

Work Programme 2017 - 19

Introduction

The Staffordshire, Shropshire & Black Country Neonatal Operational Delivery Network (SSBCN ODN) is one of 11 neonatal operational delivery networks in England. The SSBCN ODN consists of the Neonatal Services provided by the following five NHS Trusts:

- Royal Wolverhampton Hospital NHS Trust
- University Hospitals of North Midlands NHS Trust
- Shrewsbury and Telford Hospital NHS Trust
- Walsall Healthcare NHS Trust
- Dudley Foundation Hospital NHS Trust

Operational Delivery Networks will:

- Ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical engagement and patient/carer engagement to improve pathways of care.
- Enable the development of consistent provider guidance and improved service standards, ensuring a consistent patient and family experience.
- Focus on quality and effectiveness through facilitation of comparative benchmarking and auditing of services, with implementation of required improvements.
- Fulfil a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across wide geographic areas.
- Support capacity planning and activity monitoring with collaborative forecasting of demand, and matching of demand and supply.

In addition to the specific 2017/18 work programme identified on the next page the SSBCN ODN undertakes the following activities;

Arranges joint annual meetings with the WM Maternity Clinical Network to meet with the neonatal and maternity services in each Trust to discuss Trust specific issues in order to identify and provide appropriate network support.

Monitors activity, outcomes, benchmarking neonatal service performance in NNAP, adherence to care pathways and parent's experiences of neonatal services and reports these quarterly along with shared learning from serious clinical incidents within each Trust and the WMNTS.

Organises an annual audit and quality improvement competition to share learning across the network.

Reviews and updates the network collections of neonatal clinical guidelines every two years.

Facilitates an annual network neonatal nurse foundation programme quality assured through Keele University and co-ordinate an annual network training and education programme focussed on meeting the needs of multi-disciplinary staff in neonatal and maternity services.

Organises an annual joint Perinatal Mortality Education event with SWMMNN and an Annual Midlands and East Perinatal Conference with the other neonatal ODNs.

The SSBC Neonatal ODN work programme for 2017/18 reflects the Recommendations of the WM Neonatal Service Review

(See Appendix for further details)

SSBCN ODN Work programme 2017-19

	Work stream	Action Plan	Lead(s)	Timescale	Engagement
1.	Capacity & Demand	<p>Develop an implementation plan detailing the ODN's work programme arising from the WM Neonatal Service Review Recommendations Report specifically Recommendation 1 which will include inputting into the activity planning principles and adjustments to advise cots required at each unit for right baby, right cot and right time.</p> <p>Support the Maternity and Neonatal Services in Wolverhampton, Dudley, Stoke and Telford to develop and implement the Preterm Premature Rupture of Membranes (PPROM) project to include Women booked at Dudley and Telford at risk of delivering below 27 weeks gestation.</p>	Ruth Moore & Babu Kumararatne		<p>Provider units WMNTS NHS England Area team WM Maternity CN</p>
2.	Clinical Governance, Quality & Risk	<p>Develop an implementation plan detailing the ODN's work programme arising from the WM Neonatal Service Review Recommendations Report specifically Recommendations 3 which will include the setting up of a WM clinical work stream , 5 which will include reviewing the provider returns on the Community CQUIN and Transitional Care SDIP with the commissioners, 6 see below regarding standardising mortality reviews, 7 which will include working with the neonatal transfer service and 8 which will include working with Health education England to develop workforce plans and education packages.</p> <p>Review Trust level 2015 MBRRACE-UK Perinatal Mortality Surveillance Reports to identify any cross cutting themes to improve mortality rates in SSBCN ODN</p> <p>Review SSBCN ODN Perinatal Mortality in</p>	<p>Ruth Moore & Babu Kumararatne</p> <p>Babu Kumararatne</p>		<p>NHS England Area Team Provider units Neonatal Transfer Service Health education England</p> <p>MBRRACE-UK NDAU WM Maternity CN</p>

		<p>2015 MBRRACE-UK Report and Review SSBCN ODN SMR in National Neonatal Mortality Reports</p> <p>Support the implementation of the national perinatal mortality review tool</p> <p>Support Trusts with the national neonatal service peer review process</p> <p>Support the development of appropriate fetal medicine Cardiac care pathways for patients SSBCN ODN</p>	<p>Ruth Moore</p> <p>Jyoti Kapur</p>		
3.	Parent, Carer & Public Participation	<p>Develop an implementation plan detailing the ODN's work programme arising from the WM Neonatal Service Review Recommendations Report specifically Recommendation 9</p> <p>Work with SWM Neonatal ODN to develop and implement a joint Patient Voice and Insight role across both ODNs</p>	Sarah Carnwell		<p>PPI reps Provider units</p> <p>SWMN ODN</p>
4.	ODN Structure	<p>Complete the recruitment of a new lead clinician during 2017/18</p> <p>Review data analyst and clinical effectiveness / audit lead requirements and present proposal for agreement to network board</p> <p>Develop ODN transition plan with the other ODNs regarding the changes to the ODN boundaries.</p> <p>Develop an implementation plan detailing the ODN's work programme arising from the WM Neonatal Service Review Recommendations Report specifically Recommendation 4 which will include developing an integration plan for the additional Trust(s) coming in to the SSBC Neonatal ODN during 2017/18.</p> <p>Identify any additional resources required in order to deliver the larger ODN and identify how this will be funded.</p>			<p>Provider units WMNTS Area team WM Maternity CN Host organisation (UHNM) SWMMNN</p>

Appendix

West Midlands Neonatal Service Review Recommendations

Recommendation
1. We will re-commission providers to plan for a specified volume of occupied cot days, based upon historic usage, and ensure that they plan their average cot capacity for the year to be at 85% of full capacity. We will support STPs to consider what their local cot base should be based upon historic and predicted volumes of activity and optimal occupancy rates. We will, alongside STPs, reconfigure neonatal services where units are agreed not to be sustainable, safe or efficient
2. Consider, with STPs/CCGs and providers, identifying a pilot footprint to trial an Alliance or other New Care Model approach to collaboratively commissioning a combined neonatal and maternity service.
3. We will establish a clinical work stream to develop protocols and specifications for the following: <ul style="list-style-type: none">• Transfers and repatriation• Access and Egress criteria• Transitional Care• Outreach Services• Standardised communications• Others, as identified through the implementation of the recommendations of the review.
4. We will provide senior input into the West Midlands Maternity and Newborn Alliance Board. We will ask the Board to provide strategic input to two Operational Delivery Network (ODN) teams (down from three) to deliver a work programme jointly agreed by NHS England and STPs. We will align ODN boundaries with STP geographies.
5. We will work jointly with CCGs to consistently commission Transitional Care and Outreach to reduce demand on NHS England and CCG commissioned services
6. We will undertake a joint mortality assessment, alongside CCGs, factoring in the level of care a unit is designated for and the occupancy rate to identify and address cause
7. We will encourage networks and transport teams to develop real or near-time information sharing around cot and maternity bed availability
8. We will work with Health Education England to ensure that we have a joined up approach to planning workforce as new models of care develop.
9. We will prioritise three improvements to the emotional and practical support made available to parents and negotiate with providers to deliver those.
10. We will, alongside CCGs, agree five high impact changes to improve the interface between maternity and neonatal services