

Northern Neonatal Network Newsletter



Autumn-Winter/Christmas 2015



Hello and welcome to the last Network Newsletter of 2015 - as always the main aim and hope of this remains to try and provide a useful resource to keep everybody working across the Network up to date with what is happening and of any forthcoming events, study days and news/other items of interest.

2015 seems to have been a very quick year indeed and it's hard to believe its 12 months since I was putting the last Christmas Newsletter together. We have had a very busy year as a Network and I think we have managed to achieve a great deal, with many significant developments and much progress in some key areas, less than we would have hoped in others. We have published our 5th "Annual Report" in recent months and sent every Unit a hard printed copy, as well as one to our main stakeholders, but a file version is also available on the Network website, so please have a read if you haven't done so already as it details our main achievements as well as laying out the work we are currently involved with.

Our plans for 2016 are coming together nicely and we are in advanced stages of planning some key training and educational opportunities, as well as hoping to facilitate another Foundation Toolkit Course in Developmental Care, which has proved very popular indeed. Keep an eye on future Newsletters and our Twitter Feed and website for more details as these are confirmed.

As always, this Newsletter details some local news, a little bit of an update on key strategic issues we are grappling with and some news about Network staff making an impact and being recognised and acknowledged for their work and achievements at national level, which is great to see and I hope you join me and the Network in applauding this – hopefully this is a pattern we can see continuing and anything we can do to foster this will always be a priority.

Once again in closing, I would like to pay tribute to all the hard work every one of you does – day in, day out with real dedication, so we thank you all and wish you and your families and loved ones a very Merry Christmas and a healthy, happy and peaceful New Year.

Best wishes
Martyn,

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Network News



2nd Sam Richmond Nursing Scholarship – still time to apply!

The closing date for applications for the second Annual Sam Richmond Nursing Scholarship is fast approaching, but there is still time to apply for this prestigious Award. Last year, the Scholarship was set up and named in memory of the late Dr Sam Richmond who worked as a Consultant Neonatologist at Sunderland Royal Hospital for many years and was rightly considered a true pioneer of neonatology. The aim of the Scholarship is to encourage innovation amongst the nursing staff – nurses at all levels from across the Network are welcome to apply and it is worth £1000 by way of a prize to the final winner together with a glass trophy that Sam's widow Liz had specially commissioned by the Sunderland Glass Centre.

Last year's inaugural winners were Lucy Mann and Charlie Peacock, two staff nurses on the NICU at James Cook University Hospital and they submitted a proposal entitled "Increasing the effectiveness of neonatal nursing handovers at the NICU cot side". This focussed on evaluating current approaches to nursing handovers and attempted to improve the effectiveness of them by creating a new approach that aims to enhance communication and ultimately patient care. Since winning their award, Lucy and Charlie have been working on their project and also presented an update to the annual Network Conference. They hope to have a final model in the near future that they can write up and hopefully get published and also disseminate to other Units across the Network and perhaps beyond.

If their successful application has inspired you, why not submit your own innovative idea for this year's Scholarship? Once again, we are inviting proposals outlining a suggested improvement in nursing practice/care, clearly illustrating the benefits to babies and families from the initiative. So this may be a piece of research, an audit, a pilot project, a visit to other Units pioneering new approaches to care that have yet to be tried in this country – it is up to the person to make a case for their proposal. After the closing date, a Network panel will shortlist the best of these proposals against clear criteria to ensure they offer clear intended benefits and improvements and any costings are within an identified budget etc. so it is a viable proposal. A winner will then be chosen and awarded the prize and a trophy.



Flyers giving more details should be on every Unit notice board and the closing date for applications for this year's Scholarship is Friday 8th January 2016. Full details on the application process, contact details for help and support as well as some FAQ can also be found on a dedicated webpage on the Network website;

<http://www.nornet.org.uk/Sam-Richmond-Scholarship>

We hope to be able to feature the very first winner in the next edition but in the meantime, get your applications in!

Strategic issues – a brief update from Dr Sundeep Harigopal & Martyn Boyd

As most of you will know, the a panel from the Royal College of Paediatrics & Child Health (RCPCH) undertook a review of the Network to consider the possible reconfiguration of neonatal intensive care over the Spring of 2015. Their Final Report was published in August and it contained a number of key recommendations, particularly focussed on transport and NICU provision across the Network. The former was already a top priority and something we were working on – this has seen a business case submitted to the commissioners at NHS England for a single, dedicated neonatal transport service serving the Network, based on an ANNP-led model. This is now with the regional commissioning team and the hope is to have funding confirmed and the service development commenced in early 2016. More news will follow in due course.

The reconfiguration of NICU services as recommended by the RCPCH Report has proved a more controversial issue and the Network is now trying to work with NHS England and Provider Trusts to find a way forward that meets the national standards that are not currently being met by any of our NICUs, enhances patient care and tries to improve outcomes, whilst reassuring the concerns of stakeholders that have been raised. The one thing everybody has agreed on for many years is that the current status quo is not an option and we cannot sustain four NICUs in the long run, so we have to continue planning with our stakeholders in order to achieve the recommendations in a way that is acceptable to all parties. This would mean that some changes would take place in service provision in near the future based on clinical grounds. Again, more news will follow as it is confirmed and reflects reality, not as it is often being misunderstood and misreported in the local media. There has been misquoting and misreporting in the local media and the network would advise you to await information from the Network or briefings from your own managers.

Network Twitter Feed



Just to remind everybody - the Northern Neonatal Network now has its very own Twitter Feed. This has been created to enable Twitter users to keep with the very latest news and announcements from the Network, as well as relevant items from across the world of neonatology. It will be used to highlight study days, conferences and educational opportunities too, so please follow us by searching for @NorNetUK

Parent App – now live!!!

The Network's very own App for parents has been live and available as a free download for some time. Based on the same template as the one originally pioneered and developed by South West Midlands Maternity & Neonatal Network, it is now available on both the iTunes and Android/Google Play stores. Simply go to each and search for NNN and you will find the App to download freely.



We are now distributing publicity posters for your Unit to display in parents rooms and on notice boards etc, so please watch out for these and signpost parents to them. We are also making contact cards available to be given to parents so they have the download information readily available and can be encouraged to download and use. The App also has a parent feedback function, so we will be able to give Units this on a regular basis to help further improve family-centred care. More update and news as things develop!

Network Annual Report



The Network has recently published its fifth Annual report, highlighting our work over the period April 2014-March 2015. We undertake this as a core part of our role, enabling stakeholders to see what we have been doing and how well we have met our previously agreed Annual Work Plan and aims and objectives. It is a very useful summary of what we are about and it is made available as a printed version

for key leads and links across our health community. To see a file version of the Report and read it for yourself, please go to our Network website where you can find this and archived copies of all previous reports too;

<http://www.nornet.org.uk/Reports-Publications-&-Articles>

Network finalist for Nursing Times Nurse of the Year Award...

As reported in the Summer Newsletter, Claire Campbell (Sister at the NICU, RVI) had been shortlisted as a finalist for the Nursing Times Wards in the category "Nurse of the Year". This resulted in her going to the prestigious final ceremony in London in November to join her fellow finalists from across all the categories, including her own. Unfortunately, in the face of very stiff competition, Claire was not successful in winning the final Award, but it was still a fantastic honour to make it as a finalist - one of only eight nurses nationwide chosen in this category, so even to get that far is an amazing achievement. Well done Claire!

Family Centred Developmental Care Education: Where are we now? 2012 to 2015.

Following an audit of Family Centred Developmental Care (FCDC) across the Network in 2012/2013 it was established that only 8% of (1 of the then 12) units within the Network had staff who had received any accredited or recognised training in FCDC (NIDCAP, FINE level 1 and NBAS).

It was agreed that training strategy across our Network would be required, aiming to improve consistency of FCDC for babies and their families. This evidence for this was supported by:-Parental Feedback, BLISS, Neonatal Toolkit 2010 and the Picker report.

The 'FINE' (Family and Infant Neuro- Developmental Education) Educational Package and Pathway was identified as a positive and accredited course, which the Network could host to provide the training required. FINE has been developed and is delivered by a team of experienced UK NIDCAP professionals, and is endorsed by the EFCNI (European Foundation for the Care of the Newborn Infant), and affiliated to NIDCAP.

The Network has now successfully supported 2 'Foundation Toolkit for Family Centred Developmental Care' courses. These were delivered by the FINE team at Allergate House in Durham. This is level one of the FINE pathway - an introduction for all staff working with Neonates. The feedback has been very positive.

Moving on from 2012, when there were only a handful of staff who had completed any training, we now have nearly 100 staff across the Network who have received the level one FINE training. Also 100% of our units now have staff working on them

who have attended, so a significant increase in just 3 years. We have also had a wide range of the MDT attending – Nursing staff/Medical Consultants/ Nursing Support staff/Nursery Nurses/SALTs and Physiotherapists.

The real work obviously happens day to day on the delivery of individual family centred care initiatives and individualised care across our units; hopefully staff that have had training leading by example and Peer support.

FCDC training, education and skill development is ongoing. The Network is presently supporting 9 Network staff (nursing, SALT and Physiotherapy) through the level 2 of the FINE Pathway. This is a structured course beginning with an introduction day, followed by 12 assignments which involve observation, analysis and reflections. This 'Practical Skills' course aims to help staff understand, respond and respond to babies behavioural responses and so inform their practise and skill level in delivering and supporting individualised FCDC within their units.

I am pleased to say that myself and Maria Douglass (Band 7, who was funded to attend by the Tiny Lives Charity at the RVI), have now successfully completed the level 2 FINE. We are beginning to use what we have learnt in practise, individually supporting Parents and staff, and in the delivery of FCDC Clinical skills education at the RVI.

I think we should all be really pleased with how far we have moved on since 2012, with Network support – but also recognise that we need to continually promote and recognise areas of FCDC which we need to improve on – aiming to give babies the best outcome and provide continuity of care across and between units; based on up to date evidence.

Pat Dulson, Clinical Specialist Physiotherapist in Neonates, RVI

A retirement announcement

The Neonatal Unit at the University Hospital of North Tees recently wished a very happy and well deserved retirement to one of their much respected and admired members of staff.

Barbara Harrison started work on the Neonatal Unit back in 1979 where over the years she progressed from Staff Nurse, Sister, and Ward Manager and lastly, but equally importantly as an ANNP. As we know Neonatology is continually evolving and Barbara has not only witnessed but has been involved in many changes in the care provided for sick and or premature babies.

As you can imagine she has cared for many babies some having gone on to have children of their own who have also required care on the Neonatal Unit. She is remembered by all who she has come into contact with.



Sadly in 2012 Barbara became unwell, however this did not deter her from returning to work as soon as she was well enough. For the last two years she

reduced her working hours to part time and continued as an ANNP. Her work ethic and sickness record was exemplary.

All her many colleagues will miss her but wish her all the very best and hope she has a full and happy retirement - enjoying walking, holidays and her new found hobby of Photography.

Debra Bryan, NICU Matron, UHNT

ANNP Study day – ideas STILL needed!

In the last Newsletter, we floated the possibility of another dedicated study day for ANNPs which we hoped may happen in November. There was a very muted response for possible ideas/topics to include, but anecdotally, conversations with some around the Network as well as the positive reception and evaluation to last year's indicates this is still a suggestion that would be welcomed. We are therefore looking at a possible date sometime in May for this, but we still need ideas for topics that we can include and cover of relevance to our ANNPs. Please can you get in touch with Caroline Buckley (ANNP at JCUH) directly if you can think of something? Caroline.Buckley@stees.nhs.uk

NEST has arrived at CDDFT!!!

Neonatal Emergency Simulation Training has commenced across sites at University Hospital of North Durham and Darlington Memorial Hospitals. Using the latest hi fidelity Sim Baby, the team of 13 faculty members have devised training sessions for all members of the neonatal team incorporating topics such as pneumothorax, sepsis and the deteriorating neonate. Faculty members attended the 2 day "Leicester Neonatal Simulation Instructors Course" providing training on scenario development and candidate-led feedback/debrief techniques.

Our first sessions commenced in October 2015 and we are running one every month on each site. In addition to this we are planning skill station study days where various emergency based skills can be practiced under supervision and guidance.

Although we are in the very early stages of this programme initial feedback has been very positive. Staff have welcomed the opportunity to develop their learning using a multi- disciplinary approach and practice is already changing as a result of learning outcomes highlighted from these sessions.

We aim to provide 12 scenarios on a rolling programme to ensure all members of the team have an opportunity to gain experience in all areas of neonatal emergency care.

Ann Bowes – Neonatal Service manager, CDDFT

Changes to the Resuscitation Council's neonatal guidelines

The following are the changes that have been made to the NLS guidelines in 2015. Some build on or expand the changes that were introduced in 2010;

- For uncompromised term and preterm infants, a delay in cord clamping of at least one minute from the complete delivery of the infant, is now recommended. As yet there is insufficient evidence to recommend an appropriate time for clamping the cord in infants who are severely compromised at birth. For infants requiring resuscitation, resuscitative intervention remains the immediate priority. Stripping (or 'milking') of the cord is not recommended as a routine measure except in the context of further randomised trials.

- The temperature of newly born infants is actively maintained between 36.5°C and 37.5°C after birth unless a decision has been taken to start therapeutic hypothermia. The importance of achieving this has been highlighted and reinforced because of the strong association with mortality and morbidity. Even the mild hypothermia that was once felt to be inevitable and therefore clinically acceptable carries a risk. The admission temperature should be recorded as a predictor of outcomes as well as a quality indicator.

- Preterm infants of less than 32 weeks gestation may benefit from a combination of interventions to maintain their body temperature between 36.5°C and 37.5°C after delivery through stabilisation and neonatal unit admission. These may include;

- Warmed humidified respiratory gases
- Thermal mattress alone
- A combination of increased room temperature with plastic wrapping of head and body with thermal mattress

All of these combinations have been effective in reducing hypothermia. In addition, the delivery room temperature should be at least 26°C for the most immature infants.

- An ECG, if available, can give a rapid accurate and continuous heart rate reading during newborn resuscitation. It does not, however, indicate the presence of a cardiac output and should not be the sole means of monitoring the infant.

- Resuscitation of term infants should commence in air. For preterm infants, a low concentration of oxygen (21–30%) should be used initially for resuscitation at birth. If, despite effective ventilation, oxygenation (ideally guided by oximetry) remains unacceptable, use of a higher concentration of oxygen should be considered. Blended oxygen and air should be given judiciously and its use guided by pulse oximetry. If a blend of oxygen and air is not available use what is available. If chest compressions are administered, supplemental oxygen should be increased.

- Attempts to aspirate meconium from the nose and mouth of the unborn infant, while the head is still on the perineum, are not recommended. The emphasis should be on initiating lung inflation within the first minute of life in non-breathing or ineffectively breathing infants and this should not be delayed. If presented with a floppy, apnoeic infant born through thick particulate meconium it is reasonable to inspect the oropharynx rapidly to remove potential obstructions. Tracheal intubation should not be routine in the presence of meconium and should only be performed for suspected tracheal obstruction.

- Nasal continuous positive airways pressure (CPAP) rather than routine intubation may be used to provide initial respiratory support of all spontaneously breathing preterm infants with respiratory distress. Early use of nasal CPAP should also be considered in those spontaneously breathing preterm infants who are at risk of developing respiratory distress syndrome (RDS).

- The recommended compression: ventilation ratio for CPR remains at 3:1 for newborn resuscitation. Asynchronous compressions are not recommended.

For full details and references, see the Resuscitation Council website -

<https://www.resus.org.uk/resuscitation-guidelines/resuscitation-and-support-of-transition-of-babies-at-birth/>

Dr. Richard Hearn – Consultant Neonatologist, RVI

Important changes at the Regional Maternity Survey (RMSO) office

The Northern Congenital Anomaly Survey (NorCAS) is now part of the National Congenital Anomaly and Rare Disease Registration Service and is continuing to collect data from Trusts across the network.

The RMSO ceased data collection to the Northern Survey of Twins and Multiple Pregnancies (NorSTAMP) on 31st March 2015. From 1st April 2016, PHE will no longer support the wider RMSO surveys which are regionally focused. Therefore, it is with great regret that we have to inform you that the RMSO will cease to host the Perinatal Mortality Survey (PMS), the North of England Collaborative Cerebral Palsy Survey (NECCPS), and the Northern Diabetes in Pregnancy Survey (NorDIP). Data for all surveys can continue to be requested from the RMSO until 31st March 2016, by submitting a data request form by 1st March 2016.

The RMSO has been a close collaboration between clinicians and researchers over many years. We would like to take this opportunity to thank all those who have supported the RMSO and contributed to data collection and reporting. Thanks to the efforts of everyone in the participating units, the work of the RMSO is recognised nationally and internationally and has made a real difference to the care of mothers and their babies.

The RMSO will be in direct communication with notifiers throughout the next few weeks but if you have any queries please contact the office on 0191 2331658 or nicola.miller@phe.gov.uk

Nicola Miller, RMSO Co-ordinator

National Scholarship – a local winner!

Have you ever had an area of care that you really enjoy? Have you ever wanted to see how this done in a different unit or even country? For me it's neonatal transport and retrieval. I have been qualified for ten years and have been employed by South Tees Foundation Trust since. During this time I became a member of the transport team and have lost count of the amount of retrieval system I have undertaken. We all hear anecdotal accounts from colleagues about places they have worked and teams they have been part of, and quite often these involve time spent working with other transport teams. This got me thinking, if medical staff have such a positive experience, what could I learn from a nursing perspective? How could this impact on nursing care and improve nursing practice.

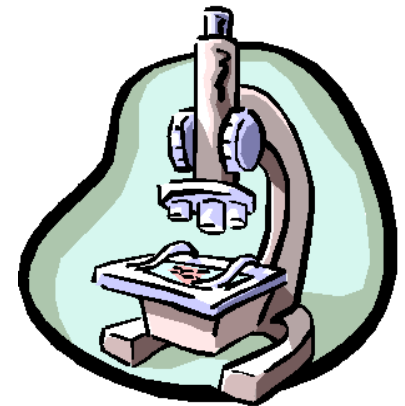
In July I discussed my thoughts and wondered if I could make them reality, would I be able to apply for a travel scholarship. From this discussion things progressed rapidly, I had till midnight that day to prepare and submit an application to the Florence Nightingale Foundation for a travel scholarship due to deadlines. With the application and references submitted it was a few weeks wait until successful candidates were invited to interview. When the email arrived I was pleasantly surprised to discover I had been successful and in early October I travelled to London for an interview with the panel at the Florence Nightingale Foundation. With the interview completed, one of the most daunting experiences of my life so far, it was time to wait again. I had given it my best shot and was pleased that I had been shortlisted for interview against a lot of competition. The following week I found out that the panel had been impressed with my interview and had awarded me the Florence Nightingale Foundation travel scholarship along with the Sandra Charitable Trust.

With this award I am planning to visit the Scotstar service in Glasgow, arrange visits to other transport services, and spend four weeks in Australia visiting the PIPER service in Melbourne and NETS in Sydney. The purpose of the visits will be to observe current practice with the aim of identifying difficulties and obstacles to communication and consent with families and improvements that have been implemented to address these issues, to highlight current practice in transporting parents and to review education systems they have for nursing staff. I think this is an amazing opportunity I have been given and I hope that this experience will result in an improvement in patient care.

Jo Chubb (Sister, James Cook University Hospital)

Research and Audit News

There have been no specific updates from around the Network regarding ongoing research and trials etc. We did however have a very successful Research meeting on 3rd July at Allergate House. This was attended by nearly 30 staff of various grades, both medical and nursing and we heard about the various research trials and clinical audits that had been conducted and were still ongoing or about to commence across the Network.



By the end of the day, there was a clear consensus amongst those who attended that it had been a very valuable and interesting day and there was a very clear appetite for this to be a recurring event. The plan is therefore to try and have an annual day similar to this one where staff from across the Network can come together and have a forum to discuss clinical research and audit within neonatology and hopefully foster a better understanding of what is happening in Units and better coordinate future projects as well as hear the very latest developments in this key area.