



Annual Report 2020/21

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NETWORK MANAGER SUMMARY

Gina Outram



I am pleased to present the 2020/21 Thames Valley and Wessex (TVW) Neonatal Operational Delivery Network (ODN) Annual Report. This report allows us to share our successes and achievements across the Network and within our 14 Neonatal units during a challenging year for the NHS. Over the past 12 months we have seen so many excellent examples of collaboration and innovation across our neonatal services and with our wider partners within the health care service to sustain a high quality perinatal service.

We continue to keep Avoidable Term Admissions (ATAIN) below the national target of 6%, that largely supports a 13% reduction of 1st episode admissions to a neonatal unit, therefore more babies are supported alongside their mothers. The National Neonatal Audit Programme (NNAP) annual report in November 2020 shows that the TVW ODN is above average for all measures with the exception of nurse staffing when benchmarked against other ODNs in England. In TVW 86% of babies <27 weeks were born in the right place in 2020, above the 85% national target.

Thank you to Jacqui Bobby our data analyst who has been pivotal in our ability to present reports of data to our providers and wider stakeholders, and for developing a robust exception reporting process to support collaborative shared learning, with a perinatal focus on safety.

The ODN Neonatal Critical Care Review (NCCR) implementation plan was approved in November 2020. The NCCR aims to improve standards and experience of care for Neonatal infants and their families, supporting the National ambition to reduce neonatal death and brain injury by 50% by 2025 and the reduction of preterm birth from 6% to 8%. One of the key deliverables of the NCCR programme is the integration of the ODN with the Local Maternity Systems (LMS). Thanks to the excellent work of our LMNS/ODN project lead Pippa Clark and neonatal transformation clinical fellow Dr Lambri Yianni, LMSs have evolved into Local Maternity and Neonatal Systems (LMNSs) across the region, formally recognising at board level that neonatal services must be part of Maternity Transformation and the perinatal safety and assurance governance framework. Two achievements of perinatal safety and quality improvement within TVW have been the implementation of network guidance for Management at the Extremes of Prematurity in October 2020, and the roll out of network Pulse Oximetry Screening guidance, with an education training package in November 2020 to support universal screening. The ODN hosted a well-attended, multi-disciplinary Pulse Oximetry Screening Webinar, led by Lambri and Pippa. An abstract summary of the project has been submitted to the BAPM (British Association of Perinatal Medicine) conference in October.

The ODN have collaborated with the Oxford and Wessex Academic Health Science Network's (AHSN) Mat-Neo safety improvement programmes, submitting the data for the PRECEPT programme. The focus this year will be on the delivery of the BAPM Antenatal Optimisation Toolkit (2020) for the preterm baby and the neonatal early warning track and trigger tool.

Acknowledgement of the excellent work produced by the ODN Education team; Kim Edwards, Lindsey McFarlane, Susi Hill and Lynette Kinnaird, to successfully move and deliver most aspects of the TVW Foundation and Qualified in Speciality education programmes via a virtual online platform. This ensured that the Preceptees and QIS learners were able to continue their neonatal nursing education during the pandemic. Thanks to all who contributed to the successful delivery of these now nationally recognised neonatal education programmes. This innovative blended approach of delivering education will continue going forward.

The ODN GIRFT review was undertaken virtually in July 2020, and TVW have been contributors to the GIRFT national report as exemplars of good practice delivering a network education programme and the development of a network clinical psychologist model.

We have all been faced with working in unprecedented times in the NHS this year. Therefore, I would like to thank Dr Victoria Puddy the ODN Clinical Lead for Wessex and Dr Kenny McCormick the ODN Clinical Lead for the Thames Valley, for guiding the network through an ever changing and uncertain clinical landscape during the pandemic.

As an ODN we were tasked with writing a South East region neonatal COVID-19 surge plan and testing guidance in collaboration with the Kent, Surrey and Sussex (KSS) ODN. We put in place weekly COVID-19 core group video conferencing meetings. These were well attended by representatives from each of our providers and stakeholders. Exemplar of work generated from these meetings was the SOnET COVID-19 Standardised Operating Procedure implemented to maintain the safety of the babies and staff during transfers. The team also took on the responsibility of collecting the daily data for the TVW Neonatal ODN COVID-19 dashboard, to monitor activity, capacity and staffing levels. Every member of staff working within neonatal services across the South East region demonstrated huge commitment to meet the health care needs of the babies and families we care for.

Finally, I would like to celebrate one of our biggest achievements as an ODN this year, of fulfilling our aspiration to have a network Parent Advisory Group (PAG). Thanks to the amazing parents who give up their time, and bravely share their lived experience with us, our PAG has grown from strength to strength under the guidance of our wonderful PAG Chair Emma Johnston who has been hugely instrumental in helping us to make this happen. It is a privilege to have their insight and we will make sure that the parent voice is central to the implementation of the TVW NCCR plan. We continue to encourage parents to join the PAG to ensure that we have full representation from the diverse population we serve.

One of the key priorities of the PAG, is to look at equity of access to meet the mental health and well-being needs of parents and families in neonatal services. To support this we have been given a unique opportunity of funding from the South East Perinatal Mental Health Network to undertake a Network Clinical Psychology pilot project this year.

Our network team is rapidly growing, to support the delivery of the NCCR 5 year work programme, with the successful appointment of our two Lead Care Coordinators, Sarah Edwards and Lisa Leppard. This year we look forward to appointing a neonatal Parent and Families Engagement Lead, three local care coordinators, a network clinical psychologist and four network Allied Health Professionals representing expertise from each of the disciplines. We have an enormous opportunity to transform our neonatal services and enhance the experience of the families that use them.

Best wishes,



Gina Outram
Thames Valley and Wessex Neonatal Network Manager

Thank you to Catherine Lawry, TVW ODN Project Support Officer, for putting this report together.

THE THAMES VALLEY & WESSEX NEONATAL NETWORK

About the Operational Delivery Network (ODN)

The Thames Valley and Wessex (TVW) Neonatal ODN covers an area where there are approximately 50,000 births each year. Across TVW, there are 13 acute trusts and 14 hospitals delivering neonatal care, comprising three Neonatal Intensive Care Units (NICUs), nine Local Neonatal Units (LNUs) and two Special Care Units (SCUs).



The ODN area is not coterminous with commissioning areas, Local Maternity Neonatal Systems (LMNS) or even Trusts, as neonatal pathways cross boundaries.

- ◇ Milton Keynes General Hospital sits within the East of England commissioning footprint, however the neonatal clinical pathways for tertiary level care sit within the TVW ODN.
- ◇ Salisbury, Dorchester and Poole sit in the South West Commissioning hub, but have tertiary care and neonatal surgical pathways that flow into Southampton so sit within TVW ODN.
- ◇ Wexham Park and St Richards, Chichester sit in TVW ODN but other neonatal units within their trusts (Frimley Park Hospital and Worthing) have neonatal tertiary care pathways that sit in KSS ODN.

There are seven local maternity systems within the TVW footprint, and 2 Local Learning Systems (LLS). The ODN works alongside the SE Maternity Clinical Network and reports to the SE Regional Maternity Transformation Programme Board and the SE Specialised Commissioning Programme Board. The ODN is required to work across these systems to deliver change. The ODN is a stakeholder in each LMNS and PSC (Patient Safety Collaborative) within TVW.

Neonatal surgical pathways are within the ODN with a neonatal surgical centre at Oxford, and neonatal surgical and cardiac surgical centres at Southampton. TVW ODN is also the provider of choice for babies from the Channel Islands for a small number of babies – who often have extended periods of neonatal care prior to repatriation due to geographical and local island care.

In terms of the overall deprivation score; Southampton, Portsmouth, Slough and the Isle of Wight are the most deprived, with Buckinghamshire and West Berkshire being the least deprived. However, other indices illustrate a more complex picture with Milton Keynes having the highest rate of low weight babies and the highest infant mortality rate.

Population indices from public health outcomes framework

year for measure	Deprivation score (IMD 2019) various	Infant mortality rate 2016-18	Low birth weight of term babies 2018	Smoking in early pregnancy 2018/19	Under 18s conception rate / 1,000 2018	% population from ethnic minorities 2016
Milton Keynes	18.0	5.2	3.3	11.9	18.4	17.0
Buckinghamshire	10.1	4.1	3.1	5.6	8.5	12.8
West Berkshire	10.0	3.8	1.5	11.7	10.2	4.9
Reading	19.6	3.5	2.8	9.4	20.2	21.0
Slough	23.0	5.7	3.7	8.8	12.3	54.6
Oxfordshire	11.7	2.5	2.2	9.1	10.1	9.5
Hampshire	12.7	4.1	2.2	11.6	12.4	4.4
Southampton	26.9	4.5	2.7	13.8	17.4	14.8
Portsmouth	26.9	3.5	2.7	13.5	18.9	8.8
Isle of Wight	23.3	4.1	2.6	18.9	17.9	1.8
West Sussex	14.4	3.0	2.2	10.9	12.9	4.5
Bournemouth & Poole	18.2	3.4	2.8	12.4	13.1	16.2
Dorset	15.7	3.6	2.7	13.6	12.1	4.4
Wiltshire	13.4	3.0	2.5	12.2	9.0	3.6
England	21.7	3.9	2.9	12.8	16.7	13.6

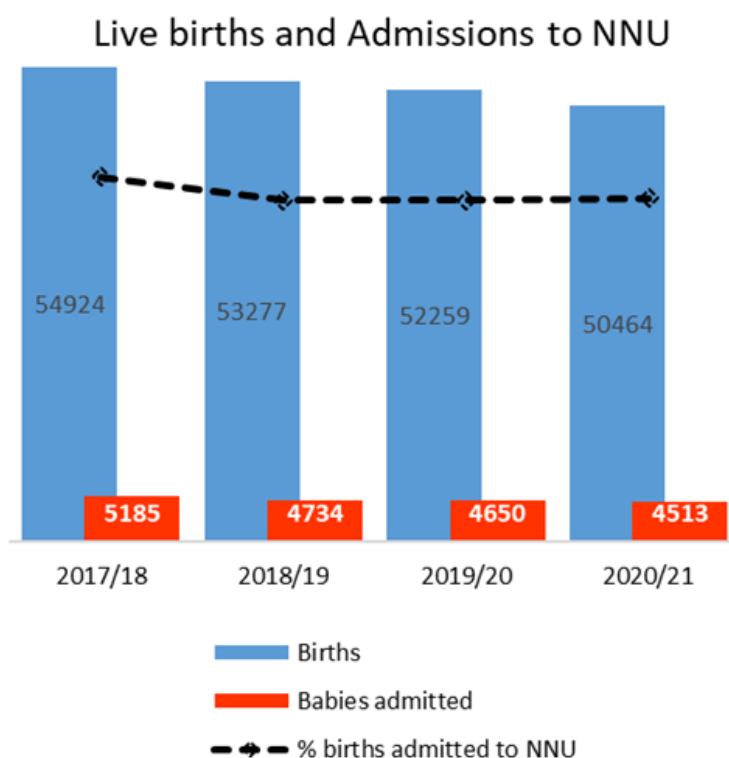
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data>

◇ Activity

Each unit has designated cots to deliver different levels of care; this supports workforce calculations and capacity planning design of services.

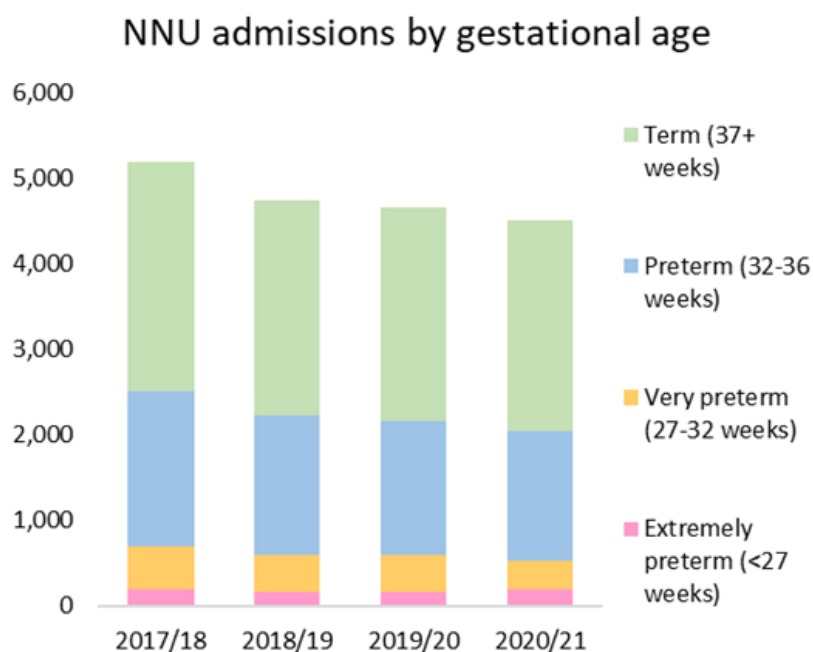
Type	Unit	Births 2020/21	1st admissions to NNU	Level 3 (IC) cots	Level 2 (HD) cots	Level 1 (SC) cots	Total NNU cots	% occupancy
NICU	JRH, Oxford	7,304	751	16	13	21	50	79%
NICU	PAH, Southampton	5,179	544	12	11	14	37	81%
NICU	QAH, Portsmouth	5,134	432	14	4	13	31	82%
LNU	UHD Poole	4,246	334	4	6	10	20	66%
LNU	Milton Keynes	3,534	345	1	4	12	17	65%
LNU	Wexham Park	4,040	217	2	3	12	17	54%
LNU	Royal Berkshire	4,636	462	2	6	8	16	83%
LNU	Stoke Mandeville	4,666	337	2	3	11	16	91%
LNU	HHFT - Basingstoke	2,524	242	2	3	9	14	49%
LNU	HHFT - Winchester	2,268	215	2	2	8	12	47%
LNU	St Richards	2,332	157	1	2	9	12	47%
LNU	Salisbury	2,133	224	1	2	7	10	62%
SCU	Dorset County	1,516	171	0	0	9	9	31%
SCU	St Marys, IOW	952	82	0	0	4	4	54%
	TVW ODN Total	50,464	4,513	59	59	147	265	70%

The % cot occupancy is necessarily lower for smaller units because smaller units will have more variance in demand.



Over the past four years there has been a 8.2% decrease in live births, from 54,924 in 2017/18 to 50,464 in 2020/21. This is consistent with a national trend where birth rate has declined every year since 2013.

As with live births the total number of admissions to NNU has steadily decreased from 5,185 first episode admissions in 2017/18 to 4,513 in 2020/21. This is a reduction of 13%, proportionally a bigger reduction than that of live births. This is largely because more babies are supported alongside their mothers on the postnatal ward or in transitional care rather than being admitted to a neonatal unit.



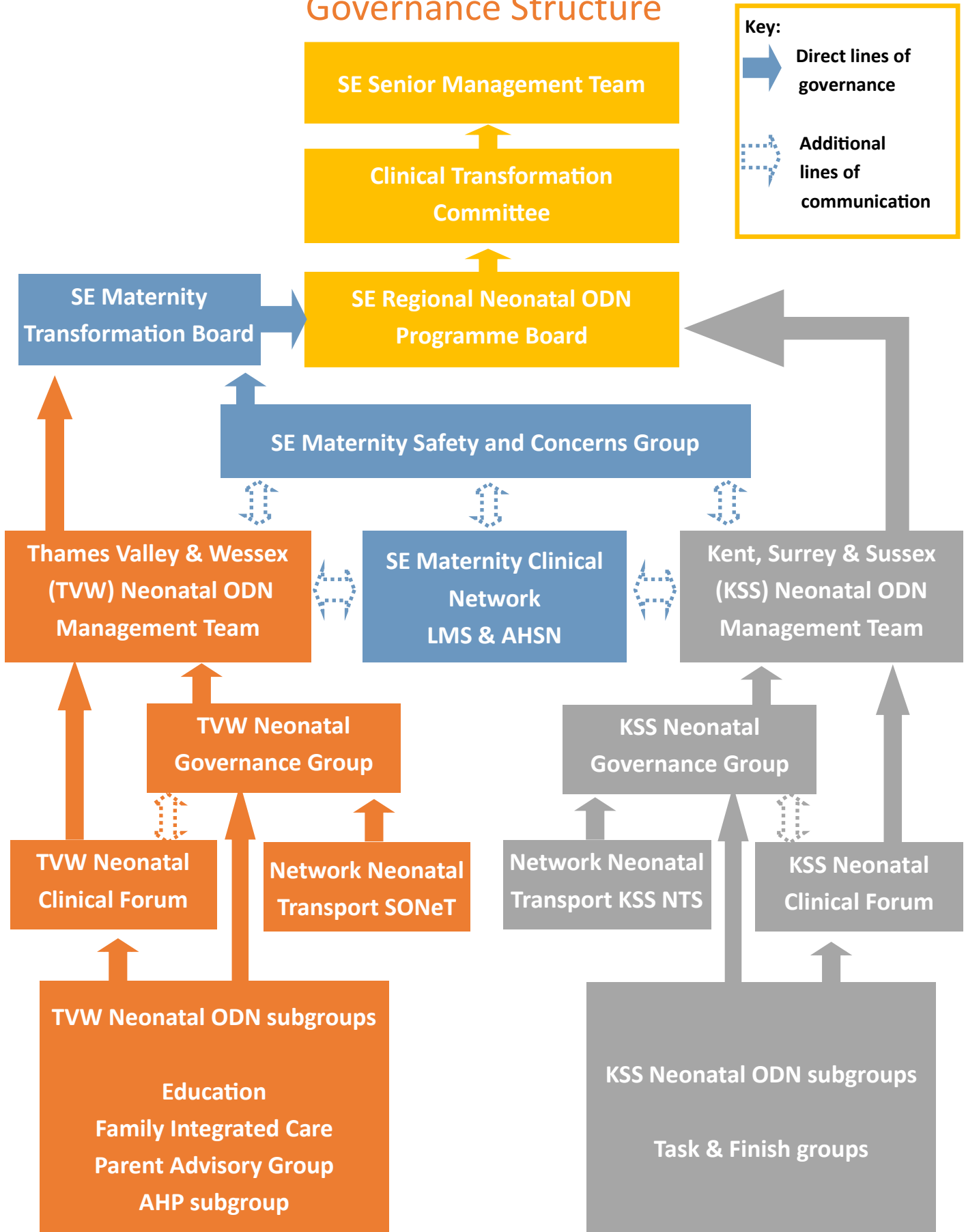
Around half of admissions are for preterm babies (<37 weeks gestation) and half for term babies (37+ weeks). The lower gestation babies tend to stay a lot longer on an NNU. On average an extremely preterm baby stays 9+ weeks on an NNU, a very preterm baby 6 weeks, a preterm (32-36) baby 12 days and a term baby 5 days.

◇ Transport

TVW neonatal transport is provided by the Southampton Oxford Neonatal Transport Service (SONeT). The team has 2 hubs based in the John Radcliffe Hospital, Oxford in Thames Valley and Princess Anne Hospital, Southampton in Wessex over a 24 hour period which provide both emergency and a repatriation service, undertaking approximately 1200 transfers a year. The SONeT team provide a quarterly update at the Governance and Clinical Forum meeting and produce an annual report. The ODN is alerted to any concerns around transport, provision of the service and is invited to take part in debriefs and outreach meetings with local teams. The transport team provide data from the National Neonatal Transport Group to demonstrate compliance with national standards. The teams in both hubs currently meet the time critical targets for transfer. Future provision of ambulance contracts will be shared between the Paediatric Critical Care (PCC) and Neonatal Critical Care (NCC) transport services, to ensure sufficient capacity for transfers.

SOUTH EAST REGIONAL NEONATAL ODN

Governance Structure



THE NETWORK STRUCTURE AND TEAM

About the Operational Delivery Network (ODN)

The last year has seen many changes to the ODN team with several new starters joining the team.

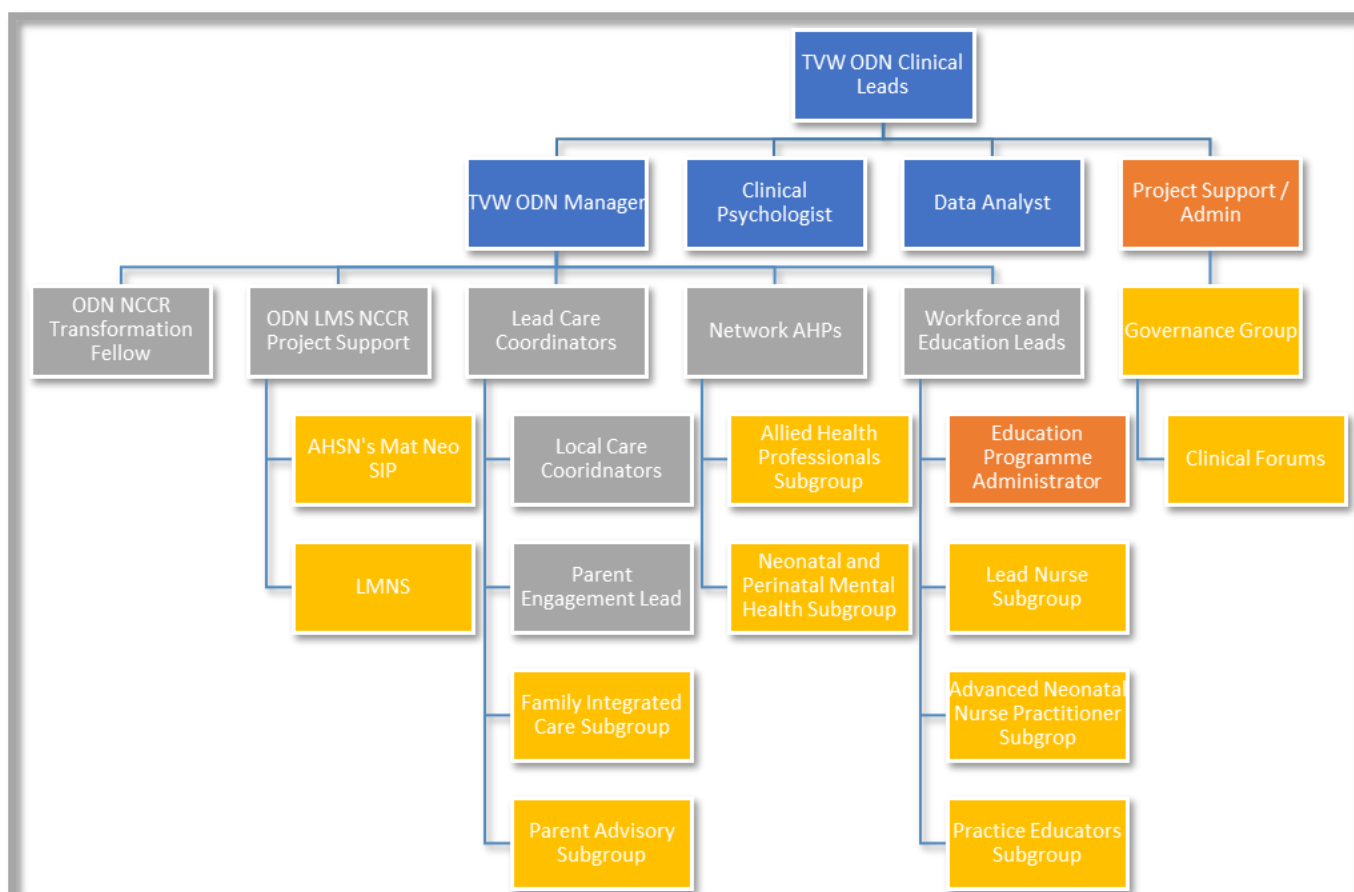
The Thames Valley & Wessex Neonatal Critical Care ODN team consists of:

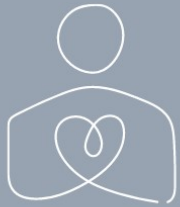
- ◇ Gina Outram: Network Manager
- ◇ Dr Victoria Puddy: Network Medical Lead for Wessex
- ◇ Dr Kenny McCormick: Network Medical Lead for Thames Valley
- ◇ Dr Lambri Yianni: Neonatal Transformation Fellow
- ◇ Kim Edwards: Network Lead Nurse and Lead for Preceptorship / Foundation Education Programme
- ◇ Susi Hill: Network Education Lead and QIS Educational Lead
- ◇ Lindsey Macfarlane: QIS Educational Lead
- ◇ Lynette Kinnaird: Network Education Administrator (shared with TVW Adult Critical Care ODN)
- ◇ Jacqui Bobby: Network Data Analyst (shared with KSS Neonatal ODN)
- ◇ Pippa Clark: Project Manager for Neonatal Critical Care Review
- ◇ Catherine Lawry: Network Project Support Officer (shared with TVW Adult Critical Care ODN)

The ODN have recruited two Lead Care Coordinators who will come into post in April 2021:

- ◇ Lisa Leppard: Lead Care Coordinator for Wessex
- ◇ Sarah Edwards: Lead Care Coordinator for Thames Valley

The ODN team for 2021-2022





4,513

babies received care on NNU



92%

mothers delivering <30 weeks gestation receiving magnesium sulphate



16

parent representatives in the PAG



100s

of network and unit staff learning how to use Zoom and MS Teams

2020/2021 in Numbers



73

virtual network meetings



37

nurses completed QIS training



66,328

NNU care days provided



86%

<27 week babies born in a hospital with a NICU



1016

neonatal transfers



84%

<32 week babies with temperature in normal range on admission

ACHIEVEMENTS AND INNOVATIONS

Neonatal Transformation Fellow

A Neonatal Transformation Fellow was appointed in September 2020 for a one year contract to support the national ambition in *'reducing neonatal mortality and serious brain injury by 2025 in the development of a seamless responsive and multidisciplinary service built around the needs of newborn babies and the involvement of families in their care within a network providing the highest quality care and outcomes, minimising separation of the mother and baby, providing safe quality care as close to their home as possible'*

The Neonatal Transformation Fellow concentrates on key areas around patient safety and QI work:

- ◆ **Babies being born in the right place, support sharing best practice, working with the LMS within the patient safety work streams to develop effective in utero pathways to ensure babies < 27 weeks are born in maternity obstetric services within an onsite NICU.**

In December 2020 we published the new TVW guideline on extreme prematurity in line with the new BAPM framework on extreme prematurity published in October 2019.

Alongside producing parent information leaflets on extreme prematurity, we delivered numerous regional teaching sessions on antenatal counselling of mothers presenting with threatened preterm labour for all health care professionals involved in the care of mother and baby.

Work in progress: A huge amount of work has gone into developing the Wessex in utero transfer guideline and 'Cotline' to streamline the process of antenatal transfers of mothers in preterm labour to an appropriate unit. The 'Cotline' pilot will be launched in July 2021

An educational webinar on 'perinatal management of extreme prematurity' was organised for February 2021. Due to the second COVID-19 surge this has been re-arranged and is due to be delivered in July 2021. This will be an educational event aiming to bring together multi-professionals from maternity and neonates to discuss the management of extreme preterm births.

- ◆ **One of the key priorities and patient safety initiatives of the TVW ODN is the implementation of Pulse Oximetry Screening (POS) for all newborn babies born in our network.**

In 2020, a survey published in the Lancet showed an increasing number of neonatal units in the UK have implemented newborn Pulse Oximetry Screening to increase the identification of babies with critical congenital heart disease. In 2020 in TVW only 3 out of 14 units were undertaking POS.

In September 2020 a stakeholder webinar was held with representation from neonatal and maternity services across TVW, where the implementation of Pulse Oximetry Screening (POS) was agreed.

To support the above, a task and finish project group was formed comprising of members of the ODN group and led by the Neonatal Transformation Fellow. Support materials were developed (educational package, parent information leaflet, network guideline) and support with procurement of equipment via "Tiny Tickers" charity.

The project team has been instrumental in supporting local maternity and neonatal services to formulate individual implementation plans, provide staff education sessions and support with "trouble shooting" arising challenges.

With the support of the project team a further 5 units are implementing POS in the next few months.

- ◆ **Developing neonatal capacity: redesigning and expanding neonatal critical care services to further enhance safety, effectiveness, and the experience of families, to improve neonatal capacity and triage within expert maternity and neonatal centres.**

To support the above objective, as a network we identified the need to implement the new BAPM framework on therapeutic hypothermia published in November 2020.

We established the Wessex CFM working group to support LNU/SCBUs who are interested in utilising CFM monitoring in the identification for babies that would fulfil the criteria for therapeutic hypothermia.

ACHIEVEMENTS AND INNOVATIONS

Webinars

Over the year the Network held two online webinars including:

- ◆ **TVW Pulse Oximetry Screening stakeholder webinar** on the 9th September 2020

Following this webinar the implementation of Pulse Oximetry Screening across TVW was agreed.

- ◆ **SE Neonatal Innovations webinar** on the 16th October 2020

The pandemic became an enabler for some excellent innovative practices which were implemented across the South East region during the peak of the Covid-19 pandemic. These innovations were showcased and shared at the Southeast Neonatal Innovations Webinar in October 2020.

The innovations were categorised into six themes:

Theme 1

Improving access for parents during COVID-19 imposed restrictions.

Exemplars were remote breast and infant feeding support attend in real time clinics, virtual support groups for parents and siblings unable to access units and the implementation of V-Create video messaging system for parents into most Neonatal Units.

Theme 2

Improving communication during COVID-19 for all teams. How our teams worked both within Trusts and across the Network.

Exemplars are virtual outpatient clinics, Attend Anywhere, and implementing virtual communication channels across different Trust departments and organisations within very short time frames.

Theme 3

Improving access/provision to online education for all staff and parents.

The well-established TVW Preceptorship/Foundation and QIS Programme moved to a virtual delivery. YouTube videos produced around cares, bathing, feeding, developmental care, video talks on theoretical content and resuscitation. Some videos were uploaded for parents to use as well as staff. All staff, colleagues/parents involved in the delivery of these education programmes engaged fully with the virtual concept and were instrumental in the successful online delivery.

Theme 4

Improving access for patients to neonatal outreach and outpatient clinics.

An exemplar was the implementation of a 'Drive Through Antibiotic Clinic' for infants discharged home.

Theme 5

Improving quality for safer patient outcomes.

An exemplar of this was collaborative work with the SE Perinatal Safety Forum raising the issue nationally of the increase in hyperbilirubinemia during the first weeks of the pandemic and providing education webinars to educate and inform staff.

Theme 6

Improving the support for mental health and well-being of parents and staff.

Key areas were identified; moving to digital platforms for providing one-to-one parent sessions and parents attending ward rounds via Attend Anywhere, dedicated staff in Family Liaison roles, units providing resources such as sibling books and posters, and support for emotional well-being for parents and staff during COVID-19. Using the V-Create platform to create a top tips animation. Using social media platforms such as Facebook, Twitter and Instagram to share information and resources for staff and parents. Supporting the mental health of parents and staff by having appointed well-being leads and support groups bringing staff and parents together with a shared common purpose.

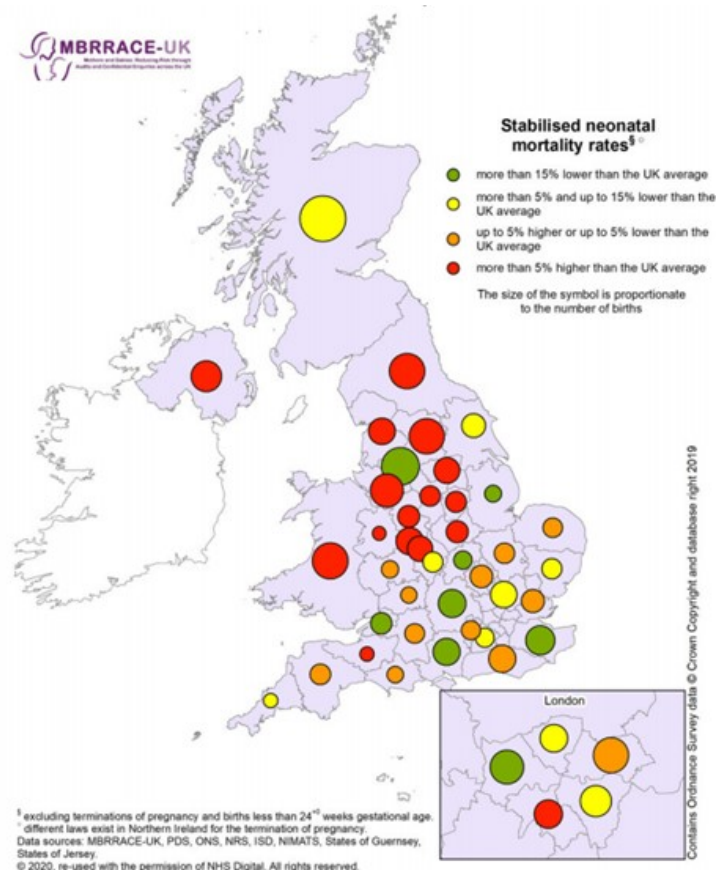
QUALITY AND SAFETY

As part of Better Births and the Neonatal Critical Care Review, ODNs and maternity services have been charged with halving neonatal mortality and brain injury by 2025. This can only be achieved in partnership with maternity services. The ODN continues to work towards closer collaboration with Local Maternity Neonatal Systems, Academic Health Science Networks and Maternity Clinical Networks (MCN) to ensure equity of access to neonatal services and adoption of best practice, overseen by the South East Maternity and Neonatal Safety and Concerns Group. The ODN's proposed five-year plan will build on best practice and shared learning, working alongside local and regional maternity /neonatal safety champions.

◇ Neonatal Mortality

All network units now use the MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) Perinatal Mortality Review Tool (PMRT) for neonatal deaths. Mortality and morbidity figures are available through MBRRACE, NNAP and ONS and the three network NICUs invest in the Vermont Oxford Collaboration VON, which allows outcome data to be standardised for caseload. Improving outcomes for all infants is important and learning from where practice could be improved is vital. Yearly reports published by MBRRACE review perinatal death rates across populations and standardise for many factors including mother's age, deprivation, ethnicity and gestation to make rates comparable for populations. Their latest report (published in December 2020) covered deaths in 2018.

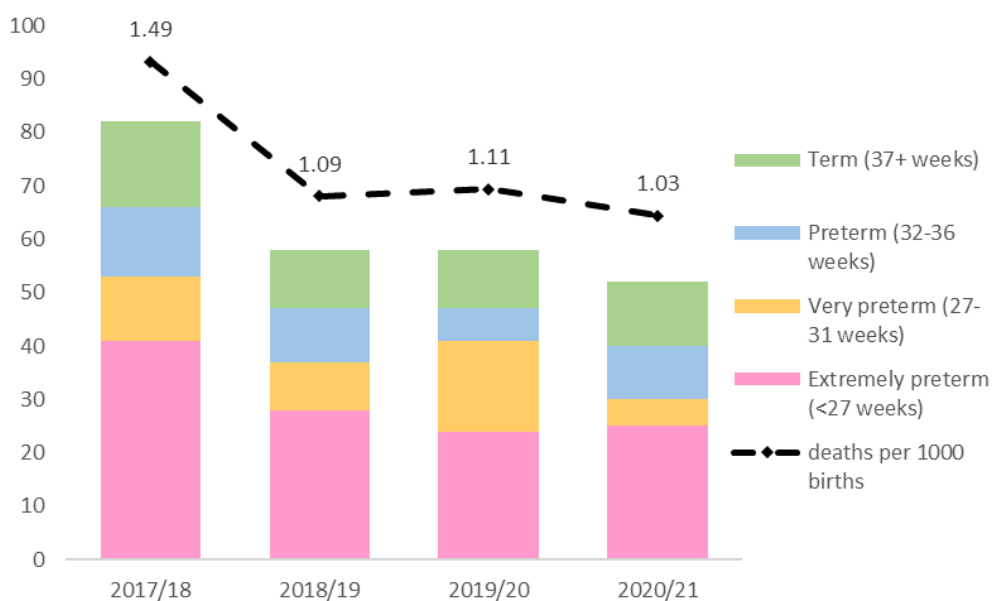
The results for 2018 at ICS (Integrated Care System) level are shown on the map below. For TVW ICSs neonatal mortality rates were around average or below average.



There is a process of shared learning from the PMRT reviews, and the ODN has developed a mortality review template to help ensure that high quality reviews are undertaken. These are reviewed by the ODN with common themes identified and learning shared at network-wide governance meetings. All recorded neonatal unit deaths, including deaths on delivery suite, are presented at the annual ODN Mortality Review meeting and shared learning is disseminated via the Thames Valley Perinatal governance group and the South East Maternity Workforce and Safety forum.

As well as MBRRACE reports, we monitor numbers of neonatal deaths occurring on our units. There were a total 52 neonatal deaths on neonatal units across the TVW Network in 2020/21. Around half were in infants born less than 27 weeks gestation (25, 48%). Five deaths were in infants born between 27 and 31+6 weeks, 10 deaths in infants 32 to 36+6 weeks and 12 deaths in infants born ≥ 37 weeks gestation (27%).

Annual deaths on TVW NNU per 1000 live births, from 2017/18 to 2019/20



The total number of neonatal deaths has fluctuated over the years, as would be expected with the small numbers involved.

◇ Birth in the right place for extremely pre term infants

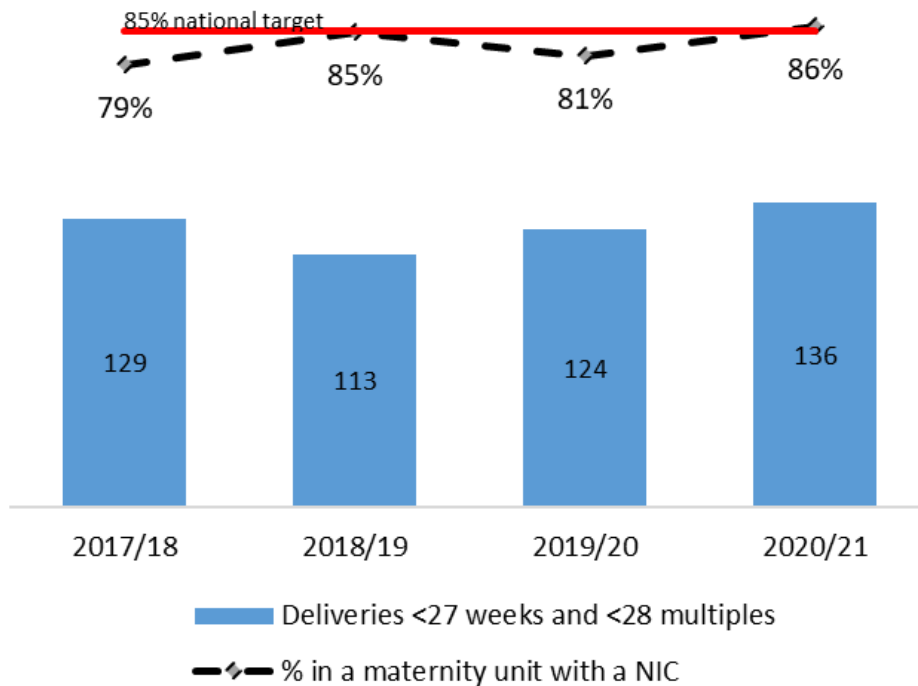
Babies who are born at less than 27 weeks' gestational age are at high risk of death and serious illness. National recommendations in England and Scotland state that neonatal networks should aim to configure and deliver services to increase the proportion of babies at this gestational age being delivered in a hospital with a Neonatal Intensive Care Unit (NICU) on site. This is because there is evidence that outcomes improve if such premature babies are cared for in a NICU from birth. There is a national target that at least 85% of babies born at less than 27 weeks' gestational age, or <28 week multiple birth, should be delivered in a maternity service on the same site as a NICU.

TVW ODN have implemented exception reporting for all babies <27 weeks born anywhere other than a maternity unit with a co-located NICU; this is being carried out in partnership with the LMNS and Mat-Neo patient safety collaborative. The TVW ODN have developed an In utero transfer policy in collaboration with the AHSNs/LMNSs/MCNs/ODN.

In collaboration with the AHSNs and LMNSs the TVW ODN have developed an In utero pathway across the region to meet the BAPM recommendations for extreme preterm birth for babies <27 weeks gestation focusing on the assessment to transfer to a NICU the less than 23 weeks (22 weeks) gestation babies.

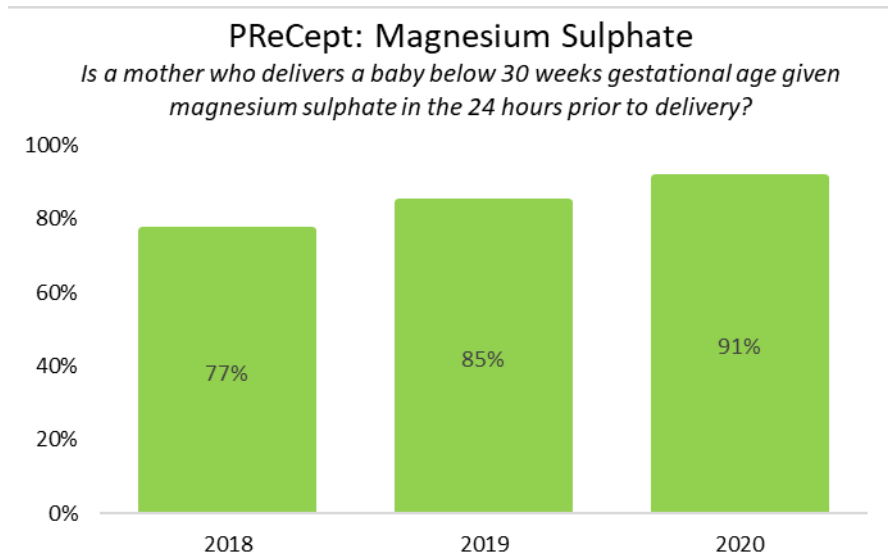
The ODN aims to maintain a standard that at least 85% of all babies <27 weeks, <28 week multiples and <800gs are delivered in a maternity unit with a co-located NICU. Quarterly reporting for assurance of this key metric to the SE Maternity Transformation Board and Specialised Commissioning Programme Board is in place.

In 2020/21 86% of deliveries for babies <27 weeks or <28 week twins were in a maternity unit with a NIC. The national rate in 2019 was 78% (published by NNAP). TVW was the 4th best performing ODN across 14 UK ODNs for this measure.



◇ PReCePT (Prevention of Cerebral Palsy in PreTerm Labour)

PReCePT is the first ever perinatal quality improvement programme delivered at scale across England, bringing together midwives, obstetricians and neonatologists in every maternity unit in the country. This project was designed to help reduce cerebral palsy in babies through the increased antenatal administration of magnesium sulphate (MgSO₄) to mothers during preterm labour, costing from £1 per individual dose. Evidence shows that for every 37 mothers who receive magnesium sulphate below 30 weeks gestation, one case of cerebral palsy is prevented. The rate has improved year on year in TVW. In 2020 for TVW 267 out of 293 (91%) mothers delivering <30 weeks received Magnesium sulphate which is calculated to result in the prevention of cerebral palsy in 6 babies. This exceeds the national target of 85%.

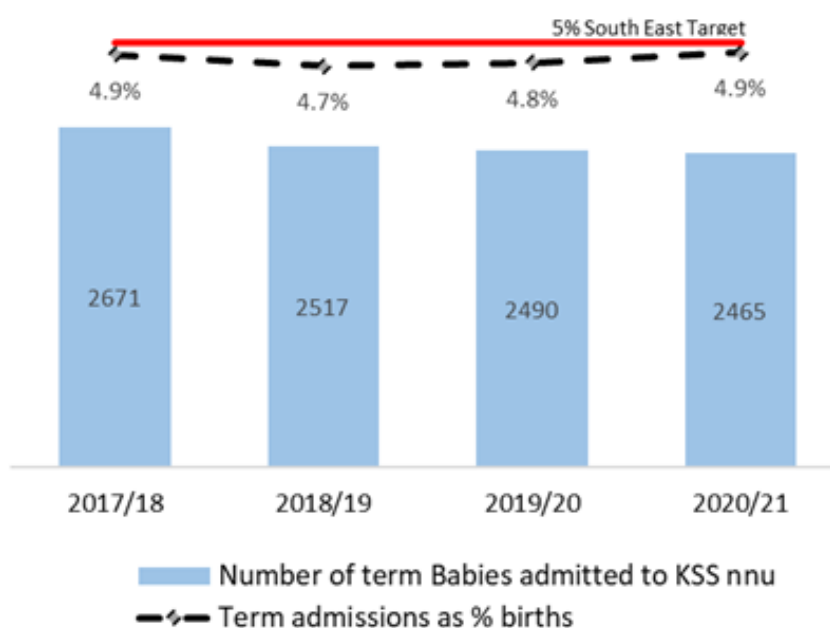


◇ ATAIN (Avoiding Term Admissions into Neonatal units)

There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reasons, an essential practice in maternity services and an ethical responsibility for healthcare professionals

To reduce avoidable separation of mother and baby in the early days of life there is a national target that no more than 6% of all live births should be admitted to NNU if born at term ($\geq 37+0$ week gestation). This is monitored quarterly using an ATAIN dashboard developed by the South West ODN. The South East region has locally reduced this target to 5% and Quality Initiative Projects shared through the ODN governance groups have enabled many units to achieve this new standard.

In 2020/21 the percentage of term admissions to NNU across TVW was reported as 4.9% of all live births putting the network within the South East and national targets.



◇ NNAP (National Neonatal Audit Programme)

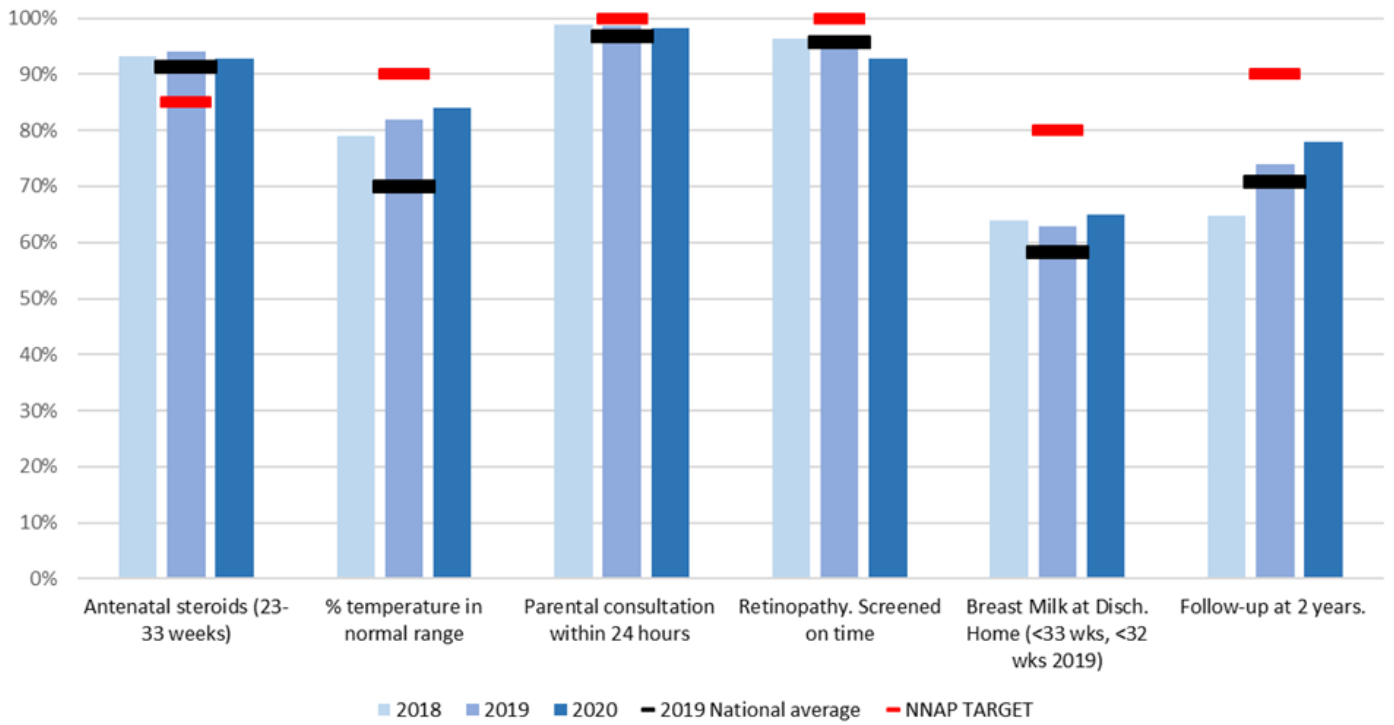
NNAP is a national clinical audit run by the Royal College of Paediatrics and Child Health (RCPCH) on behalf of the NHS. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and has been running since 2006.

The NNAP aims to help neonatal units improve care for babies and their families by identifying areas for quality improvement in relation to the delivery and outcomes of care. As such a set of measures has been developed and NNAP produces and publishes data for each unit in the country for each of these measures. This enables units and ODNs to view their performance in comparison with national standards and against units and ODNs across the country and identify areas for quality improvement.

The ODN has in place oversight and monitoring of all units' NNAP data. This is shared quarterly in clinical governance and forums.

The latest NNAP national report was produced in November 2020 and covered data for 2019. TVW was the best performing ODN for temperature control and parental consultation and above average for nearly all other measures. TVW performance for some key NNAP measures over the past 3 years is shown in the chart below. It is encouraging that performance for many measures continued to improve despite 2020 being a challenging year.

TVW ODN Network performance for key NNAP measures



RESTORATION AND RECOVERY

As part of the national response to COVID-19 there were 4 phases of recovery that began in May-July 2020. The aim was to ensure all neonatal critical care services resumed normal services whilst maintaining safe operating standards to deliver care to babies and families where restricted visiting had been imposed. This impacted on their ability to parent and bond with their baby leading to the unintended consequence of a negative impact on mental health and well-being of families in a Neonatal care setting. During phase 1 of COVID-19 neonatal critical care services saw very few COVID-19 suspected or positive babies; the emphasis was on maintaining isolation areas for those requiring it, whilst implementing measures to enable family centered care to resume.

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 24 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning

This defined the framework for the Restoration and Recovery of Neonatal Critical Care services from the COVID-19 major incident.

The table below outlines the Network's response to this for Neonatal services.

ID	Project Phase	Deliverable Title	Deliverable Description	Delivery Date (Start-Finish)	Status
1.	Scoping	Parent & family visiting	Parents to have care giving status and unlimited access to their baby, and allowed to visit together	Phase 2 July 2020	Risk assessment and impact tool circulated on 2 nd July
2.		Cot capacity due to spacing restrictions	Work with trusts to mitigate to ensure safe operating process and maintain capacity to preserve normal pathways of care capacity	Phase 2 June 2020	
3.		Safety	Perinatal mental health & wellbeing of staff and parents. Monitoring HIE rates Monitoring jaundice admissions	Phase 2 & 3 June 2020 to March 2021	
4.	Planning and Redesign	Virtual clinics	Planning clinics and outreach services for the future; integrating effective changes and re-establishing face to face where required	Phase 2 June 2020 to March 2021	
5.		Family integrated care (FIC)	Re-instate principles of FIC and NCCR funding to recruit to the new network care co-coordinator roles	Phase 2 July 2020 Recruit by phase 3 August 2020	
6.		Education	Continuation of education workforce programmes that were paused during COVID	Phase 3 July 2020	
7.		ODN oversight & governance	Re-establishment of all meetings, consider virtual format where applicable	Phase 2 June 2020	
8.	Implementation (New Models of Care)	Business case for psychology support	ODN team to undertake a review of access to psychology services across the system and make recommendations based on findings	Phase 3 November 2020	
9.	Benefit Realisation and Closure	Roll out of face to face clinics where safe to do so	Some follow up clinics will continue to be via digital platforms	Phase 2 June 2020	

During COVID-19 the Network highlighted areas of learning and improvement that could be carried forward into business as usual. These changes and opportunities are outlined below.

Changes made:

- ◆ SE Clinical Leads Core Teleconferencing was good for collaborative working across both Neonatal Networks with the plan to keep meeting bi-monthly. In these meetings the leads developed SE Regional Neonatal Testing guidance and learned the value of increased and regular communication across ODNs to reduce variation in practice and maintain flow
- ◆ South East Perinatal Safety Group replaced the previous Maternity Safety Forum. This group has wider membership including AHSN and Perinatal Mental Health Networks
- ◆ No service or pathway changes
- ◆ Increased use of virtual meetings enabled more frequent meetings within the network and reduced travel
- ◆ Video messaging available in all Neonatal units for parents unable to visit. Community follow up was facilitated using Teleconferencing and FaceTime following individual risk assessment. Face to face maintained as required, following social distancing guidance

Opportunities to accelerate models of care:

- ◆ TVW will recommence the review of Local Neonatal Units to align capacity within the ODN. Modelling and implementation plans were updated in March 2020, and notification letters were sent to the relevant provider Trusts
- ◆ Recruitment of the ODN Care Coordinator roles to support the family experience, traffic of people and infection risk in units
- ◆ The introduction of secure video messaging platforms such as V Create for parents. This allows extended families to virtually visit whilst restricted visiting and social distancing measures are in place

Opportunities to build on the changes implemented during the pandemic:

- ◆ To adopt a whole system Mat-Neo approach to improve patient safety across the region based on local intelligence e.g. perinatal mental health and well-being which has strengthened the approach to risk management across maternity and neonatal services
- ◆ Real time response and engagement with provider trusts to share knowledge and expertise to develop and influence the implementation of National or Regional policy at local level utilising video conferencing e.g. Neonatal Surge plans and SE Neonatal Testing Guidance
- ◆ The ability to visit one's baby and grandchild etc. virtually helps to decrease the people traffic through units but also reduces pressure on public transport, parking, environmental waste etc. Albeit in small volumes, if half of all visiting could be moved online this would have a big impact
- ◆ Waiting areas for carers, to maintain social distancing in units where space is limited at the cot side, and allocated toilet facilities for parents and carers is essential

Towards the end of the year the ODN moved into a Restoration and Recovery phase from Covid. The main focus of this phase was to reinstate unrestricted parental access to units. It was recognised that this would impact the long term mental health of families. It has been challenging due to Trusts needing to follow local policy in order to maintain COVID-19 safety and with the limitations and restrictions due to unit geography. This work will be ongoing into the next year and will be a focus for the Care Coordinators.

NEONATAL CRITICAL CARE REVIEW (NCCR)

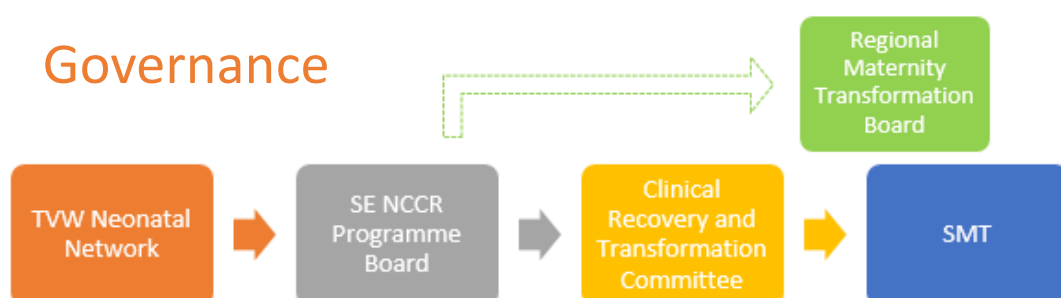
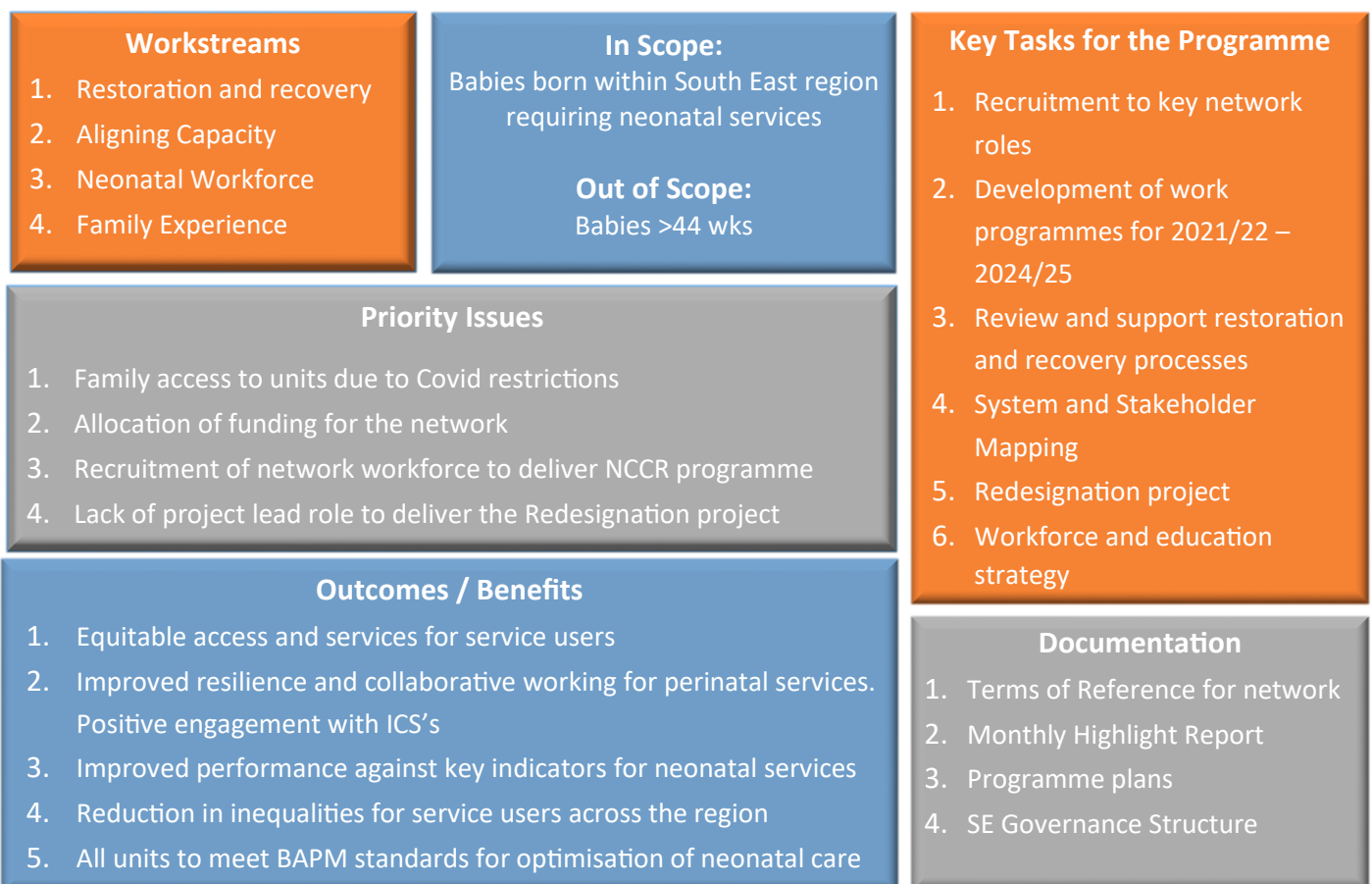
NCCR Transformation work programme

The ODN began the 5 year implementation plan of the Neonatal Critical Care Review (NCCR) in November 2020.

Strategic Aims: Working with systems and providers across the SE region to implement the National Review of Neonatal Critical Services in response to the Better Birth Maternity Transformation Programme.

Objectives:

1. To reduce still birth, neonatal death and brain injury by 50% by 2025
2. To reduce pre-term birth from 8% to 6% by 2025
3. To avoid term admissions into neonatal units and maintain regional target of <5%
4. To maintain national target of >85% of babies <27 weeks born in maternity units with a Neonatal Intensive Care Unit



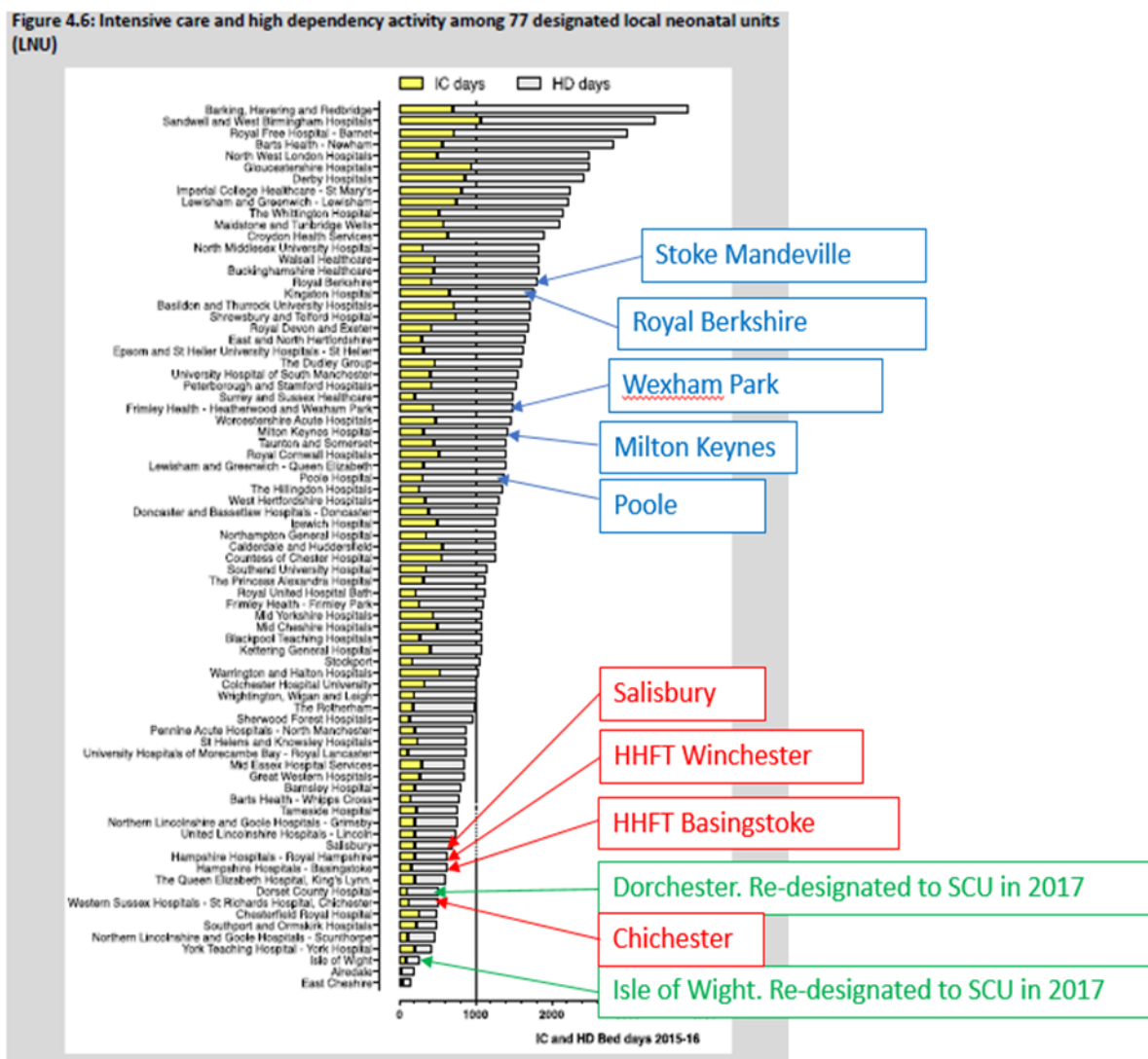
Timeline for project: 2021-2025 with regular review points

ALIGNING CAPACITY

NCCR Transformation work programme

Four units in Wessex do not meet the current standards for LNUs on activity and staffing and these are some of the smallest LNUs within the UK. These Neonatal services are Salisbury, Chichester, Winchester and Basingstoke (HHFT).

The chart below shows the benchmarking of TVW LNU activity with LNUs in England.



In October 2020 a stakeholder event was held. At the event an overview of the national neonatal service standards for activity and medical staffing was shared in an LNU presentation from the TVW ODN. A presentation was given of the LNU self assessment outcomes data on activity and medical staffing submitted by each of the four LNUs. Each unit gave an overview of their current position and the chair of the West Sussex Maternity Voices Partnership presented her perspective from personal experience. Following this event initial meetings were held with Salisbury, Chichester and HHFT with the relevant stakeholders.

WORKFORCE STRATEGY & EDUCATION

NCCR Transformation work programme

◇ Education

The post of Network Practice Educator resumed in July 2020 with the appointment of Susi Hill. Susi has worked collaboratively with the ODN team to:

- ◆ Produce a Network education strategy
- ◆ Complete a Training Needs Analysis- data collected, analysis in progress
- ◆ Create an education folder on the Future NHS platform
- ◆ Resume Practice Educators meetings (quarterly, 2 hours)
- ◆ Produce surgical training (collaborating with Hannah Wells at University Hospital Southampton). This involved working with surgical teams in Southampton/Oxford (early stages) to facilitate surgical and skin care champions from non-surgical units and improve surgical training and access to surgical teams. A 'Meet the team' poster was distributed
- ◆ Develop training for Band 3-4s. Nursery nurses joined the Pilot Preceptorship programme (in collaboration with Kim Edwards, they take part on the Preceptorship/Foundation, including QI project and a bespoke biosciences test)
- ◆ Hold study days: two Chiesi events (RDS, Surfactant, LISA) and a Band 3-4 neonatal feeding and nutrition online event were delivered
- ◆ Develop an Equipment and Consumables group. The contacts for most of the units have formed a group for networking, sharing and support. They have quarterly meetings and a folder on the Futures NHS platform to share information.

Work planned for 2021-2022

- ◆ To further develop Nursery Nurses/Nursing Associates preceptorship programme with medicines management day and Practice Assessment Document
- ◆ Create a surgical education site on the Future NHS platform

◇ QIS Programme

The 2019/20 TVW Neonatal QIS pilot programme survived COVID-19 and concluded in October 2020 with 37 nurses successfully qualified in specialty. The second cohort commenced in November 2020 with 40 nurses across the Network. The design of the course was a collaboration between Susi Hill, Kim Edwards and the network educators. The current leads are Lindsey Macfarlane and Susi Hill, working with the education administrator Lynette Kinnaird.

The programme is an alternative hybrid model with training provided by the ODN but accredited by a Higher Education Institution (initially University of Southampton and currently Kings College London).

Criteria for entry is completion of the Neonatal Preceptorship programme, equivalent special care module or significant previous neonatal experience. The current programme offers 30 credits at Level 6 or 7 and includes 11 study days. The course is a mixture of structured learning (with neonatal speakers from different disciplines from the TVW ODN), self-directed study and practical learning. Assessment is via academic assignment, completion of a Practice Assessment Document, a clinical placement in a tertiary unit (2-3 weeks) and an OSCE (Objective Structured Clinical Examination).

The cost of the course for 2021-22 will ensure sustainability of the programme.

Feedback and evaluation of the programme by students and the units' educators were very encouraging. We continue to seek feedback to ensure the programme meets the units' needs.

◇ Preceptorship / Foundation Education Programme

TVW Neonatal Preceptorship/ Foundation Education Programme continues to support recruitment and retention of newly qualified nurses/midwives, experienced nurses and now newly qualified nursing associates to the speciality. Intake of Preceptees is still twice a year and numbers accessing the programme are increasing. During the COVID-19 pandemic it was necessary to deliver this education online using the virtual learning platforms of both Zoom and MS Teams. This was an opportunity to expand and develop the curriculum further and utilise online resources to do this. We plan to continue to deliver this programme with a hybrid blended learning approach but still recognising the value of face-to-face study days particularly with simulation and more complex learning scenarios.

During the pandemic the Preceptees still managed to produce and implement some excellent Quality Improvement (QI) projects, which were presented at our QI Webinar event. Some of these projects focussed on drug administration safety which were shared across our local maternity services and some Family Integrated Care projects which also involved local Transitional Care Units (TCU).

Two QI projects were selected as best practice to present at the South East Health Education England (HEE) Patient Safety Conference (Safe administration of Cefataxime to Neonates). The Noise project was asked to present a poster at the Royal College of Paediatrics and Child Health Conference.

Newly qualified nursing associates now have access to the Preceptorship/Foundation Programme.

◇ Nursing Associate Role

GIRFT data identified that TVW ODN had very few nursing associates currently in post. As a Network we are currently scoping the trainee nursing associate and newly qualified nursing associate role within neonatal and maternity settings and working with the HEE South East Workforce Transformation team to take this work forward for future workforce planning and strategy.

TVW have been scoping education provision for staff working in Transitional Care Units and working collaboratively with the East of England ODN on a pilot virtual learning 3 month module TC education programme which will commence in June 2021. Several neonatal/maternity units across the ODN are participating in the pilot. The plan is that this will be available to be delivered both nationally and virtually with a cost of £200 per delegate.

NETWORK SUBGROUPS

A summary from the group leads

◇ Allied Health Professionals (AHP) Group

Our Network AHP subgroup re-established itself in September 2020 after many of our neonatal AHPs were deployed during the pandemic, many working as support workers across neonatal/paediatric and adult services. Thank you all for your hard work and commitment during this challenging time. AHP Network job descriptions have now been approved and we will be appointing these vital roles in September 2021 in line with the NCCR recommendations.

◇ Advanced Neonatal Nurse Practitioner (ANNP) Interest Group

The Advanced Neonatal Nurse Practitioner (ANNP) role has, since its inception in the 1980s, become a highly valued and essential component of the multi-professional neonatal team. They provide care for the neonate and their families across maternity and neonatal settings. They have a high degree of autonomy and provide a level of continuity and consistency ensuring high quality of care within the neonatal service. They have been described as the professional bridging the gap between medical and nursing teams.

Advanced practice roles are underpinned by four pillars; clinical practice, education, leadership and research. An ANNP capabilities framework has been developed by the British Association of Perinatal Medicine (BAPM) to provide a career pathway for aspiring and qualified ANNPs.

The TVW ODN is committed in supporting and developing the expert Neonatal Workforce including the ANNP and made it a priority to set up a Network wide ANNP interest group. The purpose of the group is to support, promote and develop advanced practice and the ANNP role throughout the TVW region.

All managers and known ANNPs throughout the region were contacted via email to invite them to attend an initial virtual meeting. Neonatal units that currently don't employ ANNP as part of the clinical team were also approached and encouraged to attend to include them in the initiative and offer them support with the possible implementation of the role.

Attendance included ANNPs from a range of neonatal units across the region, ODN team members and representation from BAPM and Health Education England South East Faculty for Advancing Practice.

The agenda included presentations from Gina Outram, Network Manager and Dr Victoria Puddy, Network Clinical Lead, on the ODNs vision and priorities for workforce development and from Dianne Keeling, ANNP BAPM, who introduced and discussed the BAPM Capabilities framework.

This was followed by group discussion on the purpose, aims and objectives of the interest group. The main themes expressed by the attendees were

- ◆ Nurse professional development and progression with succession planning an imperative
- ◆ Networking – ANNP can feel isolated
- ◆ Show casing Quality Improvement initiatives and research projects
- ◆ Provide a link with HEE Faculty for Advancing practice – support with developing the role
- ◆ Development of a Network database of ANNPs
- ◆ Explore links with Kent Surrey Sussex in organising shared learning events across South East region

Next steps:

- ◆ Development of a draft Terms of Reference for the ANNP interest group
- ◆ Networking
- ◆ Set up access to the Futures NHS platform
- ◆ Set up a “WhatsApp” group
- ◆ Arrange follow up meeting April 2021

◇ Family Integrated Care Group

The Group has evolved over the last year from the Collaborative Care group to the Network Family Integrated Care (FIC) group. New terms of reference were established and the group now meets bi-monthly.

The group began work on establishing FIC as a philosophy of care across the Network.

The FIC group has incorporated some of the Network’s other sub groups to ensure that the work streams are established to meet the requirements of the NCCR Transformation Programme. Each sub group reports their activity at the bi-monthly meeting.

These sub groups are:

- ◆ Infant feeding Group
- ◆ Outreach
- ◆ Neonatal and Perinatal Mental Health Group
- ◆ Parent Advisory Group
- ◆ Practice Educators
- ◆ Allied Health Professionals

The group established that education will play a huge part in supporting staff with the change in culture needed to enable and encourage parents to become the primary care givers for their baby. They will work collaboratively with the medical and nursing teams and have established FIC leads in the majority of the units with some still to be filled. The FIC group is working closely with the education team and PAG, to develop appropriate training methods for both staff and parents.

The group has developed an audit tool which will be used by the Care Coordinators to form their base line work streams moving forward.

The group have been reviewing the parent passports currently in use across other ODNs, to aid the development of the TVW Network parent passport. This passport will be honoured and accepted by all Network Units. These passports will be parent held and be transferable across the Network. These will be a continuum of care regardless of where the care is being delivered. The parents will be seen as the primary care givers in the delivery of the routine care for their baby.

This group will be led by the Lead Care Coordinators once in post.

◇ Lead Nurses and Practice Educators Group

The Lead Nurses and Practice Educators group continued to meet virtually during the pandemic and one of their first actions going forward was the decision to move the Preceptorship/Foundation education programme online. All Lead Nurses/Educators were unanimous in supporting and enabling this to happen for all Preceptees across the Network. Virtual meetings allowed the sharing of innovative practice, experiences, and issues from the pandemic particularly around restrictions for parent access, capacity, and equipment. Thank you all for your continued support.

◇ Neonatal and Perinatal Mental Health Group

During the COVID-19 pandemic the TVW ODN Neonatal and Perinatal Mental Health (NPMH) Group was formed. This group provides leadership and consensus for the Network in developing and supporting high quality mental health services across Thames Valley & Wessex and to include networked services in Milton Keynes, South Wiltshire, and West Sussex.

The aims of the group are to share, compare and identify gaps in service and practice enabling us to better recognise and treat the psychological needs of both staff and parents who have a baby admitted to NICU and for those parents and infants repatriated back to local neonatal services. In addition, as part of an integrated seamless service practice to 'identify' best practice in line with the recommendations for standards of neonatal care of the Department of Health Toolkit for High-Quality Neonatal Services (2009), NCCR (2019), GIRFT (2020), and the NICE Quality Standards programme for Specialist Neonatal Care (2010).

Membership of this group is multi-professional and includes Neonatal Clinical Psychologists/Psychotherapists, Perinatal Clinical Psychologists/Psychotherapists, Neonatal Mental Health Champions, Family Support Leads, representation from the Perinatal mental health clinical network, parents and third party BLISS charity.

◇ Outreach Group

During 2020-2021 the Neonatal Outreach Subgroup met for the first time virtually. They also set up a neonatal outreach group on Microsoft Teams for additional networking opportunities. Meeting for peer support during the pandemic with like-minded teams facing similar issues has been valuable. This is hoped to be continued throughout 2021-2022 and the group hope to continue to raise the profile of neonatal outreach services. Current proposed work for next year include data comparison, well-being support, and parent satisfaction surveys for outreach. With the increase of virtual meetings it is also hoped that we can link with fellow neonatal outreach services network groups.

◇ Parent Advisory Group

In recognising that enhancing the experience of families was at the core of much of the NCCR work, TVW Neonatal ODN prioritised advertisement of their new Parent Advisory Group (PAG), and carried out 16 informal interviews. The group now has 16 members including one father to provide a non-birthing partners perspective. The PAG is chaired by one of the TVW Hospitals' Maternity Voices Partnership Chairs Emma Johnston, who also sits on the NHSE/I Neonatal Implementation Board (NIB), is a Neonatal parent herself, and provided a much-needed link to the maternity partnership of Commissioners, Service Providers and Service Users.



The group holds bi-monthly meetings alternating with the Family Integrated Care bi-monthly meetings. They have created a logo and as such established a brand for parents to recognise throughout the Network. The group have an active WhatsApp group for opportunities and support, a Jamboard to share the individual interest and expertise of members, and a working space on the Future NHS platform to share materials for reviews and feedback. The PAG were also able to assist the team in recruitment of the two Lead Care Coordinators, who will now work closely in partnership on all projects.

The PAG are already firmly involved in ODN work at all levels, attending ODN Governance meetings, Family Integrated Care Group meetings, and the Neonatal and Perinatal Mental Health (NPMH) Group meetings, with slots on each of these agendas.

The group have started to identify their main priorities in starting out:

1. Establish consistency in processes across the patch to not only support those units needing it the most, but in ensuring parents transfers don't throw them into a very different environment on arrival, often leading to mistrust and a lack of confidence in what is right for their baby.
2. To support Care Coordinators in their work providing a parent perspective, but specifically first in developing a parent passport. This will be done alongside staff being educated in what cares parents can be doing themselves.
3. To offer a parent perspective to help with various mental health projects by sharing how they could have felt better supported.
4. The PAG are keen to find a consistent day to be present on each unit e.g. coffee and cake on all units on Monday mornings, so when parents are transferred, they always know where peer support will be present in each unit.
5. Look at how language can be reframed to change the long term impact certain communications can have on parents, empowering them to be parents from Day 1.
6. Reach out to Maternity Voices Partnership Chairs and understand the local challenges. Obtain an additional link to the Local Maternity Systems and established channels for involving the neonatal voice.

The PAG are keen to welcome new members on an ongoing basis and there is a focus on how to make this group as sustainable as possible.

◇ Practice Educators

This group of supportive and enthusiastic lead practice educators, meet virtually on a bi-monthly basis. Updates on preceptorship, QIS, education, simulation, surgical and FI Care matters help the units remain current. The educators share good practice, experiences and ways of working, with the aim of improving the support, training and mentoring of new and current staff.

SONET TRANSFERS

◇ About the Service

SONeT (Southampton Oxford Neonatal Transport Service) provides specialist transport for neonatal patients who are resident in Thames Valley & Wessex to be transferred to the nearest appropriate hospital for the level of care that they require. The service is collaboration between Oxford University Hospitals and University Hospital Southampton. The SONeT Control Centre is a shared administrative hub, based in Oxford, providing a single point of contact for all teams, conference calling, cot finding and web-based maternity/neonatal bed availability dashboard. There are 24 hour neonatal transport services available from the two hubs in Southampton and Oxford. The SONeT website <http://www.sort.nhs.uk/SONeT> contains standard operating procedures and guidelines as well as information for families and referring hospitals.

◇ Activity and Response Times

There were a total of 1016 transfers 2020-21, which is a 3.8 % increase from the previous year.

40% of transfers were unplanned, trending slightly upwards since 2017. As in previous years, there are lower proportions of unplanned transfers in Thames Valley (37%) compared with Wessex (42%). SONeT performed well against set response benchmarks: SONeT transferred 100% babies requiring transfer within the catchment (benchmark ≥95%). There were 49 time-critical transfers with 94% mobilization within 1 hour (benchmark 95%). Response time targets for patients requiring an uplift in care (defined as time from referral to arrival in referring centre <3.5 hours) was achieved in 86% of cases (benchmark 80%).

◇ Quality and Service Development

The pandemic has been a significant factor in this financial year, and the service developed appropriate SOPs and PPE guidance for protecting staff and patients. More than 30 other guidelines and pathways have been reviewed and updated with new urgent surgical and cardiac pathways agreed. SONeT tendered for a new ambulance service provider in July 2020 and the contract was awarded to BEARS (British Emergency Ambulance Response Service). The new service has 7 identical bespoke vehicles for use across SONeT and SORT Oxford Paediatric Intensive Care Transport Service. SONeT has been involved in the detailed design of these bespoke vehicles and we look forward to starting the new service in July 2021.



SOUTHAMPTON OXFORD NEONATAL TRANSPORT

LOOKING AHEAD

The TVW Neonatal ODN are looking ahead to another busy year in 2021-2022. Here we have summarised some of the plans for next year.

◇ Enhancing the experience for families

The two lead care coordinators posts have been recruited to, and Lisa Leppard (neonatal family care lead nurse) and Sarah Edwards (neonatal occupational therapist) will be starting in post in April 2021.



Lisa Leppard
Wessex



Sarah Edwards
Thames Valley

Their initial areas of focus will be:

- ◆ To meet with the 14 neonatal units within the ODN, and carrying out an initial scoping exercise with each unit
- ◆ To develop a Thames Valley and Wessex parent passport, with the aim of standardisation of parental participation in their baby's care, across the Network. This will be coproduced with Parent Advisory Group representatives
- ◆ To join the National Care Coordinators Group to look at national issues and strategy
- ◆ To support timely repatriation between neonatal units within the Network
- ◆ To support parent participation in ward rounds
- ◆ To support the development of outreach services for each unit within the Network, to enable timely discharge home

The PAG are keen to get involved with more projects in the coming months. The immediate future plans include:

- ◆ Creating a new Facebook Group so the PAG can be found externally so that parents will be able to feedback to the PAG on their experience, or become involved with the work of the PAG themselves
- ◆ Creating a spreadsheet to map ODN/LMNS/MVPs to enable the group to link up with their maternity counterparts and join up efforts on certain pieces of work. This could include working collaboratively to understand the local challenges and the geography of each Trust, thus providing an insight to all teams involved. This will also attempt to ensure that lessor heard groups are represented.
- ◆ Developing the PAG work area on the Future NHS platform
- ◆ Sharing information Nationally at the 'Working together to deliver the NCCR' virtual event. This will be the first event of its kind and the PAG and ODN team will show how the Network has started to include parents at every level including being present in Clinical Forums, Family Integrated Care Meetings and Neonatal and Perinatal Mental Health Meeting

- ◆ Presenting PAG member stories and progress as part of the Preceptorship Education Programme with the aim of embedding this insight for future cohorts
- ◆ Attending QI meetings and working with on mental health projects

◇ Proposal for Pilot Network Neonatal Consultant Clinical Psychologist

The Network submitted a summary bid as part of a project for one year looking to provide a network wide Clinical Psychology support role across the South East. This will be initially delivered within the TVW Neonatal ODN in line with the mental health objectives established in the NHS Long Term Plan (LTP) 2018, in response to the recommendations of the Neonatal Critical Care Review (NCCR) 2019 and increased demand for both parents and staff as a result of the COVID-19 pandemic. It will provide an opportunity to develop a project led by a neonatal clinical psychologist with the aim to have an overview of strategic planning and to scope provision across the TVW and KSS ODNs for neonatal psychology services and to consult and scope on the provision of appointing clinical psychologists into the NICUs in KSS ODN where there is currently no dedicated neonatal psychological provision GIRFT (2020). This project presents an opportunity to ensure that psychological care provided is based on best practice and to create a psychologically informed culture within the whole of the South East ODNs, and into each individual neonatal unit. This will ensure that there is equity of access to psychological services across the South East region.

The project team will work as an integral part of the multi-professional Neonatal ODN and to oversee the development of the most up-to-date evidence based neonatal critical care service which meets the psychological and emotional needs of infants and parents it cares for as well as those of the staff who work in this emotionally and psychologically challenging environment.

The project will focus on the establishment of cohesive and integrated pathways for all units in the TVW Network and seek funding for the three KSS NICUs for dedicated psychological support, so that parents who may experience neonatal care services, in any setting, have access to the right support at the right time. This support should be available from their baby's admission right through to repatriation and to onward referral to longer term paediatric/ community-based provision once discharged for any ongoing difficulties. The role will further seek to evaluate the service and widen the evidence base through audit and research activities throughout the pilot period of a one-year timeframe.

◇ ODN website and Future NHS platform

The ODN website will be developed to become more user friendly and a more accessible source of information for units across TVW. The website can be accessed via: southodns.nhs.uk/our-networks/neonatal

The ODN moved onto the Future NHS platform to allow and encourage collaborative working and engage providers and other relevant stakeholders on a variety of projects. The Neonatal workspace can be accessed by members via:

future.nhs.uk/TVW_Neo_ODN/

CLINICAL LEAD SUMMARY



Dr Kenny McCormick and Dr Victoria

This year's annual report captures the huge amount of work that has continued within the Neonatal Network despite the unprecedented challenges of the pandemic. This could not have been achieved without the enthusiasm, expertise, and commitment of those involved in delivering new-born care across Thames Valley and Wessex and on behalf of the Network staff we thank you for your continued hard work.

The key objectives of the Neonatal Critical Care Review can only be met by strengthening our partnership with maternity services and we remain committed to developing a perinatal network delivering high quality care to all families wherever services are accessed. The evolution of Local Maternity Systems into Local Maternity and Neonatal Systems is tangible evidence of this process.

The pandemic has been a time of high anxiety and we understand the pressure that individuals and units have experienced. We will continue to support staff education and development through the preceptorship and educational programmes and encourage best practice through webinars and safety initiatives such as the Pulse Oximetry Screening project, and the TVW Preceptorship/Foundation Education Programme recognised as an exemplar in the national GIRFT report. The development of workforce subgroups will ensure representation of all staff within the Network and provide greater opportunity for specialty education and training.

Maintenance of neonatal services has been challenging over the last 18 months and we will continue to advocate for babies and their families, and staff at national, regional and Trust level. Thames Valley and Wessex were early to adopt the national move to recognise parents as carers with equal status to clinical staff.

2020 data from NNAP, Births in the Right Place, PReCePT and ATAIN projects demonstrate maintenance or improvement in outcome measures within Network. The year-on-year increase in the proportion of babies with developmental outcome measured and recorded at 2 years will begin to allow meaningful comparison of the quality of outcomes between units. We recognise that some units perform consistently well in certain outcomes, and we will continue to highlight best practice.

We are indebted to those parents who have joined the newly formed Parent Advisory Group which we see as a crucial step in ensuring that families are recognised as equal partners in the care of their babies and are central to the development of a safe and high-quality perinatal service. The Network supports the development of the Parent Passport project as a means of recognising and using parental skills in the care of their babies and promoting greater consistency within and between units. We anticipate that successful adoption of this project will strengthen the partnership between families and staff and improve outcomes of the babies we care for.

Finally, we encourage you to share this report with families in your care and with your colleagues. The achievements, outcomes and challenges are theirs and we hope that colleagues not directly involved in new-born care will have a greater understanding of the high-quality service you provide.

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