the network<br>To review proposed changes to funding mechanisms in the NHS and identify the impact such changes will have in the network   | Report presented to the Board  | Ruth Moore<br>Network Manager<br><br>Simon Brake<br>Commissioner | October 2006<br><br>October 2006      |
| 3. To develop a network capital investment plan  | Identify the capital investment required to develop appropriate resources against assessed standards the network<br>Work with each Trust to develop a capital investment programme for the network to address shortfall in resources necessary to meet agreed standards | Capital investment plan presented to network board and individual Trusts           | Ruth Moore<br>Network Manager                                    | December 2006                         |

**Objective 9: To meet the needs of parents whose babies are receiving neonatal care in the network**

| <b>Deliverables</b>   | <b>Work Programme</b>   | <b>Measurement Used</b>                                | <b>Lead &amp; Sub Group</b>          | <b>Review Date</b> |
|---|---|--|--------------------------------------|--------------------|
| 1. To train network parent representatives                                    | To work with the Bliss (the premature baby charity) network user programme.   | Parent Reps evaluation of training received            | Ruth Moore<br>Network Manager        | March 2007         |
| 2. To identify the needs of users in the network and respond to them          | The Parent Representatives to establish a work plan and identify issues they wish to raise.<br>To undertake a network survey of parent satisfaction | Network Parent satisfaction survey presented to board  | Parent Representatives<br>RD&A Group | March 2007         |
| 3. To evaluate breastfeeding information & support for parents in the network | To undertake a study Evaluating the Impact of Preterm Breastfeeding Information   | Results of the study presented to staff in the network | Liz Jones<br>Breastfeeding Group     | July 2007          |

**Finance**

- **Resource Availability**

|  |                |
|--|----------------|
| <b>Recurrent Funding 2006/07</b>                                 | <b>£</b>       |
| WMSSA Network Allocation   | 735,000        |
| WMSSA Recurring Allocation for Transport                         | 89,000         |
| Network's proportion of £200,000 WMSSA recurring nursing funding | 76,000         |
| <b>Total Anticipated Funding Available for 06 - 07</b>           | <b>900,000</b> |

|   |                |
|---|----------------|
| <b>Non Recurrent Funding Carried forward from 05/06</b> | <b>£</b>       |
| Equipment   | 33,478         |
| Network Bids  | 92,789         |
| Training Programme                                      | 36,914         |
| Maternity Network                                       | 36,770         |
| <b>Total Non Recurrent Funding in 06-07</b>             | <b>199,951</b> |

- **Expenditure Plan 2006/07**

- **Recurrent Funding**

|   |                |
|---|----------------|
| <b>Commitments on recurrent funding 2006 - 07:</b>  | <b>£</b>       |
| <b>Commissioned with providers by WMSSA:</b>  |                |
| Consultant Post New Cross / Walsall   | 110,000        |
| Consultant Post New Cross / Dudley PYE  | 105,000        |
| Consultant Post Stoke / Stafford  | 105,000        |
| Additional PA Consultant Post Stafford  | 10,500         |
| Consultant Post Shrewsbury / Stoke PYE  | 105,000        |
| 2 X Neonatal Nurses New Cross   | 64,000         |
| <b>Managed directly by the Network:</b>   |                |
| Network Infrastructure:   | 240,000        |
| Network Manager/Lead Nurse, Lead Clinician,<br>Lead Obstetrician, Administrator,<br>Practice Educators X2, Support Secretary<br>Hospitality, Travel, Phones, Stationary,<br>Guidelines, Website, Annual Report, AGM<br>PCT Hosting charge |                |
| <b>Total Commitments</b>  | <b>739,500</b> |

**Uncommitted recurring funding**

|                                 |                |  |
|---------------------------------|----------------|--|
| Transport                       | 89,000         |  |
| WMSSA recurring nursing funding | 76,000         |  |
| <b>Total</b>                    | <b>165,000</b> |  |

The total uncommitted allocation could be used to support the development of the transport service across the network. A report and business plan from an extraordinary transport meeting being held in June will be presented to the Network Board for approval in August 2006.

**➤ Non Recurrent Funding****Commitments on non recurrent funding carried forward from 05/06 to 2006 - 07: £**

|                           |                                  |        |                |
|---------------------------|----------------------------------|--------|----------------|
| <b>Equipment</b>          | 2 X Incubators/in-line           |        |                |
|                           | Scales UHNS                      | 33,478 | 33,478         |
| <b>Network Bids</b>       | 3 x ANNP Backfill                |        |                |
|                           | Salaries                         | 72,000 |                |
| <b>Training Programme</b> | Telemedicine Bid                 | 1,200  |                |
|                           | Audit Prizes                     | 300    | 76,500         |
| <b>Maternity Network</b>  | Project Manager FT 12 Month Post |        | 36,914         |
| <b>Total Commitments</b>  |                                  |        | <b>183,662</b> |

**Uncommitted non recurring funding**

|   |  |                     |
|---|--|---------------------|
| Network Bids  |  | 19,289              |
| Forecast under spend on recurrent funding to be predicted during 2006 |  | TBA                 |
| <b>Total</b>  |  | <b>19,289 + TBA</b> |

There will be some non recurrent funding available in the network against which each network group will be invited to bid. The forecast under spend will be updated throughout the year. A network meeting will be planned in early November in order to decide which bids will be supported.

## Staffordshire, Shropshire &amp; Black Country Neonatal Network WORK PROGRAMMES 2005/06

| SERVICE OR SPECIALTY                                       | STAKEHOLDERS  | ISSUE OR RISK   | OBJECTIVES & MAJOR TASKS  | DEAD-LINES                         | PRIORITY (H/M/L) | LEAD COMMISSIONER | ADDITIONAL RESOURCES  |
|--|---|---|---|------------------------------------|------------------|-------------------|---|
| Staffordshire, Shropshire & Black Country Neonatal Network | Neonates and their families<br>Neonatal, Maternity, paediatric and ambulance staff                | Implementation of the recommendations from the DoH Review of Neonatal Intensive Care; Strategy for Improvement      | Complete the unit designation decision process within the network   |                                    | H                |                   | To be defined but will include:<br>Increasing the Medical and nursing staff and providing training and support to work in new ways<br><br>In addition to increased equipment and facilities for neonates and their families<br><br>Call Centre<br>Dedicated staff for transport service |
|  |   | Increase the capacity within the network to care for our neonates (medical) the majority of the time                | Undertake a gap analysis to identify the resources required to implement the decision from the unit designation process |                                    | H                |                   |   |
|  |   | Reduce the number of out of network transfers for medical care and improve the transport service across the network | Identify an implementation strategy for the unit designation decision   |                                    | H                |                   |   |
|  |   | Standardise care across the network   | To develop a transport service across the SSBC and SWM neonatal networks  |                                    | H                |                   |   |
|  |   | Improve the quality of care across the network  | Introduce Bedside clinical guidelines across the network  |                                    | H                |                   |   |
|  |   | Communication strategy within and external to the network   | Standardise the type of equipment used across the network   |                                    | M                |                   |   |
|  |   |   | Promote, develop and facilitate collaborative perinatal research and audit across the Network.                          |                                    | M                |                   |   |
|  | Develop the neonatal network website<br>Produce a biannual newsletter<br>Produce an annual report |   | H   | To be defined<br><br>To be defined |                  |                   |   |