# The Northern Neonatal Network

An Operational Delivery Network

## Annual Report 2014-15

# The Northern Neonatal Network. Our year 2014-15 at a glance

- The Network worked closely with an external Review Panel from the Royal College of Paediatrics & Child Health (RCPCH) to enable them to draft a Report focusing on the reconfiguration of Neonatal Intensive Care (NIC) services. With expected publication in the summer of 2015, we are committed to then work with commissioners/stakeholders to implement its recommendations.
- The hoped for and anticipated joint neonatal/paediatric "NECTAR" transport service was not commissioned, but we have since worked to create a business case for a stand-alone, supernumerary neonatal service for consideration by NHS England in 2015-16
- The Network is working closely with Health Education North East to create a local course to enable the training of Advanced Neonatal Nurse Practitioners (ANNPs) with a local university in 2015-16.
- We appointed a new Educational Lead and are hoping this new role will enable us to re-focus on education and training as a top priority in a new way and create new opportunities for our staff to maintain and update their skills and knowledge.
- We have created a new free App for smartphones to enable parents to have a wide range of information about all our Units and hospitals as well as other helpful and relevant resources.
- The Network has acted as a pilot site for the BLISS Baby Friendly Accreditation Scheme (BFFAS), with all 11 of our Units auditing themselves against the BLISS Baby Charter Standards, implementing action plans where indicated to enhance family centred care as well as enabling them to apply for grants of up to £10000 that can be used to enhance facilities for parents.
- The Network was able to directly support nearly 200 of its staff to attend a wide range of locally-facilitated and funded courses, conferences and workshops, as well as key national events.
- A new initiative to encourage innovation amongst our nursing staff was successfully launched. The Sam Richmond Scholarship, named in memory of the Sunderland Neonatologist who dedicated so much time and energy to the field saw its first joint winners.
- We have continued to facilitate quarterly clinical forums and meetings to discuss issues in a proactive way and agree appropriate collaborative solutions.
- A "Care Bundle" for palliative/end of life care has been created and launched, providing a comprehensive resource for all our staff across the full multi-disciplinary team and seeking to benchmark best practice and reduce variation in this key but challenging area of neonatal care.
- We have continued to provide a full set of detailed quarterly reports, focusing on key performance metrics, supplying Units with data benchmarked against national standards and specifications and informing audit discussions at Board and other clinical meetings, as well as bespoke support to Network staff and overseeing a successful transition of all our Units to the latest BadgerNet database.

## Introduction by the Northern Neonatal Network Host Sponsor Chief Executive – Ken Bremner

As the Northern Neonatal Network commences its sixth full year of operation, it is once again worth reflecting on the work they have been involved in over the previous 12 months as outlined in this, their 5th Annual report. Whilst operational delivery of neonatal services remains the core remit of the Network; ensuring babies have access to the highest quality care they need according to appropriate pathways, there has also been a significant emphasis on addressing some of the key local strategic issues within the specialty.

The most pressing of these, focusing on the potential reconfiguration of neonatal intensive care across the Network, has seen a recent collaboration with a Review panel from the Royal College of Paediatrics and Child Health (RCPCH). We await their final Report and recommendations with interest and all key stakeholders – the Network, provider Trusts, commissioners and colleagues in allied specialties like maternity and paediatrics will need to work closely together if this process is going to succeed. It will be a significant challenge, but the Network remains committed to the principle of finding the most sustainable long term solution for providing the best neonatal care possible against the backdrop of national standards, specifications and ever scarcer NHS resources. There will certainly be many new opportunities as well as challenges in the coming months and years, but by working together we can be confident that babies, their parents and families will benefit in the long term from any changes that are agreed, as they will always be central to what the Network does.

Finally, the Network has continued to deliver an impressive programme of education and training for neonatal staff throughout the region, continuing its commitment to promoting family-centred and developmental care and this will continue. It has also been particularly pleasing to see the successful launch of the Sam Richmond Nursing Scholarship, culminating in the first joint winners (Lucy Mann and Charlie Pearson) to whom I was delighted to co-present the award and prize to, as highlighted in this Report. Initiatives like this, designed to encourage innovation and improvements in care are another example of how the Network is continuing to deliver on its key priorities and I continue to support their work, looking forward to another successful year and further progress and achievements.

The recently announced national Maternity review will also need considering alongside the outcome of the Neonatal review.

## Foreword by the Northern Neonatal Network Board Chair – Deborah Jenkins

Every year since I have been writing these forewords for our annual reports I have talked about the pressures of turmoil and change, and this year has been no exception. We are eagerly awaiting the outcome of the RCP's report into reconfiguration of services. Whatever it says, it is inevitable

that for some of our units there will be unwelcome consequences, and we must ensure that the coming year is spent in building an integrated service across our region that will truly serve the babies and families we are all here for. It is time to move on and make real the changes we have spent so much time debating over the last decade, and do the best we can with the limited resources we can command.

After so much work from network members, it was disappointing to lose the much-needed investment in neonatal transport we had anticipated and to discover that it had been absorbed into the paediatric transport bid. The political nature of this volte-face is doubly unfortunate – not only has it taught us a depressing lesson about trust, it has also dangerously strained the viability of the transport service. We must find a way to strengthen it as a matter of urgency.

Despite the challenging nature of the context we are working in, there has been much to make us proud of our network over the past year. Once again, the team has collaborated with network members to deliver very well-received training, improve the quality of information we collect, run productive meetings which bring clinicians together to tackle issues of concern, and enhance the level of service all our units are able to provide to families. It was exciting to launch the new network app for parents, which gives them a whole new range of information about all our units. We have joined the social media age with a Twitter account, and have improved our website to make it more user-friendly. It was great to see the first Sam Richmond Scholarship award won by Lucy Mann and Charlie Pearson for their proposal on new handover systems and I look forward to even more competition for the award this year.

As ever, I hope I speak for all Network members in thanking our team, ably led by Martyn Boyd, which continues to manage a huge amount of work on very limited resources, and to maintain almost miraculous courtesy in the face of many busy people failing to respond to requests for the information that enhances the effectiveness of the network. I am delighted that Martyn's commitment has been recognised by his recent appointment as chair of the national association of neonatal networks and am sure you join me in warm congratulations.

# Report from the Northern Neonatal Network Manager - Martyn Boyd

We have now moved into our sixth year as a managed clinical network and we can once again look back on a combination of challenges in some areas and on some issues, and real progress in others, all at a time when the financial pressures on the NHS are increasing and will continue to do so.

Much of our collective energies as a network over the last 12 months have been focused on the issue of reconfiguration of neonatal intensive care services. This is something we have been grappling with for many years, even pre-dating our current formal network, but this last year we attempted to start formally moving forward on the Network Strategy that was first drafted and agreed in October 2012. However, this ground to a halt in the summer of 2014 after we failed as a Network to get full agreement on the details we needed to get into. The one conclusion that everybody could continue to agree on was that providing full intensive care on the current four sites was simply not sustainable – and that none were meeting some key national standards and specifications.

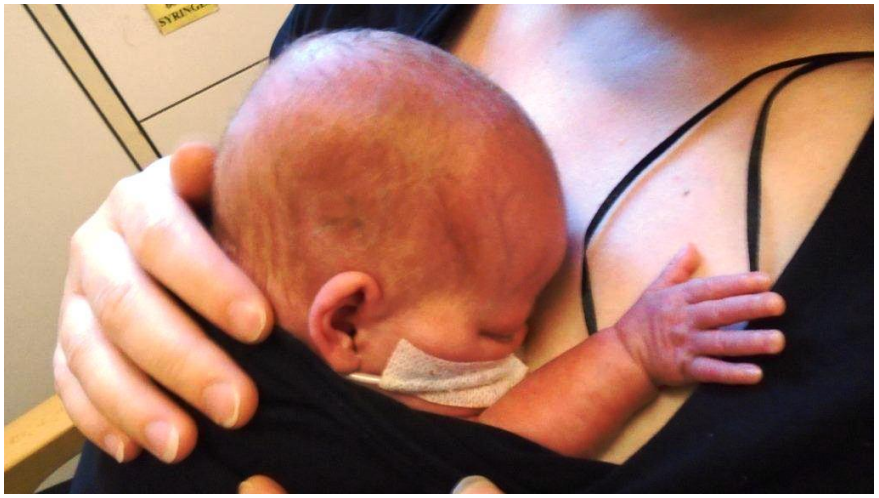
As a result, the recommendation made to and adopted by the Board was to consider the feasibility of an external review to provide an independent view on reconfiguration and appropriate recommendations. This was picked up by NHS England who subsequently commissioned an external review by the

Royal College of Paediatrics & Child Health (RCPCH), who have a history of such work and a panel dedicated to providing the expert recommendations we sought. This was formally ratified by the Network Board in January 2015 following exploratory meetings to discuss the scope of the Review and appropriate Terms of Reference. The Review Team then undertook a series of meetings at each of the four Trusts currently providing intensive care – RVI, Sunderland, North Tees and JCUH. This involved speaking to key staff at all levels and across associated specialties including maternity and paediatrics, as well as engaging with representatives from the Special Care Units (SCUs) and Network staff.

The Panel have also had access to a substantial amount of data, enabling them to benchmark current service provision against the key standards, examine the current patient flows and use this to help inform a Final Report that we are hoping will make firm recommendations as to a sustainable, model for high quality neonatal intensive care services across the Network for many years to come. At the time of completing this Annual Report, the publication of the RCPCH Review is imminent – and we look forward to seeing this and putting the recommendations into action, so that we continue achieving the best possible outcomes for our babies and their families. We do not underestimate the size of the task ahead and the challenges this will undoubtedly bring, but we are committed to the principle need for change and to collectively act on the recommendations accordingly

In addition to this key aspect of our work we have continued to develop new priority areas as well as ensuring we meet our key aims and objectives agreed last year as outlined in our Network Annual Plan. This has seen us remain committed to our education and training strategy, ensuring we continue to provide Network facilitated workshops and conferences, as well as funded places on a suitable external such events. This is summarised in the separate section at the end of this Report, which demonstrates the difference the Network is making for its staff at all levels and we will continue with this. We are particularly excited to see how the new Educational Lead role works out and assists with this and expect a full section in next year's Report from Dr Osama Hamud, who has now taken on the role, to reflect this.

One significant change we saw during the year was the closure of the SCU at the Friarage Hospital, Northallerton, with the activity and staff transferred across within the same Trust (South Tees) to the NICU at James Cook University Hospital (JCUH). This followed a lengthy review of maternity/paediatric/neonatal services and a public consultation and was obviously not an easy decision to make by the Trust, but I would like to pay testimony to the dedication of all the staff who worked their over the years and the amazing dedication they showed in providing an excellent service to the local population and beyond and their lasting difference this made to thousands of babies and their families over many decades.



We continue to work closely with our colleagues in the Maternity & Child Health Strategic Clinical Network (SCN) and have valued their input into the RCPCH Review, as we acknowledge the inter-dependency of maternity and paediatric services with neonates and the impact and changes due to reconfiguration in one area will have on the others. This will undoubtedly continue and deepen as we move to the implementation of the Review recommendations so we look forward to benefitting from their support and of course we as a Network will be ready to offer similar such help as and when needed in the context of wider reconfiguration of services which will continue to occupy much of our collective energies in the years ahead.
We have successfully recruited a second Parent Representative to the

Network Board. Victoria Brett joined us in late March, so we welcome her to the team and look forward to her support and input, which will be particularly important once the Report is published. Vicky is looking forward to supporting our existing Board Rep Martin Leake, who has himself been working on some initiatives that we hope will come to fruition and form the basis of a fuller update from them both in next year's Report. Martin also continues to share his experiences as a parent at meetings and conferences across the region and beyond, passionately and powerfully making the case for the parent voice to be heard and appreciated, enabling true family-centred care to be at the heart of neonatal services – an aspiration we as a Network are fully committed to.

It is disappointing to report that there has still been no long term funding mechanism for Operational Delivery Networks (ODNs). For the third time, the "transitional" CQUIN funding arrangements for ODNs were rolled over, without any indication as to what the proposals are for 2016-17 and beyond. We hope that this is finally addressed by the Department of Health to allow the stability and long term planning we have looking for to be provided that has been sadly lacking since our creation in 2010.

The Report that follows details the main priorities and developments we have been focusing on as a Network. We agreed as a Network our Annual Work Plan in April 2014 and this detailed the main aims, objectives and priorities we wished to focus on and the main areas of lead responsibility for the work streams involved. We have fulfilled most of these and have only struggled with the speed of progress on some where we have not been in control of the process, such as reconfiguration, transport and a local course for training ANNPs. However, at the time of going to print, there have been much more rapid developments so my hope is by the time of the next Annual Report for 2015-16 there will be much to look back and reflect favourably on.

I think we as a Network are fully aware of the challenges that lie ahead of us all over the coming months and years – and some very difficult discussions and decisions need to be had during them as we grapple with the issues confronting the wider NHS and the financial realities looming, but in particular how we can collectively sustain the very highest possible quality neonatal care. I am convinced we have the very best people in the field to enable us to do this and I am very proud to work alongside them and the Network I manage. In closing I think it only appropriate to thank my Network colleagues for all the hard work they put in to help me and every single member of staff in every one of our 11 Units for the dedication they show every time they come to work, striving to improve the lives of the babies in their care and their families. I am confident that the Network continues to demonstrate its value in supporting this and helping to equip its staff with the tools they need to achieve the very best care possible, as this Report seeks to demonstrate.

# Report from the Northern Neonatal Network Clinical Lead – Dr. Sundeep Harigopal

It is now five years that we have become a fully-fledged managed clinical network and is probably a good point to take stock of what the Network has achieved over the years. I am pleased to report that we have built on the significant progress made over the years and continue to work to improve the quality of care for the babies and their families.

The last 18 months have been particularly busy in trying to address some serious issues that the neonatal community has been grappling with. Despite these challenging times, the Network has provided leadership and support to enable effective partnership working to deliver high quality care.

The main issues that the Network faces are capacity, occupancy and staffing. The inequity in the cot distribution has resulted in a number of babies being transferred away from the unit close to their home. Although there is consensus that four NICUs are too many in the Network, there are differing opinions on the location.

To address this issue NHS England supported by the Network commissioned an external review of the neonatal intensive care services within the Network. The review was undertaken by RCPCH external review team early this year and the report has been submitted to NHS England. I sincerely hope that the recommendations are put to into action as further procrastination will only be detrimental. It is very important the provider trusts, commissioners and the network work in a collaborative manner to ensure that the recommendations are carefully deliberated and carried out appropriately.

Another important service that we recurrently addressing is the transport service. This has been under considerable strain for some time now. With the NECTAR proposal (joint PIC/PIC service) not going through we set up a task group early this year to address this issue and agreed that the Network needs a standalone neonatal transport service. The current system is not sustainable and therefore the Network has submitted a business case to the Newcastle Hospitals NHS Foundation trust who will act as the host trust for the service. This will soon be submitted to the commissioners who have acknowledged it as high priority.

The Network has made significant progress in the field of education and training through various programmes. The regular stabilisation courses and simulation workshops have helped to train and maintain skills in stabilisation and resuscitation. The Network has supported staff to attend workshops and courses like the developmental course, palliative course and neonatal life support (NLS) course to name a few. We have recently appointed Dr Osama Hamud as Educational Lead to further support education and training especially for the special care units.

The guideline group has successfully developed a repository of guidelines and continue to build on this. There have several successful initiatives carried out in the last 12 months. I have named a few below. The palliative care bundle has been developed to assist units across the Network to support families. A transport referral pathway is currently being developed to assist both maternity and neonatal units refer mothers or babies to the appropriate transport service. A consensus statement on management at borderline of viability has also been developed along with the maternity

network to address the management of women with threatened labour at 23 weeks gestation.

We have also had a busy year trying to set up an Advanced Neonatal Nurse Practitioner course for the region. Lynne Patterson has put in a lot of effort into this project and we are hopefully in the final stages and hope to have it running by September 2016. Another success this year has the launch of the Network App. Sue Thompson has worked hard to get this finally up and running and I am sure this will be of immense benefit to parents.

Finally I would like to thank all my network colleagues all for all their hard work and dedication.

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## Report from the Northern Neonatal Network Nurse Lead – Lynne Paterson

Another year has passed and once again there has been much on the agenda for the Network.

In terms of moving neonatal nursing forward we have our two recipients of the first Northern Neonatal Network Sam Richmond Nursing Scholarship, staff nurses Lucy Mann and Charlie Pearson, joint winners from South Tees Hospitals NHS Foundation Trust. They have been studiously working away on improving nursing bedside handovers and I shall be delighted to hear them present their initial findings at our Network Annual Conference in September, as I know you will. This is however a yearly award and so for those of you out there with a bright idea for next time, start thinking about putting an application together as we will soon be looking for our next recipient. I would urge you to consider this as it is such an excellent opportunity for all of you and I am of course happy and willing to support you in shaping your ideas so please get in touch with me on the following address if you need any help: Lynne.Paterson@stees.nhs.uk

On an educational front, several network days aimed at nursing staff have been delivered across the region including respiratory care, a blood transfusion awareness day and family centred care days. This coupled with the Developmental Care Toolkit days, extra NLS courses and the other usual stabilisation days has meant that staff have had many opportunities to get an update thus helping us to raise and maintain quality across the patch.

In future with the prospect of revalidation looming, these days as well as others will assume a greater importance for those of us wishing to gain continual professional development hours; so make sure that you keep tuned in to the Network website – www.nornet.org.uk as well as our Twitter account - @NorNetUK for future details. Your local Unit Board representatives will also be sent details, so make sure you know who they are so that you can ask them to keep you updated.

I would also like to express my thanks for everyone's participation in the organising and delivering of these sessions, they are indeed very valuable for all staff as well as involving a developmental opportunity for those staff included in their delivery.

Work has been moving on at a brisk pace with the help of our Bliss Nurse Sue and she has described in her own pages where we are at with those initiatives but again a huge thank you to all who have taken the Bliss Audit to your hearts and really participated in developing this and helping to lead your unit to a monetary award to help improve the environment for your families, excellent progress has been made and you should all congratulate yourselves.

Some headway has been made in the development of an ANNP course in the region but despite working with HENE (Health Education North East) on this we are still not able to move this forward this September as we would have liked. All of the management team is now focused on this and we are hopeful that we will make progress in time for next year. So keep looking out for job opportunities if you are considering training to be an ANNP as there will be future prospects for those of you with this particular aspiration and we will need your skills in the future as we progress with nurse led opportunities including those in our neonatal transport service.

On the horizon there is a national project scoping our current QIS (Qualification In Specialty) education. There is still much work to be done to ensure that all our post basic qualifications are to the desired standard across all universities and it is likely that we will be see some changes occurring in the not too distant future. Martyn and I are plugged into this work together with the QIS facilitators across both local Universities and we will keep you informed of its progress. But to give you a flavour of the likely content, topics for inclusion on the course will be standardised and will include more biomedical science, contact time is likely to be streamlined, there will be some guidance around the qualifications of those teaching on the course, there will be set standards on the academic level of the course and it is envisaged that all of the elements of the education will be audited on a two yearly basis to make sure that they conform to the expected standards. Again keep your eyes trained on the website and the minutes of our future board meetings to make sure that you are up to date with these developments. We will continue to meet with the national team leading this as well as the local Universities to ensure that our courses are compliant in the future.

We have been lucky to recruit another parent representative, Vicky Brett, who has already been to our Board meeting and is helping to shake things up in order that our services are responsive to the needs of parents and families. We are therefore working with Vicky as well as our other parent member, Martin Leake, to move things ahead. We are currently exploring some restrictions around visiting and they have helped us develop an updated parent questionnaire as well as our new App; both of which will be featuring live very soon. We therefore need your help in driving this forward and making sure that these are highlighted to parents so that they all have an opportunity to get involved in reviewing our services.

Lastly, I am conscious that this has been another year of uncertainty with the discussions around reconfiguration and with the recent RCPCH review. I am hopeful however that we will have some resolution of several of these soon and that we will have a plan that we will be able to move forward with into the next few years. Whatever happens in the future I am sure that there will be some exciting opportunities for nurses and so I hope that you will join me in embracing these when they come. As always I am keen to capture the thoughts of nurses across the region and take any issues that you may have to the Board on your behalf, please contact me directly if you want any items raised.

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## Report from the Northern Neonatal Network Data Manager – Mark Green

Recent Work Undertaken

1. BadgerNet Migration
Every unit successfully migrated to BadgerNet from the previous Badger3 system during 2014, and there were no reported major problems with the switch.

2. Northern Neonatal Website
The NNN website has been active for over a year, and is constantly being updated and improved.

3. The "Monthly Neonatal Dashboard"
We now have 5 years' worth of data and this can be seen in the data section of this report. We are now looking at revamping the data collection and the reporting to reflect the ever changing improvements to BadgerNet and to the data reporting functions included in the system.

4. 2-Year follow up (NORBOS)
A lot of work has been done to improve the recording and reporting of good quality 2 year outcome data for the network. This is an NNAP data completeness report and a national CQUIN.

5. Unit Annual Reports
Every unit should have now published their first annual report. The ones that we have been made aware of are available on our website.

6. Data Managers Forum
Twice a year I attend the neonatal data manager's forum in London, where the data managers from around the country meet and discuss current reports and data that each network is involved in, and what our individual units receive in the way of regular reporting.

7. Transitional Care
I have been looking at procedures to collect and report Transitional Care activity that is performed on each unit.

8. Reconfiguration
Providing activity data to support the RCPCH reconfiguration project.
Continuing/Future Work

Staffing/Activity
Provide timely, accurate and validated Quarterly NNN Staffing Reports to each Unit Provide Annual Network summary and performance report based on Unit's meeting of BAPM recommended staffing levels for each Unit

Undertake full capacity assessment across Network, mapping activity and cot occupancy levels for each Unit against capacity, with particular focus on NHSE funded IC/HD cots

Network Reports
Develop and publish ongoing Quarterly reports at Unit & Network level utilising new key performance metrics and Unit compliance with identified audit measures Explore potential use of collated Badgernet Dashboard data to create dedicated simplified reports

Patient Pathways
Provide annual reports, listed by Unit/Trust highlighting patient pathway compliance and incidences of variation.

Maternity Collaboration
Utilise existing national quality reporting streams from Annual NNAP Report to provide detailed, timely feedback to Maternity SCN leads highlighting Trust-level performance on key indicators affecting neonatal outcomes (via cross representation on NNN and Maternity SCN Boards), including RMSO Reports

Two-Year Follow up
Quarterly reports to be summarised and sent to Unit Lead Clinicians highlighting forthcoming due 2-year assessments, allowing identification of those due and subsequent entry onto the Badgernet system.

BadgerNet Support
Provide "point of reference" support role for Badger users across Network. Assist Unit data leads with requirements to enable compilation of annual reports Attend Unit sessions/meetings as requested to provide teaching & training in Badger use and system potential

Activity Data Reports
Continue to provide regular unit and network level reports highlighting quality indicators and further refine processes to develop indicator reports. Produce and distribute quarterly reports, to include key performance metrics, including NNAP and NICE audit indicators. Use BadgerNet to create dedicated simplified reports.

Commissioner Activity
Quarterly summary of Unit activity levels across HRG/Care levels according to NHSE requirements, supplied to CSU for anonymising then distribution to Trusts for validation/checking

Neonatal Transport
Support the Network transport service in light of the pending decision with regard to the single transport service for the Network, by the continuing collection of transport data and regular reporting and progress reports to the NNN board.

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# Report from the Northern Neonatal Network
# BLISS Nurse – Sue Thompson

This is my second report for the network and finds me coming towards the end of a second year as the network Bliss Nurse. Once again I would like to thank all 11 of our units for their support and participation in the various areas of improving family centred care across the Network.

For those staff new to the network my role is 60% funded for 3 years by Bliss, the remainder of the funding is from South Tees NHS Foundation Trust, as such I am based at James Cook University Hospital NICU, but I also work across all 11 units to improve and share best practice for family centred care. I work directly with families supporting them emotionally, applying for financial support where available, and teaching staff about family centred care.

The following areas are where we have developed as a network in the last 12 months.

**Bliss Baby Charter Audit and Bliss Family Friendly Accreditation Scheme (BFFAS)**
Ten units have completed the audit and submitted it to Bliss, with several units either having received or applied for £10,000 from the grant fund to improve facilities for families on their units. To apply for a grant a current audit must be completed highlighting the need for improvement, parent's testimonies are also important to support the grant application. Units have improved parent accommodation, both day/waiting areas and bedrooms, applied for developmental care aids and used the money towards building new parent/sibling areas. Future grants are still available for further improvements to any of our units.

Bliss acknowledged the networks commitment to improving family centred care through promotion of the audit and chose the Northern Neonatal Network as one of two pilot sites for BFFFAS. I hope that some of our units will be amongst the first to achieve the BFFAS mark of commitment to family centred care. We have held a training day for health care professionals at the beginning of 2015 and are waiting for Bliss to organize the same training for volunteers within the network. Once this has taken place units can apply for external audit from health care professionals and parents with the aim of achieving BFFAS. I hope to report in next year's review how many units have achieved BFFAS within our Network.

**Northern Neonatal Network App**
The Network has funded an App for 3 years to help ensure parents have the most up to date information about all 11 units, access to accurate information about caring for their baby in a neonatal unit and the ability to give feedback about the services they received from the units in the network. The app was originally developed within South West Midlands Maternity and Neonatal Network with parental involvement. It is free to download either iTunes or android App store and can be found by searching NNN.

Thank you to all the staff who contributed unit information to ensure accuracy for the App. Built in with the App is one hour development and support time so any amendments can be quickly made to ensure the information remains valid. The success of the App depends on all staff in the network ensuring families are aware of it and how to access it; this is a fantastic tool for families and staff.

**Network Parent Satisfaction Survey**

Following a Network project last year assessing parental feedback it was decided to develop a single parent satisfaction survey for all 11 units, this has been devised using the original questionnaire, the Bliss audit and the PICKER survey. The final survey was compiled after feedback from unit managers and parents. The aim of this survey is to evaluate and share good practice and allow units to benchmark within the Northern Neonatal Network. This survey will be given to all parents prior to discharge home, with the aim of completion before leaving the unit to maximize completion, either in a paper format or an electronic link.

**Parent Representatives**

The Network now has two parent representatives again; Martin Leake has been joined by Victoria Brett, both of whom are passionate about sharing their experience of neonatal care and driving change for the benefit of future families. The areas they hope to drive change in are; standardizing the use of mobile phones within a neonatal unit, and decreasing the exclusion of parents. Martin and Vic are committed to help our Network improve family centred care and I would like to thank them for their work to date, and the plans for the future.

Minimising the exclusion of parents with the use of headphones and music, especially during ward rounds/handovers is a project that both parent reps feel strongly about. This was discussed as a Network at board meeting, and James Cook University Hospital NICU took the decision to become a pilot site for the project. There is very little research conducted into the use of headphones during ward rounds in NICU, as such it is essential to conduct this pilot so the results can be analyzed and published. This project is still in the development stage to ensure validity; I hope to report the conclusions in my next report. Martin and Vic will be involved with this project, at planning, implementing and educating stages. As a Network we chose to have parent representation, it is essential we listen and value their thoughts, ideas and offers to help drive quality of care.

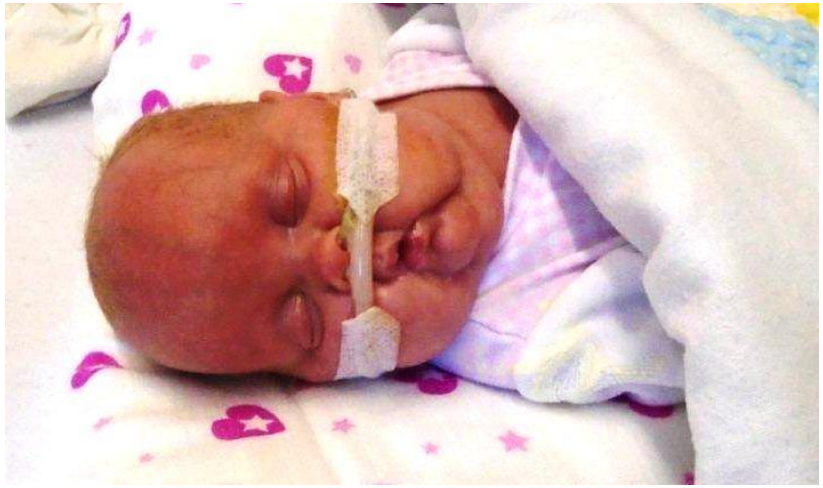
**Family Support Groups**

I am pleased to report that all four level 3 units now offer support to parents after discharge from the unit in the form of a well-attended family group. A fifth group has also been established to cover the families from University Hospital of North Durham.

**Bliss Volunteers**

Several parents have expressed an interest in volunteering within the Network, some to help with research projects and others to be directly involved in supporting families either on the units or after discharge home. We also had a positive response from parents to help with the BFFAS training and audit.

Unfortunately Bliss do not have the capacity within their service to support our network with volunteers at the present time, I have discussed this with the CEO of Bliss to express geographical inconsistencies in service. Resulting from this Bliss are currently building a bid to The Big Lottery Fund to address the problem, however this will not be a quick solution to the problem. Please continue to let me know if you have parents who want to volunteer within the Network, as it may still possible for this to happen. It will be more effective to contact me rather than Bliss direct; I hope that by my next report this will no longer be an issue within our Network.



**Parents Mental Health Support**

Emotional support for families can be variable across the Network; Bliss withdrew the free counseling service for parents earlier this year. Since this I have been looking at how to ensure we have a universal service for all the families within the network. Improving Access to Psychological Therapies (IAPT) programme is now established in every area of England. The service providers have been commissioned to improve access to services supporting mental health. IAPT can be accessed via GP referral or self-referral and local services can be found on NHS Choices website by searching IAPT. Unfortunately it still means many parents accessing the service in a different location to their baby as it is funded via commissioners and influenced by postcode.

Any woman who has given birth within the previous 18 months of accessing the service will take priority; an initial assessment of need should be completed quickly. This service is not solely for women, dads can also access the service, however they will not have the initial assessment as quickly as mothers.

**Reading to Babies in NICU/SCBU**

This has been a pilot conducted from The Literacy Hub to drive literacy levels up across Middlesbrough. I originally contacted Bookstart to enquire about having reading books in all units for parents to read to their baby, however this was not possible. From this stemmed a project by the Literacy Hub to use James Cook University Hospital Women and Children's Centre to promote early reading to babies. The families have been supplied with free books (from Walker books) to encourage reading, information about the benefits of reading to their baby and the parents have also been supplied with a selection of books in the waiting room. The project has been evaluated by the Literacy Hub HQ in Peterborough, and had the official launch in June 2015. I hope that after evaluation this project can be rolled out to all units across the Network, I will keep the units up dated with.

**Health Visitor support in NICU/SCBU**

The support families receive from the health visiting teams across the Network is inconsistent; to start to address the inconsistencies I have travelled to several health visiting teams across the region to assess what is normal practice. The health visiting teams in Middlesbrough have devised a Standard Operating Procedure to ensure all families receive their primary to several health visiting teams across the region to assess what is visit at day 10-14, and are followed up weekly whilst in a neonatal unit. I hope this will be shared across the Network.

I have highlighted the inconsistencies in support across the Network at the 'Building Happy Babies' group, this is a group established by Northern England Strategic Clinical Networks. The purpose is to discuss and review regional, national and international best practice models and evidence based research to improve the maternity experience for women, babies and families.

With help from all units I feel we can continue to raise the profile of difficulties experienced by families in their neonatal journey both locally and nationally, it is small changes which will make a big difference. I could not achieve this alone and I am grateful for the support I receive from all of the units, the Network and parents. I look forward to the challenges and successes of the next 12 months.

# Northern Neonatal Network Sam Richmond Nursing Scholarship – inaugural winners

A new initiative for the Network in 2014-15 was the successful launch of our first Annual Nursing Scholarship, named in memory of the late Dr Sam Richmond, who worked for many years as a Consultant Neonatologist in Sunderland and helped develop the service there. In any ways Sam was one of the true pioneers of the speciality and he was greatly respected by his colleagues and peers, so we felt it was appropriate to try and acknowledge this.

As a Network, we also feel it is important to try and foster a spirit of innovation that Sam championed and to support the nursing staff working in our Units to develop new ideas as to how care can be improved. With that in mind, we created this new prize and set about creating the opportunity for our nurses to benefit accordingly.

Working with permission from Sam's widow Liz, the Scholarship was formally launched in late 2014. By the time of the closing date, it had attracted some excellent proposals from nursing staff across our Units. A panel of judges drawn from the Network management team was then set up to pick a winning entry from those submitted. The quality of those made this a difficult task, but eventually, it was decided that the a joint submission from Lucy Mann & Charlie Pearson, 2 staff nurses from James Cook University Hospital, was the worthy winner. Their application was entitled "Increasing the effectiveness of neonatal nursing handovers at the NICU cot side" and will involve evaluating current approaches to nursing handovers and attempt to improve the effectiveness of them with the aim of enhancing communication and ultimately patient care.

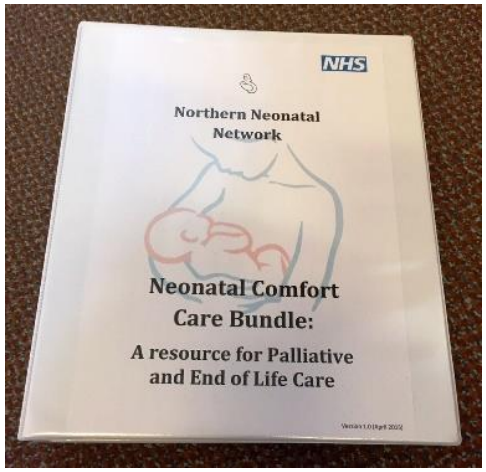
The Scholarship comprises a prize of £1000 that the winner can use towards their proposal and we were delighted when Liz not only suggested the winners should also receive a trophy in addition to this, but that she would arrange for this herself. This resulted in a special bespoke pure glass trophy being designed and commissioned by the Sunderland Glass Centre – which we thought was a very nice and fitting "local" touch.

Once the trophy was ready, Liz then met with Charlie and Lucy to hear more about their winning proposal and present them with their trophy. They will also be presenting an update on the progress they are making at the Network Annual Conference. We also have high hopes that they both achieve their aim and manage to get a published article out of it. The Network is now hoping that this becomes an annual prize and one that grows in prestige and reputation, to draw out the very best spirit of innovation amongst our nurses. Something we are sure Sam would have approved of and which we believe is a lasting and fitting tribute to him.

*Lucy (left) and Charlie (right receiving their Award and trophy from Liz Richmond with Dr Majd Abu-Harb (centre) and Sunderland Chief Executive Ken Bremner (right)*

# Northern Neonatal Network Ongoing Project (Neonatal Comfort Care Bundle)

In last year's Annual Report, we reported how the Network had drafted and piloted a "Neonatal Comfort Care Plan" as part of a project that had started in late 2012. The long term aim of this collaborative work was to try and identify best practice in the area of end of life and palliative care of neonates with terminal and life-limiting illnesses and initially how this could be applied within an appropriate pathway framework. The outcome of the first work stream was the piloting of a Neonatal Comfort Care Plan (NCCP) designed to move this aspect of clinical care forward. It was designed to be a valuable resource and tool to compliment best practice but also as a method of standardising approaches in palliative/end of life care. The overall aim was to try and bring together the resources of both hospital and hospice settings, enabling them to then work closer together for the improved provision of quality care and services to babies and their families at this most challenging and difficult time.




The first agreed "draft" NCCP was originally piloted across the four NICUs within the Network as this is where most of the region's neonatal end of life care usually takes place. Engagement and buy-in to this was not easy and although the number of cases and babies where the document was tried was relatively small, it did provide the project group with some very valuable feedback as to how best the work could be most appropriately further refined and improved. One thing people agreed on was the value behind the original aims of the work and the feeling it could be taken forward using the NNCCP as a foundation to build on.

As a result of this, a more comprehensive and inclusive "Project Group" was established during the course of the year and meetings were set up to agree the best way forward. Membership included clinicians and nurses with an interest in this area of clinical practice as well as key Network officers and the original steering group from the Network Project – Staff Nurse Stacy Williams (North Tees) and Drs Yifan Liang and Rob Tinnion (JCUH) together with Network Manager Martyn Boyd.

It was felt the best way forward was to take the best parts of the original NCCP principles and draft a more comprehensive "tool" by way of a Comfort Care Bundle, allowing users to select the most helpful and appropriate sections to support their end of life and palliative care. Revisions were circulated across the Project Group as well as discussed at meetings to enable further refinement of the document as well as suggestions for its contents. It was also multi-disciplinary, being shared with obstetric and foetal medicine links

The steering group also met in January with members of the Northern Coroners Society to gauge their feelings about the plans and contents, as earlier work has highlighted regional variation in their approach and this meant the key aim of trying to standardise best practice and minimise variation was under threat. The meeting was very constructive and allowed further suggestions as to revision from them to be taken on board before the final document draft was agreed and ready.

The Care Bundle itself was formally "launched" at the Network's Clinical Forum day in April 2015, with examples as to how it could most effectively be used as a resource and a fictitious patient history to illustrate this better. The Bundle was very well received by the clinicians and nurses present and the plan is to allow its use to be trialled across the Network's Units before expanding its use across hospices and the community sector and make it available as a resource on the Network's website.

# Network Annual Data Report 2014-15

As a Network we have now been compiling data and producing regular reports for five years, most notably via the detailed quarterly reports that are collated and distributed to our Units as well as published on the Network website. These tend to focus on activity, cot occupancy and nurse staffing levels and continue to be revised and developed as we discuss and agree them. As suggested in last year's fourth Annual Report, we are now therefore able to start doing more analysis of trends over this period. The hope is that this will provide a better indication of how we need to collectively respond to changes in activity, patient flows and demands on neonatal services. We know, for example, that as a region we are currently pretty much bucking a national trend that has seen sometimes significant increases in the birth rate. Our own data below suggests that for the last few years our own comparable birth rate has actually been decreasing slightly from a peak in the year 2011-12, as have some of the main key activity metrics such as admissions and cot days, although not in direct proportion. These are detailed below and there is an analytical summary at the end of the section that Dr Martin Ward-Platt, our Network Audit Lead has put together.

One key development on the Network data front that is not reflected below but which will see a significant change in our reporting in future is a change as from 1st April 2015 from the BAPM 2001 Categories of Care, to the more recent BAPM 2011 ones. This is in line with other Networks across the UK and the most obvious differences are in the way intensive and high dependency care is defined and the algorithm used by the Badger system calculates it. In essence, this will see a shift down from IC to more HD, making future direct comparisons and especially some of the new rolling 3-year averages impossible, so we will need to retrospectively adjust "historic" data that has been reported under 2001 definitions to the new ones to allow valid comparisons. One factor to consider – the SCBU at the Friarage closed in early October 2014, so the data does not reflect a full year's activity.

| Unit | Live Births | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 7017 | 6956 | 7403 | 7387 | 7339 | 7125 | 7249 | 7376 | **1.8%** |
| Sunderland | 3371 | 3563 | 3263 | 3267 | 2998 | 3399 | 3364 | 3176 | **-5.6%** |
| North Tees | 3605 | 3571 | 3392 | 3259 | 3099 | 3523 | 3407 | 3250 | **-4.6%** |
| JCUH | 4210 | 4365 | 4414 | 4162 | 4392 | 4330 | 4314 | 4323 | **0.2%** |
| Wansbeck | 3085 | 2851 | 2691 | 2425 | 2127 | 2876 | 2656 | 2414 | **-9.1%** |
| QE Gateshead | 2055 | 1985 | 1859 | 1748 | 1844 | 1966 | 1864 | 1817 | **-2.5%** |
| South Tyneside | 1591 | 1521 | 1434 | 1397 | 1311 | 1515 | 1451 | 1381 | **-4.8%** |
| UHND | 3191 | 3256 | 3074 | 3004 | 3193 | 3174 | 3111 | 3090 | **-0.7%** |
| Darlington | 2699 | 2669 | 2511 | 2249 | 2192 | 2626 | 2476 | 2317 | **-6.4%** |
| Cumberland | 1760 | 1804 | 1742 | 1696 | 1729 | 1769 | 1747 | 1722 | **-1.4%** |
| Whitehaven | 1370 | 1396 | 1387 | 1292 | 1239 | 1384 | 1358 | 1306 | **-3.9%** |
| Friarage | 1290 | 1343 | 1293 | 1221 | 595 | 1309 | 1286 | 1036 | **-19.4%** |
| Total | 35244 | 35280 | 34463 | 33107 | 32058 | **34996** | **34283** | **33209** | **-3.1%** |

Table 1 – Live births by year plus rolling 3-year averages

| Unit | Unit Admissions | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 674 | 794 | 804 | 761 | 787 | 757 | 786 | 784 | **-0.3%** |
| Sunderland | 323 | 393 | 339 | 363 | 336 | 352 | 365 | 346 | **-5.2%** |
| North Tees | 351 | 343 | 339 | 331 | 334 | 344 | 338 | 335 | **-0.9%** |
| JCUH | 322 | 354 | 399 | 320 | 419 | 358 | 358 | 379 | **6.1%** |
| Wansbeck | 415 | 416 | 417 | 337 | 295 | 416 | 390 | 350 | **-10.3%** |
| QE Gateshead | 224 | 230 | 240 | 220 | 252 | 231 | 230 | 237 | **3.2%** |
| South Tyneside | 152 | 144 | 114 | 96 | 92 | 137 | 118 | 101 | **-14.7%** |
| UHND | 272 | 230 | 235 | 251 | 253 | 246 | 239 | 246 | **3.2%** |
| Darlington | 173 | 232 | 218 | 232 | 187 | 208 | 227 | 212 | **-6.6%** |
| Cumberland | 263 | 270 | 236 | 233 | 207 | 256 | 246 | 225 | **-8.5%** |
| Whitehaven | 175 | 212 | 212 | 173 | 140 | 200 | 199 | 175 | **-12.1%** |
| Friarage | 173 | 174 | 134 | 132 | 67 | 160 | 147 | 111 | **-24.3%** |
| Total | 3517 | 3792 | 3687 | 3449 | 3369 | **3665** | **3643** | **3502** | **-3.9%** |

Table 2 – Unit admissions by year plus rolling 3-year averages

| Unit | Intensive Care (IC) Days (BAPM 2001) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 2911 | 3158 | 3093 | 3213 | 2948 | 3054 | 3155 | 3085 | **-2.2%** |
| Sunderland | 1173 | 1072 | 1205 | 977 | 1053 | 1150 | 1085 | 1078 | **-0.6%** |
| North Tees | 977 | 1235 | 945 | 1177 | 989 | 1052 | 1119 | 1037 | **-7.3%** |
| JCUH | 1457 | 1652 | 1500 | 1705 | 1534 | 1536 | 1619 | 1580 | **-2.4%** |
| Wansbeck | 112 | 152 | 134 | 133 | 148 | 133 | 140 | 138 | **-1.0%** |
| QE Gateshead | 93 | 103 | 82 | 86 | 106 | 93 | 90 | 91 | **1.1%** |
| South Tyneside | 59 | 54 | 60 | 32 | 37 | 58 | 49 | 43 | **-11.6%** |
| UHND | 103 | 87 | 81 | 115 | 147 | 90 | 94 | 114 | **21.2%** |
| Darlington | 113 | 79 | 167 | 138 | 127 | 120 | 128 | 144 | **12.5%** |
| Cumberland | 73 | 108 | 91 | 138 | 116 | 91 | 112 | 115 | **2.4%** |
| Whitehaven | 16 | 55 | 65 | 73 | 83 | 45 | 64 | 74 | **14.5%** |
| Friarage | 50 | 28 | 28 | 28 | 15 | 35 | 28 | 24 | **-15.5%** |
| Total | 7137 | 7783 | 7451 | 7815 | 7303 | **7457** | **7683** | **7523** | **-2.1%** |

Table 3 – IC care days by year plus rolling 3-year averages

| Unit | High Dependency (HD) Days (BAPM 2001) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 2917 | 3437 | 2867 | 3051 | 3189 | 3074 | 3118 | 3036 | **-2.7%** |
| Sunderland | 966 | 1083 | 938 | 1075 | 1298 | 996 | 1032 | 1104 | **6.9%** |
| North Tees | 923 | 1001 | 936 | 1088 | 1037 | 953 | 1008 | 1020 | **1.2%** |
| JCUH | 1260 | 992 | 1312 | 1448 | 1508 | 1188 | 1251 | 1423 | **13.8%** |
| Wansbeck | 167 | 115 | 69 | 169 | 139 | 117 | 118 | 126 | **6.8%** |
| QE Gateshead | 112 | 69 | 43 | 65 | 51 | 75 | 59 | 53 | **-10.2%** |
| South Tyneside | 62 | 85 | 60 | 10 | 46 | 69 | 52 | 39 | **-25.2%** |
| UHND | 183 | 283 | 129 | 77 | 148 | 198 | 163 | 118 | **-27.6%** |
| Darlington | 69 | 185 | 135 | 107 | 116 | 130 | 142 | 119 | **-16.2%** |
| Cumberland | 82 | 157 | 51 | 74 | 55 | 97 | 94 | 60 | **-36.2%** |
| Whitehaven | 84 | 104 | 43 | 148 | 103 | 77 | 98 | 98 | **-0.3%** |
| Friarage | 90 | 48 | 8 | 39 | 26 | 49 | 32 | 24 | **-23.2%** |
| Total | 6915 | 7559 | 6591 | 7351 | 7716 | **7022** | **7167** | **7219** | **0.7%** |

Table 4 – HD care days by year plus rolling 3-year averages

| Unit | Special Care (SC) Days (BAPM 2001) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 5128 | 5656 | 5481 | 5762 | 5069 | 5422 | 5633 | 5437 | **-3.5%** |
| Sunderland | 3255 | 3269 | 3224 | 3085 | 2798 | 3249 | 3193 | 3036 | **-4.9%** |
| North Tees | 3559 | 3177 | 3319 | 2985 | 3065 | 3352 | 3160 | 3123 | **-1.2%** |
| JCUH | 3451 | 3218 | 3543 | 2882 | 4011 | 3404 | 3214 | 3479 | **8.2%** |
| Wansbeck | 2629 | 2712 | 2223 | 2288 | 2024 | 2521 | 2408 | 2178 | **-9.5%** |
| QE Gateshead | 2708 | 2637 | 2565 | 2579 | 2519 | 2637 | 2594 | 2554 | **-1.5%** |
| South Tyneside | 1637 | 1662 | 1251 | 1150 | 1056 | 1517 | 1354 | 1152 | **-14.9%** |
| UHND | 2622 | 2237 | 2071 | 3814 | 2270 | 2310 | 2707 | 2718 | **0.4%** |
| Darlington | 2249 | 2342 | 2257 | 3368 | 2022 | 2283 | 2656 | 2549 | **-4.0%** |
| Cumberland | 1842 | 2410 | 1970 | 2546 | 2002 | 2074 | 2309 | 2173 | **-5.9%** |
| Whitehaven | 1933 | 2468 | 1845 | 1908 | 1621 | 2082 | 2074 | 1791 | **-13.6%** |
| Friarage | 2231 | 1999 | 1814 | 1602 | 723 | 2015 | 1805 | 1380 | **-23.6%** |
| Total | 33244 | 33787 | 31563 | 33969 | 29180 | **32865** | **33106** | **31571** | **-4.6%** |

Table 5 – SC care days by year plus rolling 3-year averages

| Unit | Total Cot Days | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Financial Year | | | | | 3 year Average | | | |
| | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 10-13 | 11-14 | 12-15 | % diff |
| RVI | 10956 | 12251 | 11441 | 12026 | 11206 | 11549 | 11906 | 11558 | **-2.9%** |
| Sunderland | 5394 | 5424 | 5367 | 5137 | 5149 | 5395 | 5309 | 5218 | **-1.7%** |
| North Tees | 5459 | 5413 | 5200 | 5250 | 5091 | 5357 | 5288 | 5180 | **-2.0%** |
| JCUH | 6168 | 5862 | 6355 | 6035 | 7053 | 6128 | 6084 | 6481 | **6.5%** |
| Wansbeck | 2908 | 2979 | 2426 | 2590 | 2311 | 2771 | 2665 | 2442 | **-8.4%** |
| QE Gateshead | 2913 | 2809 | 2690 | 2730 | 2676 | 2804 | 2743 | 2699 | **-1.6%** |
| South Tyneside | 1758 | 1801 | 1371 | 1192 | 1139 | 1643 | 1455 | 1234 | **-15.2%** |
| UHND | 2908 | 2607 | 2281 | 4006 | 2565 | 2599 | 2965 | 2951 | **-0.5%** |
| Darlington | 2431 | 2606 | 2559 | 3613 | 2265 | 2532 | 2926 | 2812 | **-3.9%** |
| Cumberland | 1997 | 2675 | 2112 | 2758 | 2173 | 2261 | 2515 | 2348 | **-6.7%** |
| Whitehaven | 2033 | 2627 | 1953 | 2129 | 1807 | 2204 | 2236 | 1963 | **-12.2%** |
| Friarage | 2371 | 2075 | 1850 | 1669 | 764 | 2099 | 1865 | 1428 | **-23.4%** |
| Total | 47296 | 49129 | 45605 | 49135 | 44199 | **47343** | **47956** | **46313** | **-3.4%** |

Table 6 – Total cot days by year plus rolling 3-year averages

**Workload: the 5 year view**

Data are presented in tables and graphs for the financial years 2010/11 through to 2014/15, with the addition of columns for 3 year rolling averages to smooth some of the natural year-on-year variation. The percentage difference column relates to the two preceding three year average columns, thereby giving a smoothed indicator of change over 4 financial years. The graphs give a visual representation of the three year rolling average data from 2010/13 to 2012/15: the clear message is that the temporal changes are small and that workload is generally stable across the Network as a whole.

Looking at the detail in the tables, it can first be seen that although the numbers of live births in Network hospitals have dropped slightly, by 3.1%, this disguises a substantial reduction at the Friarage Hospital, probably reflecting local reconfiguration of services, while deliveries at JCUH and the RVI both increased slightly.

Second, neonatal unit admissions fell overall by almost 4%, but again this disguised substantial variations. South Tyneside and Whitehaven both showed falls in total admissions of >10%, disproportionate to their falls in deliveries, while at Wansbeck and the Friarage admissions fell roughly in line with decreasing deliveries. Only JCUH had a notable increase in admission numbers (+6%), and though this was not explained by its small increase in deliveries it most likely represents a transfer of special care workload from the Friarage.

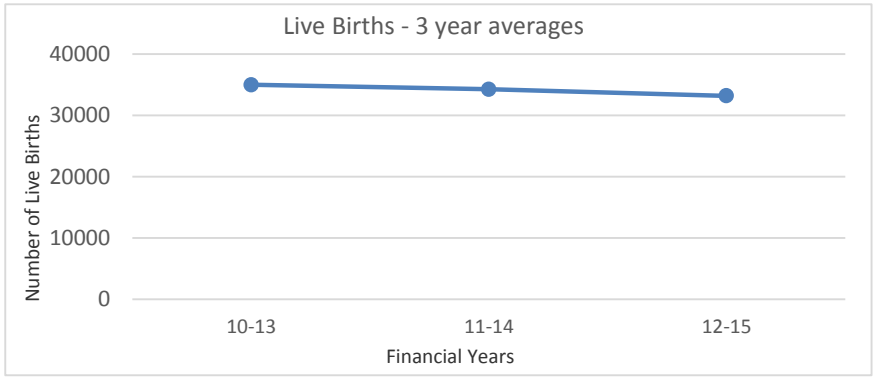



Table 7 – Total Network live births rolling 3-year averages

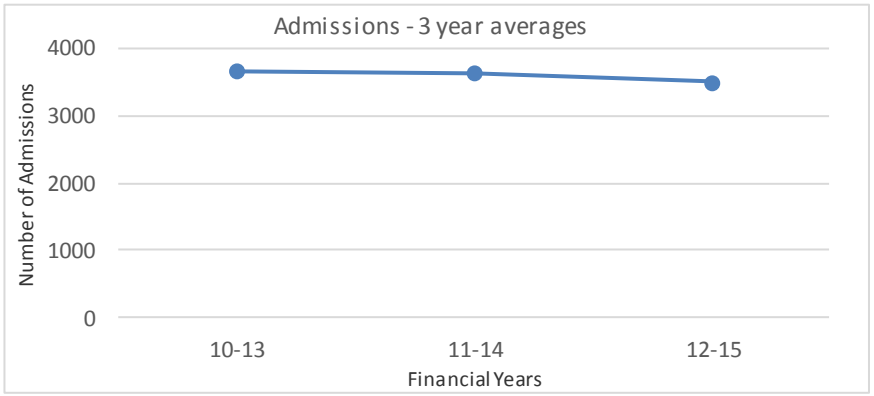



Table 8 – Total Network Admissions rolling 3-year averages

Third, intensive care workload (IC days) was down by around 2% for the Network while high dependency workload (HD days) was up by just under 1%. Some of the changes within hospitals were substantial and in opposite directions: for example Durham, Darlington and Cumberland, where there was progressively more IC and less HD over time. This raises the possibility that similar babies have simply been categorised differently. South Tyneside has had progressively fewer of both HD and IC days, from a combined total of 121 in 2010/11 to 83 in 2014/5; the only other hospital with a similar pattern was the Friarage.

Finally, the largest fall of all was in special care days, down 4.6%. This reflected reductions in almost all the services except JCUH (up 8%) and UHND (barely changed). If this is at least in part a result of the drive to reduce term admissions, it is welcome: potentially, every baby-day that is not special care is a day when a baby is with their mother.

What does it all mean? The main message is that, taken across the whole network, the amount of neonatal care at all levels (IC, HD, and SC) is now broadly proportionate to the number of deliveries. This contrasts with the situation 10 years or more ago when workload continued to rise even when the number of deliveries fell. It follows that predictions of the volume of neonatal care in IC, HD and SC days, averaged over time, can reasonably be derived from birth rate projections, which has not previously been possible; this knowledge should be of great value to commissioners.

**Martin Ward Platt, Network Audit Lead**

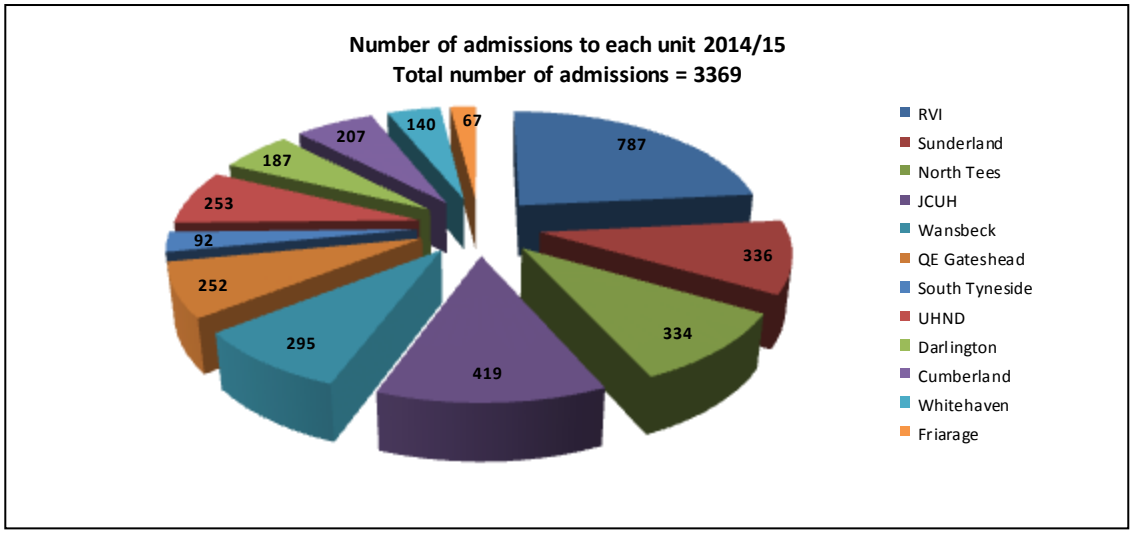



Table 9 – Total admissions by Unit for 2014-15

The last 3 tables highlight the main areas of activity and also the occupancy levels across the Network. As discussed over the previous pages, the admission rate (shown in table 9 by Unit for the whole year) has fallen somewhat over the last 12 months in line with the birth rate. Table 10 summarises the activity levels of the four NICUs and shows the total number of cot days (BAPM 2001 categories of care) by comparison.

The final table in this section (table 11) summarises the average total occupancy levels by Unit for the year, summarised by quarter. These are highlighted against the BAPM and DH 2009 Toolkit recommended level of 80%. As reported and discussed in all previous reports, this shows the continual levels at the RVI significantly and consistently above this level. This has again been flagged up to NHSE commissioners and needs to be considered in the light of any moves to reconfigure NICU services as discussed elsewhere as these levels are not sustainable in the long run.

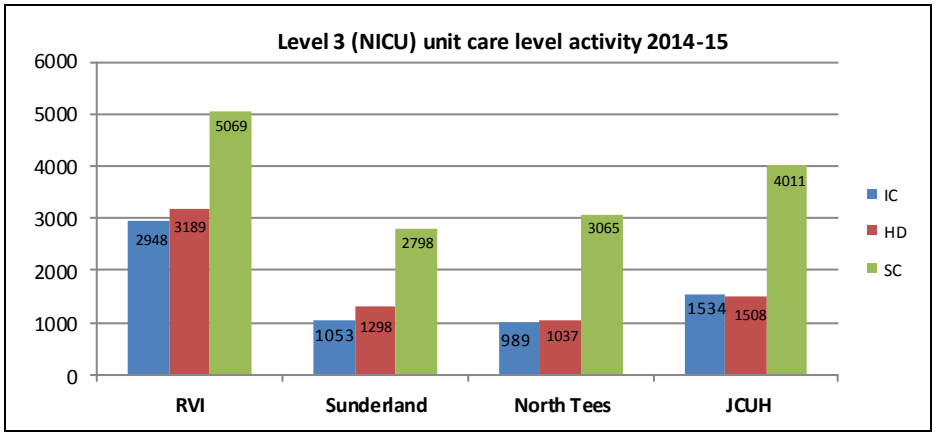



Table 10 – Total admissions by Unit for 2014-15

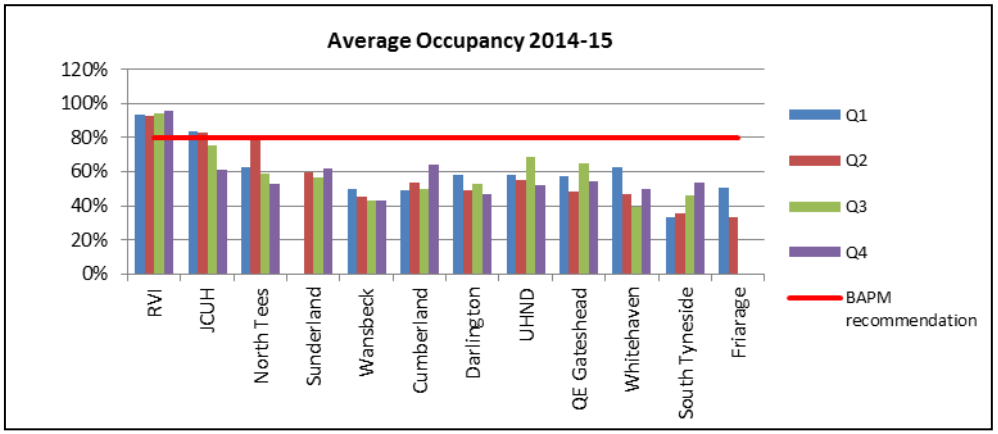



Table 11 – Unit Average occupancy levels by Unit for 2014-15

We are aiming as a Network to refine the reporting of the data further to take more account of key clinical indicators/metrics to feed into the standard quarterly system we have utilized up to date. Mark Green is working alongside Dr Imran Ahmed (Consultant Neonatologist CHS) on this and we hope to be updating on this next year.

# Neonatal Transport

Throughout the year, neonatal transport continued to be provided across the Network by the two teams based at the RVI and JCUH, maintaining the rough 2:1 split in activity between them in terms of transfers. A small amount of "non-acute" transport activity continues to be undertaken by other Units in addition to this, but unfortunately not all of this is accurately recorded, so we are not confident of the numbers collated. However, the forms submitted accounted for a total of 3 transfers, usually for investigations at tertiary centres.

The main focus of much of the Network for 2014-15 continued to be on developing the case for the proposed "NECTAR" (North East Children's Transport And Retrieval) service as originally highlighted in last year's Network Annual Report. As reported, a joint business case for a combined PIC (Paediatric Intensive Care) and NIC (Neonatal Intensive Care) service had been drafted and agreed on behalf of both services and submitted for consideration by the NHSE commissioners in July 2013. This made the case for a standalone, combined and supernumerary transport service for both babies and children being created to replace the existing two separate services. It highlighted the increasing pressures on these and demonstrated that key national standards and specifications were not being met by any of the three – the neonatal teams at RVI and JCUH and paediatric transport team from the RVI.

We had high hopes and expectations that the case was sound but it was over a year before we learned in late 2014 that the agreed joint business case for the PIC/NIC "NECTAR" service was proving unaffordable to the commissioners. A decision was therefore taken between the proposed host Trust (Newcastle Hospitals NHSFT) and NHSE to focus on the paediatric service only, to the exclusion of the neonatal services. It was then communicated to the Network Board that a new, separate business case would need to be drafted and submitted for consideration.

Unfortunately, during the time spent prioritising and focussing on the proposed NECTAR service, there has been increasing pressures on the neonatal transport teams, particularly in respect of medical staffing from within the middle grade rotas and this is not going to improve, quite the opposite, so the need to achieve a long term solution and create a dedicated, funded, supernumerary and standalone neonatal service that will meet the required standards and specifications is now urgent and the highest priority for us. This was confirmed by the RCPCH Review Panel during their visits and we expect to be reflected accordingly in their Final Report. We have therefore spent the first 6 months of 2015 creating a Steering Group to agree the basis for the new proposed service, provisionally entitled "TARNNs" (Transport And Retrieval of Northern Neonates) and subsequently drafted a suitable business case that will be submitted to NHSE in the summer of this year.

The proposal is to have the service based on dedicated and trained transport ANNPs to support it in place of the current medical staff, but this is going to take several years to achieve, requiring a new full tier of ANNPs to undergo the necessary training, which will take at least 2 years before they would have the requisite experience, knowledge and competence. However, we feel this is the best, most sustainable long term solution to achieve a high quality neonatal transport service that will meet the needs of our babies for many years to come. We are hopeful that the urgency placed on this proposal means by the time we draft next year's Report we will be able to report substantial progress on this.

Another welcome feature of our Network review is that despite all the challenged placed on the available resources and the transport team in particular, we continue to have the lowest out of area transfer rate of any neonatal network in the country. During 2014-15, just 3 babies had to be moved out of the region for non-clinical reasons. This continues to be good news for the families of our babies and a trend we hope to continue.

We continue to rely on manual coding of the infant transfer record sheets completed by the transport teams as the main method of compiling, collating and analysing the transport activity across the two teams. We have consistently done this since April 2011, so now have a full 4 years' worth of data, which has been essential in service planning for the proposed new TARNNs service as well as allowing to present the following summary section of the main transport activity and allow comparisons with previous year's data. The following charts summarise once again the main areas of activity for our transport teams, as well as some new ones highlighting the changes in demand on the services over the last few years

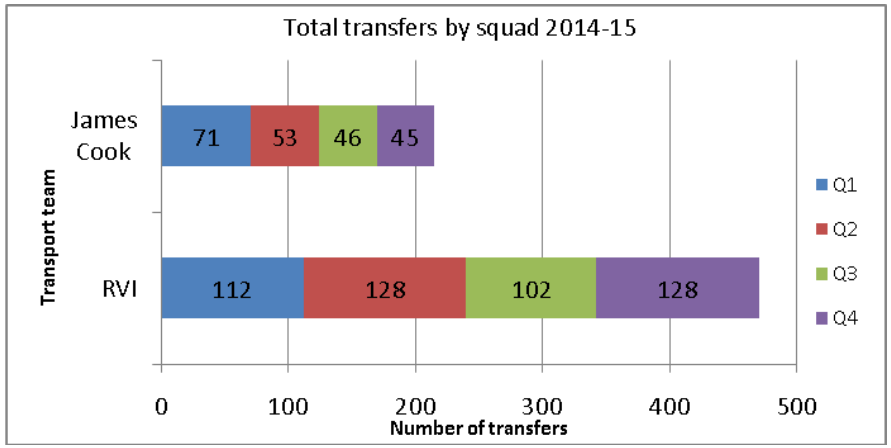



Table 12 – Total transfers by each team during 2014-15

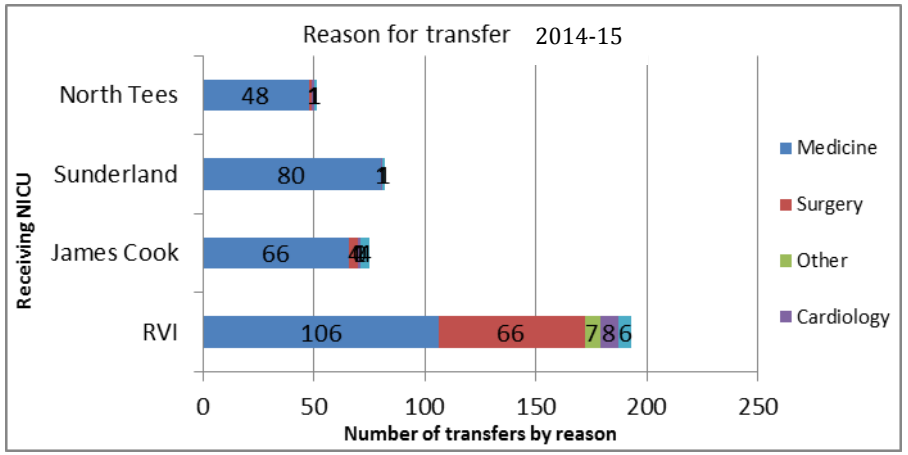



Table 13 – Reasons for transfer by NICU 2014-15

The two tables here summarise the main transfer activity undertaken by the two transport teams over the year by quarter (table 12) and then the indicated clinical reason for transfer broken down by receiving NICU (table 13). This demonstrates that the split of the transfers continues to be roughly 2:1 between the RVI and JCUH and that most of the transfers for non-medical reasons (PDA ligation, surgery, cardiology etc.) go to the RVI, although JCUH continue to provide laser surgery for the treatment of ROP (Retinopathy Of Prematurity).

As highlighted previously, we continue to rely on manual coding of the infant transfer record sheets completed by the transport teams as the main method of compiling, collating and analysing this activity and it is occasionally unclear or relying on subjective assessment as to the "urgency" of the transfer or the main category/reason, but we have been applying consistent methodology to this process since April 2011 so the Annual Reports reflect this. It is anticipated however that as we move to the proposed single team, they will take on the coding, auditing and reporting of their activity on behalf of the Network.

| | Receiving Hospital | | | |
|---|---|---|---|---|
| **Referring Hospital** | **Royal Victoria Infirmary** | **James Cook** | **Sunderland** | **North Tees** |
| **Carlisle** | 8 | 2 | 5 | 2 |
| **Darlington** | 4 | 10 | 1 | 3 |
| **Freeman** | 14 | 9 | 7 | 3 |
| **Friarage** | 2 | 9 | 0 | 1 |
| **Gateshead** | 9 | 2 | 10 | 1 |
| **James Cook** | 34 | 0 | 0 | 10 |
| **North Durham** | 20 | 10 | 10 | 5 |
| **North Tees** | 17 | 7 | 0 | 0 |
| **Out of Area** | 1 | 1 | 0 | 1 |
| **Royal Victoria Infirmary** | 3 | 17 | 30 | 20 |
| **South Tyneside** | 8 | 1 | 4 | 3 |
| **Sunderland** | 27 | 0 | 0 | 1 |
| **Wansbeck** | 33 | 3 | 13 | 0 |
| **West Cumberland** | 13 | 4 | 2 | 1 |
| **Grand Total** | **193** | **75** | **82** | **51** |

Table 14 – Transfer summary 2014-15, referring Unit, receiving NICU

The table above (table 14) shows the comparative activity for babies that have been transferred from a SCBU to a NICU postnatally for ongoing intensive, high dependency care or other appropriate reasons, particularly for the RVI and surgical assessment and/or treatment. It helps to summarise the main patient flows around the Network and gives an indication of the ways that some of these may change under reconfigurations options.

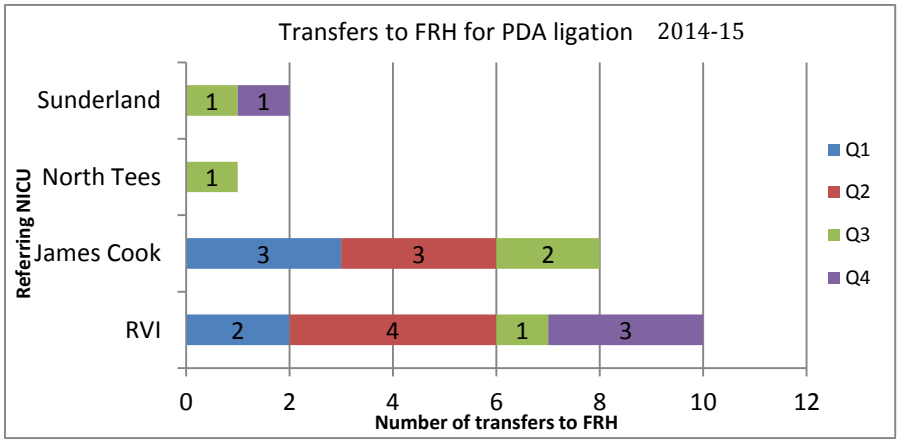



Table 15 – Transfers to Freeman Hospital for PDA ligation

Table 15 above summarises the number of transfers that were undertaken to the Freeman Road Hospital for ligation of Patent Ductus Arteriosus (PDA). These are usually booked electively booked in advance, involving close coordination with the cardiac surgical teams but also relying on the transport teams transferring the baby to the operating theatre and then once recovery is completed, taking over the care before transfer back to the base Unit.

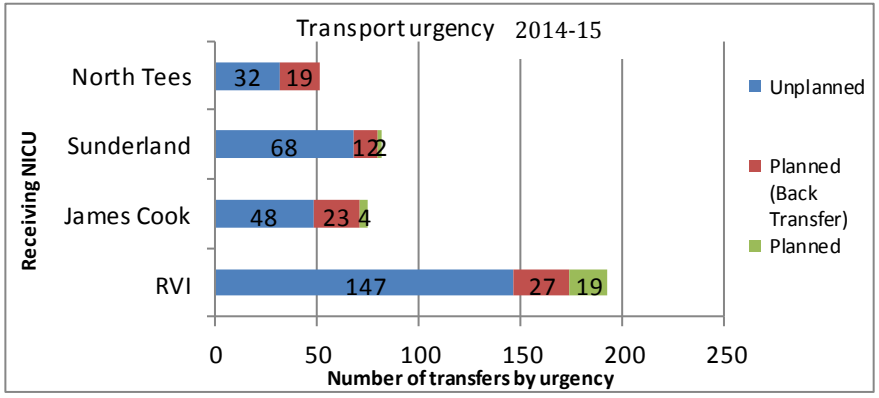



Table 16 – Transfer urgency for 2015-15 by receiving NICU

# Transport – 4 year summaries

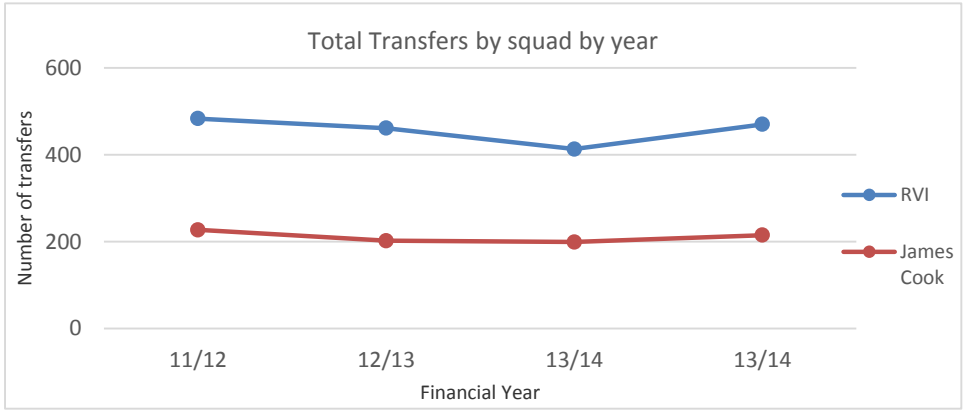



Table 17 – Total transfers by year for each transport team

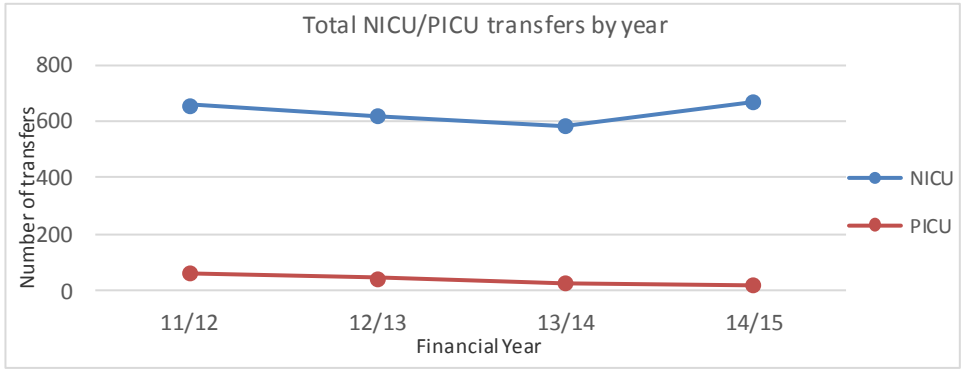



Table 18 – Total transfers for NIC/PIC care by year

The first chart (table 17) shows a consistent annual activity rate by both teams over the last 4 years, whilst table 18 shows the reduction in Paediatric transfers undertaken by our teams over the same period.

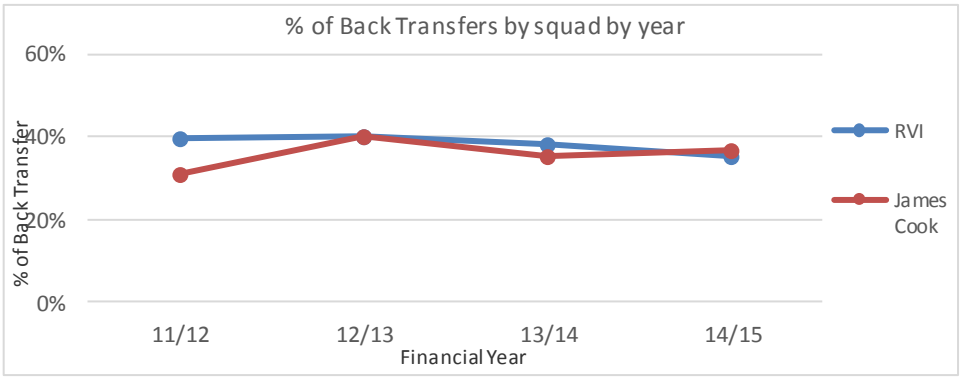



Table 19 – Back transfers as a percentage of activity by team

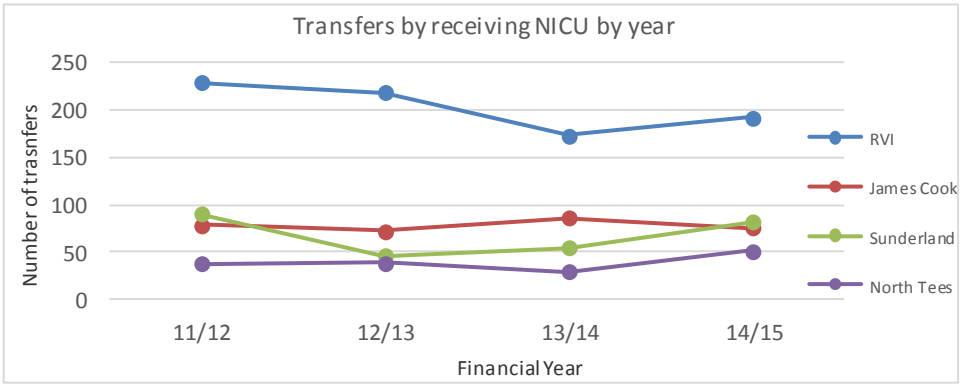



Table 20 – Transfers to each NICU

Table 19 highlights the numbers of back transfers ("repatriations" as a percentage of the total transfers each team undertakes – this can be seen to be roughly 30-40 and more are done by the RVI. The final table 20 shows the changes in activity across the four NICUs by reception of referrals. This shows that there has been a fall in the number of babies taken at the RVI over the period, and a corresponding increase at North Tees and Sunderland, whilst JCUH has remained fairly consistent, reflecting the RVIs high level of occupancy necessitating transfers to the other NICUs.

# Northern Neonatal Network Education & Training

As reported last year, following the retirement of the Network's original Educator Eileen Downs, who retired at the end of March 2013, we were unable to recruit to the post so undertook a review of the role and our educational and training needs and priorities.

This led to the proposal to create a new "Educational Lead" role for the Network, with the aim of appointing a clinician who could lead on the key priorities we identify and wish to develop, much in the same way we utilise the expertise and time of our Lead Clinician and Lead Nurse roles. This effectively meant creating not a substantive role, but rather a sessional arrangement to make best use of the time agreed.

The Network Board supported the proposal and once the role description had been agreed based on agreeing the main priority areas for the role, opened up for interested applicants across the Network.

One of the main aims was to support SCU (Special Care Unit) staff and it was felt this could work well by acting as a resource and facilitator during dedicated case review sessions, as this had been trialled as an idea by the Clinical Lead at the invitation of the clinicians at Whitehaven.

Following a recruitment process and interviews, the new role of Network Educational Lead was filled in late 2014 by Dr Jans Sundaram, Consultant Neonatologist at North Tees. Unfortunately, at the time of compiling this report and after making some early progress and facilitating one of the planned sessions at UHND, Dr Sundaram has stepped down from the role, so the Network has just appointed Dr Osama Hamud, Consultant Neonatologist to take over. We look forward to benefitting from Dr Hamud's input and expertise and building on the work he has already done for the Network on the stabilisation training courses over recent years as part of the faculty, as well as hearing from him on what he has achieved in the role in next year's Report.

Despite the challenges placed on the Network by not having a Lead in post for most of the year, we have continued to place a very high priority on supporting the education and training of staff at all levels and disciplines across the full multi-disciplinary team. At its most obvious and ongoing level, this has continued to centre on a continuing collaboration with the two local universities at Northumbria and Teesside in their delivery of the post-registration modules for nursing staff.

Following the review of these modules undertaken by George Brooks and Michelle Jones last year, the Network has opened a dialogue with representatives and module leaders from both to look at future provision of the QIS (Qualification in Specialty) training, including the suggestion of combining them for just one neonatal course for all nurses to undertake, regardless of their base. Unfortunately, the plans we were discussing have been put on hold as there is work being undertaken at national level to try and standardise the QIS training for neonatal post-registration nurses and we collectively agreed to wait to see what this looks like in order to take account of any changes we need to make. It has also been further complicated by changes within the higher education sector and uncertainty about their own contracts with HENE (Health Education North East) so we collectively agreed to continue with the current system of two separate modules on two sites covering broadly the same content and learning outcomes and review future plans accordingly once we have more clarity on these two key areas.

In practical terms, this has meant the Network continuing to deliver one full day's content for each of the courses – Intensive Care and Low/High

Dependency Care. This equated to the well-established Respiratory Workshop for the Intensive Care Module and for the Low/High Module, a new full day focussing on Family Centred care that was put together and facilitated by the Network's BLISS Nurse, Sue Thompson. Both these evaluated very well amongst the nurses who undertook them and the current plan is to repeat these in the current year 2014-15 with the aim of a fuller review of the content once we have more certainty about the future as outlined above.

The other key priority strategical education and training issue for the Network has been the ongoing long-term aim of setting up a local course to enable more nurses to be trained as Advanced Neonatal Nurse Practitioners (ANNPs). Over the last 12 months, this has been escalated further with the plans for the new neonatal transport team to be centred on the ANNP model as outlined in the Transport section of this Report. This plan will see at least 6 Transport ANNPs operating within the team, but the costs of trying to do this within the current course availability is a significant logistical and financial challenge and it makes much more logical sense to provide bespoke training much close to home.

This has meant the case we have been making for the development of a suitable local course in partnership with a suitable university all the more pressing and for this reason, our Network Nurse Lead Lynne Paterson has continued to lead the negotiations. Progress has been slow, but for these reasons been accelerating in more recent months and we have now got initial indications in very recent weeks at the time of going to press that HENE are looking to support the proposal that Lynne has been working hard on and getting support from the Trusts by way of identifying the numbers of potential trainee ANNPs for their own service planning. The ongoing backing from Clinicians at the NICUs who would be providing clinical supervision and support to the trainees on their placements and competency development has also been strong and we are now very confident of a successful conclusion to our plans which should hopefully see the first cohort of trainees commencing their studies in the current financial year to help underpin the future service needs of our neonatal units across the Network in the future

The Network has continued to place stabilisation training for the Special Care Units at the heart of its educational delivery programme and this has been continuing under the very dedicated leadership of Dr Richard Hearn (pictured

in action in the photographs on this page!) with the help and support of a broad faculty of senior NICU clinicians and ANNPs. This has meant we have been able to continue providing one course for each SCU per year on a rolling basis and by the end of 2015 we will have covered each a total of three times since starting this. It continues to evaluate extremely highly and Richard and the faculty continue to refine and develop the content in response to constructive feedback and suggestions from participants and the work undertaken by Eileen Turnbull last year.

During the course of the year the Network purchased two of the latest "SMART Preterm manikins" to further enhance the simulations scenario aspects of this and other Network training as well as now offering enhanced mask ventilation training using equipment originally developed by Dr Fiona Wood during her time as a Research Fellow at JCUH. This has become one of the most useful and popular aspects of the training and we look forward to further developing the course to meet ongoing training needs of our Network staff.

In addition to these "established" aspects of the Network's Education and training portfolio and the priority we place on it as outlined above, we have continued to develop some new and innovative opportunities for our staff. Over the last 12 months this has seen some new one-day training days and workshops created, which we hope to in some case repeat and others

A key issue for us as a Network is to enable more nurses to be trained as ANNPs and Lynne Paterson has been leading on this work stream. We need to ensure that units looking to utilise them have access to appropriate training courses and the hope is that we can have a course provided much nearer to the ones currently being accessed, which currently includes Southampton! This is clearly not ideal at all and means those units seeking to replace current ANNPs who are approaching retirement will struggle, even before others wishing to train new ones are considered. This is why it is a priority issue for the Network and as Lynne reports, one we are very focussed on. By the time of next year's Report, we hope to have very positive news on the development of such a local course.

One of the main focus areas over the last 12 months for the Network has been Developmental Care (DC). Last year we managed to support 6 nurses to attend the 2-day "Foundation Toolkit Course in Developmental Care" in Sheffield. This already established course, facilitated by experts in the field across the UK and led by Inga Warren was initially only available in London, but a roll-out of the course across the country has enabled more people to attend. The feedback from the delegates was so positive that the Network approached the faculty about the possibility of hosting a course locally for our own staff.

This resulted in Inga and her team coming up to Allergate House in October to facilitate the course for Network staff – a total of 40 across the full multi-disciplinary team from nearly every unit, including consultants, physiotherapists, speech therapists and nurses of various levels. The feedback from the course was excellent with many making a point of thanking those involved in running the course.

Based on this and further discussions within the Network, we have committed to facilitating the course again next year, as well as sending key interested "graduates" of the Foundation Course on to the next Level 2 Family Infant Neurodevelopmental Education (FINE) part of the programme.

Designed to offer a much deeper and more detailed level of knowledge of DC but building on the Foundation Course. We hope that by doing this, we can identify those who want to lead on this key area in their own Unit but ideally also create a team of DC Network champions and key links to take the key principles forward in both their own units but also the wider Network. We are fully committed to this in future years as long as we continue to have the funding to do so.

As well as these key priority areas for our Education and Training strategy, we have continued to focus on providing other opportunities for our staff to develop. Over the last year, we have therefore been able to facilitate and/or sponsor attendance at the following;

- The Network hosted its fifth Annual Conference in October. Moving towards a more clinically-focussed day whilst continuing to feature a mix of local and external speakers, nearly 60 delegates attended the day and heard presentations on a wide range of topical issues.

- In November, the Network facilitated a one day "SimLab" training day with the aim of helping to equip clinicians and nurses with the foundational knowledge and skills to enable them to use simulation as an educational tool in their own units. Led by Richard Hearn with support from others with experience in the field, this highly interactive day was hosted at Northumbria University and evaluated very well

- The Network then supported the four simulation leads from each of the NICUs who had helped to put the SimLab workshop together to attend a national 2-day conference in Nottingham focussing on this area, further equipping them to develop this tool in their own Units.

- Also in November, a new "ANNP Forum" was provided for the Network's ANNPs, to enable them to come together as a group and have a series of presentations from guest speakers of particular importance and relevance to them. The programme was put together by Caroline Buckley (ANNP, JCUH) and included a lawyer discussing legal matters. It is hoped that this will become an annual event.

- In February, a team of eight Network staff was able to attend a 2-day conference on Neonatal Ethics in Southampton. This was a new initiative and made use of simulation during one of the days, workshop-style, enabling those with an interest in this field to further develop their own skills which will in turn benefit the Network as we focus on this tool ourselves.

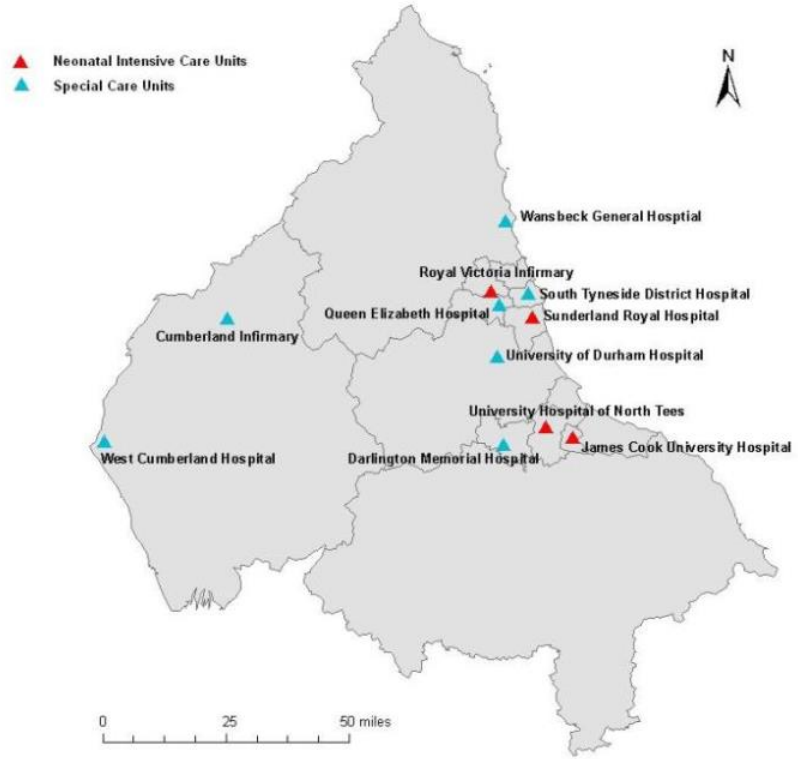
- In March, the Network supported 7 staff to by funding them to attend a one day "inhaled nitric therapy in neonates" conference in Liverpool, enabling them to hear of the latest developments in this comparatively new but crucial treatment that all our NICUs provide.

- The Network was again able to support and fully fund two NLS courses in Newcastle and Middlesbrough to provide places for a total of 32 staff.

In providing for these training and educational opportunities for Network staff, we are continuing to deliver our aim of helping to develop health professionals right across the Network and enable them to keep as up to date as possible as well as learning new skills and knowledge and maintain professional registration requirements, which will become increasingly important as nursing moves towards the new system of revalidation in 2016.

By continuing to support funded places on key external workshops and conferences as well as developing our own "in-house" Network ones we feel we are equipping our staff to enable them to provide the best evidenced-based care possible and we aim to keep this as one of our top Network priorities. We hope that once Osama gets established in his new Educational Lead role we can focus on even more priority areas and enable this to continue and strengthen.

# The Northern Neonatal Network – our details




NICU (Neonatal Intensive Care Units)

Royal Victoria Infirmary, Newcastle
Sunderland Royal Hospital
University Hospital of North Tees, Stockton-on-Tees
James Cook University Hospital, Middlesbrough

SCBU (Special Care Baby Units)

Wansbeck General Hospital, Ashington
South Tyneside Hospital, South Shields
Queen Elizabeth Hospital, Gateshead
University of Durham Hospital
Darlington Memorial Hospital
Cumberland Infirmary, Carlisle
West Cumberland Hospital, Whitehaven

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Twitter Feed - @NorNetUK

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