



THAMES VALLEY & WESSEX
NEONATAL NETWORK

Two Year Annual Report

2021-2022 and 2022-2023



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Foreword

By Emma Johnston,
Network Parents & Family Engagement Lead, and Parent Advisory Group Chair

I joined the Thames Valley & Wessex (TVW) Neonatal Operational Delivery Network (ODN) as a member of the team in December 2021 after volunteering with Gina Outram, the TVW ODN Manager, in making her vision a reality to set up a Neonatal Parent Advisory Group (PAG). A neonatal parent myself, since my experience with my twins 14 years ago now, born at 31 weeks, it has been my mission to make needed change, advocate for parents and their families and it is my dream to now be working in the NHS to do just that.

We hit the ground running establishing a parent advisory group of 16 parents, and we have worked with this team of volunteers on much you will read about in this report. Today we have over 35 parents that we work with in many ways, all with the goal of working with our ODN team towards a shared vision of ensuring our parents' lived experiences are central to all the neonatal transformation we do, in providing a safe, consistent and compassionate service for our babies, ensuring the best outcomes for these vulnerable families, at the most precious time of their lives. We can't thank each and every parent enough for giving up their time to work with us.

As a parent I have worked alongside Gina and Kim Edwards in setting up our ODN team, amazingly now 25 strong. It has been an absolute privilege and pleasure working with so many passionate and educated, skilled professionals in achieving both small and larger wins for our families, staff and units.

After the Covid-19 restrictions, as a network, we are working even harder to ensure parents are recognised as their babies' experts, an essential part of their babies' care team. The Family Integrated Care (FiCare) workstream is helping us to lay essential foundations, staff and parents together, in getting it right, using all opportunities to ensure FiCare Lead and quality role recruitment on our units.

We have come so far, but we know there is more to do. Much of this will take time to do this right. We are asking for a whole culture change within our units, but it is a challenge I know together we can all achieve.

The parent advisory group work closely with our Allied Healthcare Professionals (AHP) in fully understanding the importance of holistic care and family bonding that there is now so much evidence to show benefits small and sick babies at this most precious and vulnerable time. I know I wish these

amazing individuals had been in my babies' lives. The ODN team have worked very hard to scope every area of the neonatal service throughout Thames Valley & Wessex, securing funding to increase AHP time towards national recommendations on each of our units for our families.

The education team have included the parent advisory group in the preceptorship programme, and we continue to look for the best ways to communicate parent stories to staff in a safe way, whilst teaching and sharing information about the amazing parent advisory group and the concept of coproducing, right from the start, with families. Nothing about me, without me...as the saying goes.

The whole team have collaborated like never before, nationally, regionally, across ODNs and teams. It was personally amazing to work with our Maternity & Neonatal Safety Improvement Programme (Mat Neo SIP) Team in coproducing, hearing parents' voices regarding the right place of birth. There is a huge amount of work happening around perinatal optimisation Prem7, and all our efforts are starting to join up to form a real story of change.

Every member of the parent advisory group has shared the effect of their neonatal experiences on their mental health. We know with the best will in the world, there will be some element of impact for parents whose baby receives neonatal care. Support for families in their journey is so important, and Jacinta Cordwell, our Network Clinical Psychologist, is leading the way securing a model of psychological support on each of our units, something we could only dream of when we first started out as a much smaller team. This is a huge achievement in itself, and one I know first-hand is already benefiting many families as they describe to me leaving neonatal feeling themselves again.

Mary Angelou once wrote, "Do the best you can until you know better. Then when you know better, do better." With the results of research into neonatal care, every day we are finding out more about what is best for tiny and/or sick neonatal patients. Putting this knowledge alongside the expertise of healthcare professionals in partnership with parents, is an opportunity that will be a turning point in the history of neonatal care, I am sure.

It was a privilege to accept an award from the Regional Maternity and Neonatal team, for Best Service User Contribution at the South East Perinatal Learning & Sharing Event 2023, an award I feel belongs to the whole parent advisory group and ODN Team, in integrating the service user voice and experience in to all the work we do. I always use this quote "if you want to check if the shoe fits, you don't ask the shoe shop, or the manufacturer, you ask the person wearing it".

So, whilst I could share more words on the work within the ODN this report will tell you more. We move forwards with a team stronger than ever, with awards under our belts, parents and neonatal services together and we know we will conquer our next challenges in making a family's perinatal journey as seamless as possible, when they find themselves in neonatal care.

We are embarking on the next stage in the journey with all the Local Maternity & Neonatal Systems (LMNS) within the neonatal network ensuring the parent pathway is fully realised, linking the already well-established Maternity Voices Partnerships (MVPs), with the ODN parent advisory group. The message is now becoming much clearer, the importance of developing Maternity & Neonatal Voices Partnerships (MNVPs), and in true coproduction style, we are working to find a model that ensures we are working together in partnership PAG & MNVP's, as we continue this hugely important piece of work.

I hope you find the report an informative and interesting read.

About the Operational Delivery Network

The Thames Valley and Wessex Neonatal Operational Delivery Network 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), eight Local Neonatal Units (LNUs) and three Special Care Units (SCUs).



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

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

There are seven LMNSs within the TVW ODN footprint, and 2 Local Learning Systems. The ODN sits in the South East (SE) Region SE commissioning hub working alongside the SE Maternity Clinical Network and reporting to the SE Regional Maternity Transformation Programme Board and the SE Specialised Commissioning Neonatal Oversight Group. The ODN is required to work across these systems to deliver change. The ODN is a stakeholder in each LMNS and Patient Safety Collaborative within TVW.

Neonatal surgical pathways are within the ODN with a neonatal surgical centre at Oxford NICU and neonatal surgical and cardiac surgical centres at Southampton NICU. There is a third NICU in Portsmouth providing medical care for preterm and sick babies.

Care is provided for a small number of babies from the Channel Islands within the ODN 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 and the Isle of Wight are the most deprived, with Buckinghamshire the least deprived. However, other indices illustrate a more complex picture.

Population indices from public health outcomes framework

	Deprivation score (IMD)	Infant mortality rate	Low birth weight of term babies	smoking prevalence in adults (18+)	Under 18s conception rate / 1,000	% population from ethnic minorities
Year for measure	2019	2019-2021	2021	2021	2020	2016
Milton Keynes	18.0	3.7	3.5	15%	11.2	17%
Buckinghamshire	10.1	3.4	2.8	11%	5.8	13%
Berkshire*	12.8	3.5	3.0	12%	8.7	18%
Oxfordshire	11.7	2.2	2.2	10%	6.5	10%
Hampshire	12.7	3.5	2.2	11%	9.3	4%
Southampton	26.9	4.9	3.4	13%	20.7	15%
Portsmouth	26.9	3.0	3.1	14%	22.0	9%
Isle of Wight	23.3	3.9	1.5	13%	14.3	2%
West Sussex	14.4	3.2	1.8	12%	11.1	5%
Bournemouth, C'ch & Poole	18.2	2.8	2.0	11%	12.6	16%
Dorset	15.7	2.5	2.3	9%	10.6	4%
Wiltshire	13.4	3.8	2.3	12%	6.6	4%
England	21.7	3.9	2.8	13%	13.0	14%

* Average across 6 Berkshire unitary authorities

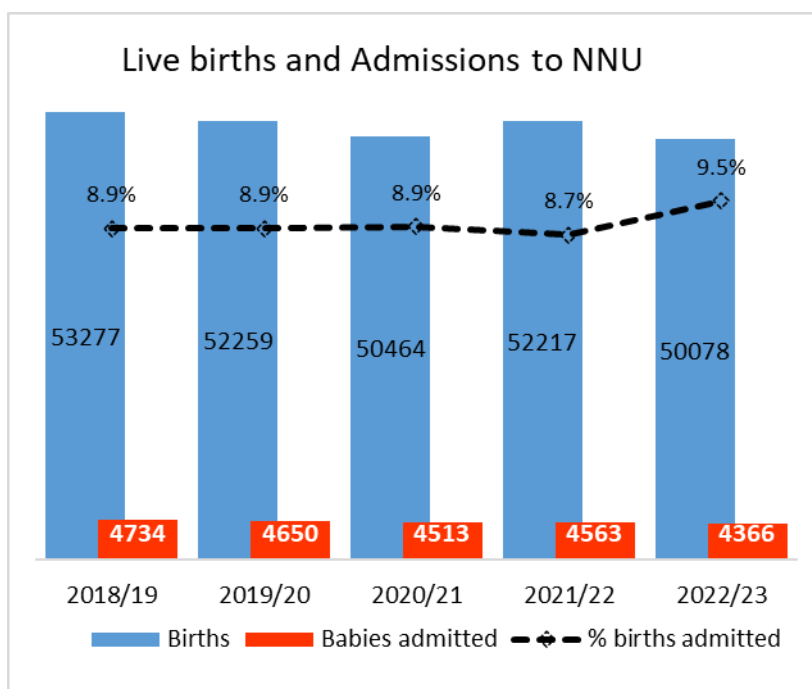
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Activity

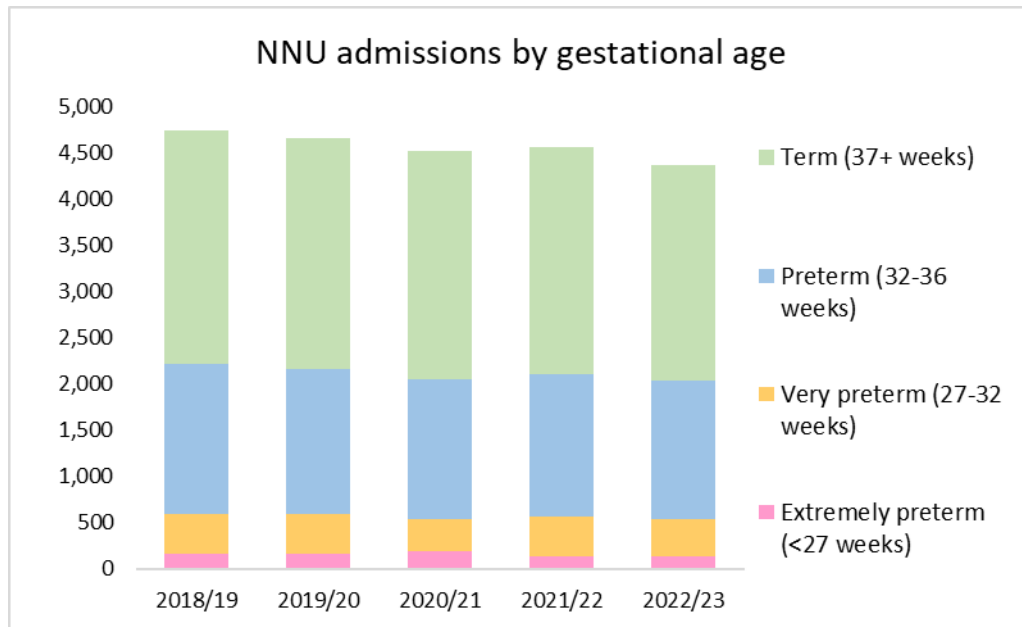
Each neonatal unit (NNU) has designated cots to deliver different levels of care; this supports workforce calculations and capacity planning design of services.

Type	Unit	Births 2022/23	1st admissions to NNU	Level 3 (IC) cots	Level 2 (HD) cots	Level 1 (SC) cots	Total NNU cots	% occupancy
NICU	JRH, Oxford	7,552	705	16	13	21	50	77%
NICU	PAH, Southampton	5,133	503	12	11	14	37	79%
NICU	QAH, Portsmouth	4,816	419	14	4	13	31	81%
LNU	UHD Poole	4,066	323	4	6	10	20	74%
LNU	Milton Keynes	3,501	320	1	4	12	17	70%
LNU	Wexham Park	4,073	227	2	3	12	17	58%
LNU	Royal Berkshire	4,789	462	2	6	8	16	87%
LNU	Stoke Mandeville	4,516	341	2	3	11	16	84%
LNU	HHFT - Basingstoke	2,449	211	2	3	9	14	49%
LNU	HHFT - Winchester	2,254	189	2	2	8	12	50%
LNU	Salisbury	2,153	268	1	2	7	10	71%
SCU	St Richards, Chichester	2,255	168	0	2	10	12	54%
SCU	Dorset County	1,537	166	0	0	9	9	37%
SCU	St Marys, IOW	984	63	0	0	4	4	40%
Total	TVW ODN Total	50,078	4,365	58	59	148	265	71%

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



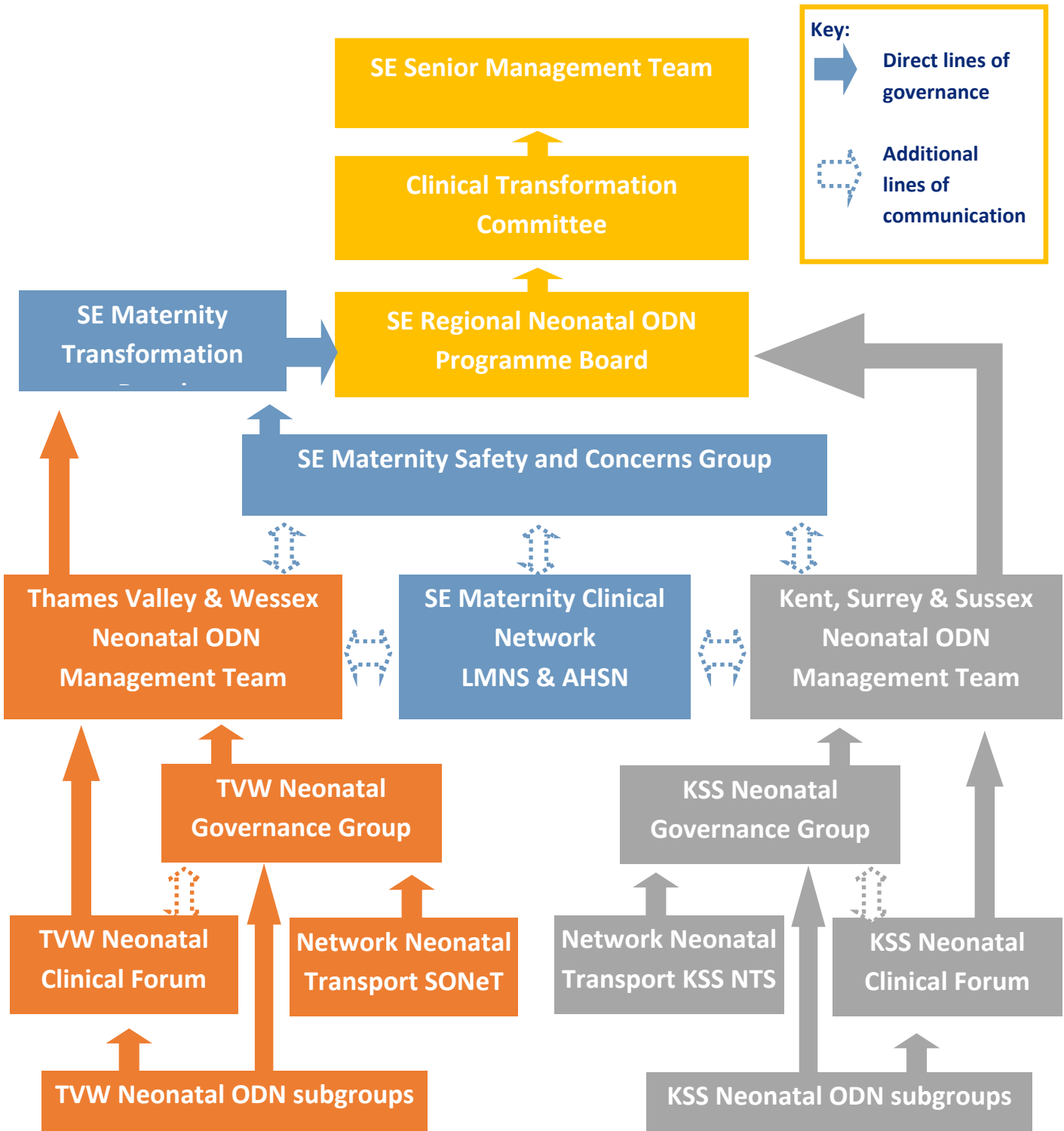
There was a fall in births in the winter of 2020/2021, 9 months after the start of the Covid-19 pandemic with a subsequent rise however the overall trend is a decrease in births consistent with the national trends. The total number of admissions to NNU decreased 4% on the previous year.



Around half of admissions are for preterm babies (<37 weeks gestation) and half for term babies (37+ weeks). The lower gestation babies have longer stays on an NNU. The average length of stay between 2018 and 2022 for an extremely preterm baby (< 27 weeks) is 9+ weeks, a very preterm baby (27 – 32 weeks) is 6 weeks, a preterm baby (32-36 weeks) is 12 days and a term baby (> 37 weeks) is 5 days.

Governance Structure

SOUTH EAST REGIONAL NEONATAL ODNs



Network Structure and Team

The last two years have seen many changes to the ODN team. Dr Kenny McCormick stepped down as Medical Lead for Thames Valley and Dr Victoria Puddy became TVW Clinical Lead. Neonatal Critical Care Review (NCCR) Long Term Plan funding enabled the Network to recruit AHP and psychology leads, a parent and family engagement lead and local care coordinators. Janine Snook was recruited as an Outreach Project Lead. Kim Edwards handed over the running of the Preceptorship Foundation Programme to Susi Hill and Lindsey Macfarlane. Emma Gould was recruited as a Network Administrator to support the team. Three Perinatal Optimisation project lead roles were recruited to work alongside Lambri Yianni to focus on the SE Regional PREM7 workstream, Jo Hemmings, Marie Lyndsey Sutherland and Anda Bowring, collaborated with the TVW Academic Health Science Networks (AHSN) Mat Neo SIP leads Eileen Didley and Rebecca Savage to support the Mat Neo SIP Optimisation of the Preterm infant workstream.

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

Gina Outram: Network Manager

Dr Victoria Puddy: Network Medical Lead

Kim Edwards: Network Lead Nurse and Lead for Workforce & Education Strategy

Susi Hill: Network Workforce and Education Co-Lead and Education Programmes Co-Lead

Lindsey Macfarlane: Education Co-Lead and Education Programmes Co-Lead

Lynette Kinnaird: Network Education Administrator (shared with TVW Adult Critical Care ODN)

Lisa Leppard: Lead Care Coordinator for Wessex and Workforce Co-Lead

Sarah Edwards: Lead Care Coordinator for Thames Valley

Carrie Davies-Bateman: Local Care Coordinator

Diane Gray: Local Care Coordinator

Jessica Samphier: Local Care Coordinator

Emma Johnston: Parents and Family Engagement Lead

Janine Snook: Outreach Project Lead

Dr Jacinta Cordwell: Network Psychology Lead

Amanda Clifford: Network Occupational Therapy Lead

Denise Hart: Network Physiotherapy Lead

Jane Stanger: Network Dietician Lead

Zoe Gordon: Network Speech and Language Therapy Lead

Jacqui Bobby: Network Data Analyst (shared with KSS Neonatal ODN)

Catherine Ridgewell: Network Project Support Officer (shared with TVW Adult Critical Care ODN)

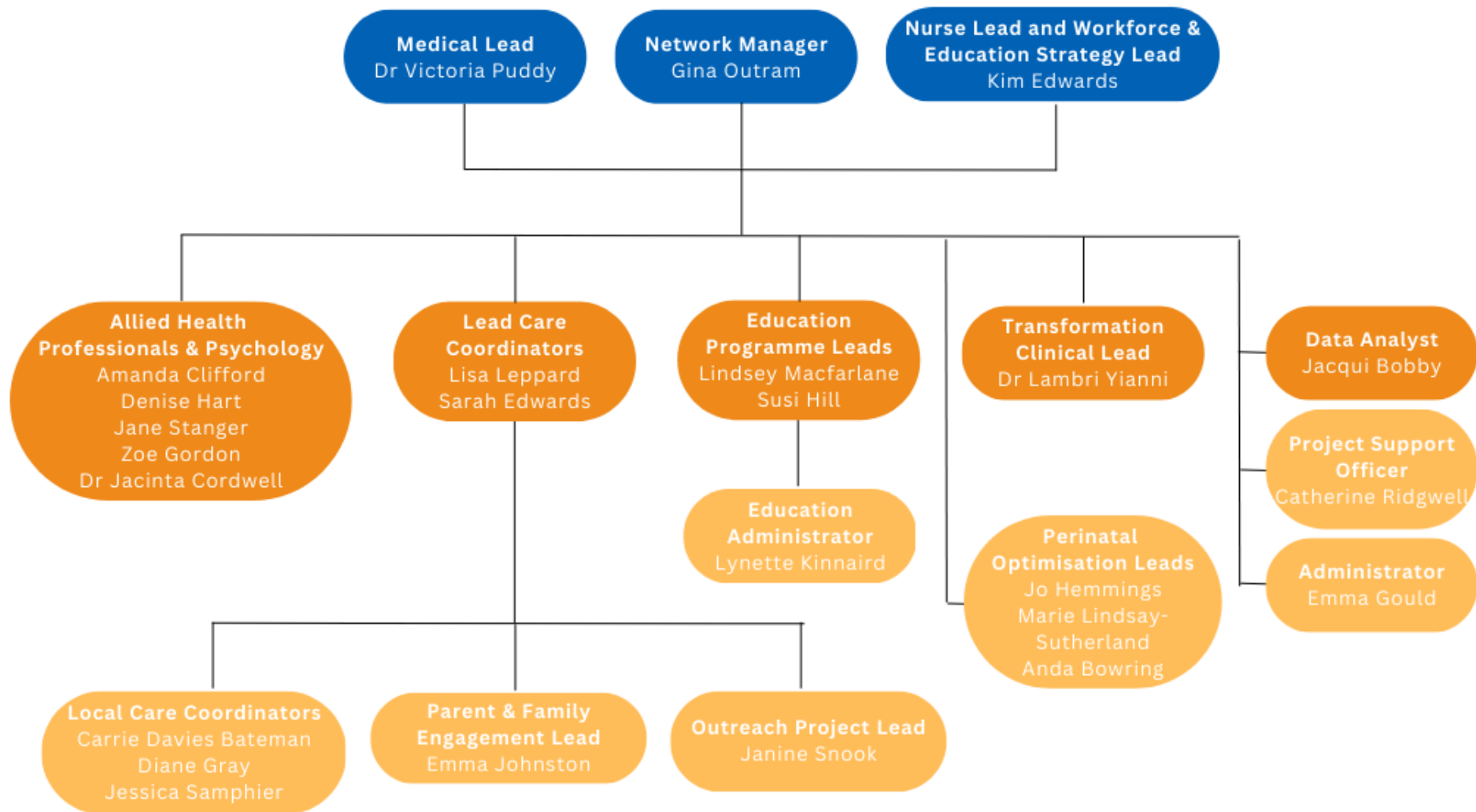
Emma Gould: Network Administrator

Dr Lambri Yianni: Neonatal Transformation Clinical Project Lead

Joanne Hemmings: Perinatal Optimisation Wessex Project Lead

Marie Lindsay-Sutherland: Perinatal Optimisation Wessex Project Lead

Anda Bowring: Perinatal Optimisation Thames Valley Project Lead



Neonatal Critical Care Review

Transformation Programme

Restoration and Recovery

During 2021-2022 there were significant restrictions on parental and family access to neonatal units in Thames Valley and Wessex due to Covid-19. As we reached the end of this timeframe, many units had open access for both parents this was supported by the Parent and families engagement lead and the Lead ODN Psychologist. In 2022-2023 these restrictions continued to be lifted and full access to siblings and extended families has been restored.

Aligning Capacity

Within TVW Neonatal ODN there are several neonatal units currently designated as Local Neonatal Units (LNUs) that have very low activity when benchmarked to other LNUs in England.

British Association of Perinatal Medicine's (BAPM) "Optimal arrangements for LNUs and SCUs in the UK a Framework for Practice" was published in November 2018. This recommends the optimal activity levels for units designated as LNUs should admit ≥ 25 infants $<1500g$ admission weight and perform ≥ 365 Respiratory Care Days annually.

It was recognised that local geography is an important consideration in decisions, particularly for isolated more rural areas of the country. However, it is important that the more preterm infants < 32 weeks and those requiring respiratory support are cared for in a unit that has adequate numbers of trained staff available and can demonstrate good outcomes.

During 2020/22 the ODN has worked with the SE Specialised Commissioning Team to review four low activity LNUs within the ODN footprint, St Richards in Chichester, Basingstoke, Winchester and Salisbury.

In November 2022, St Richards was redesignated to a SCU in line with National recommendations. The team in St Richards worked closely with the ODN, hosting stakeholder engagement meetings with parents and families to ensure that the voices of the service users and the local team were heard with an agreement of maintaining a skilled neonatal workforce established. St Richards is focusing on the implementation of FiCare and are part of the ODN repatriation pilot project to enhance the experience of families whose babies move between service providers to receive the most appropriate level of care. The NICU team in Portsmouth Hospitals University NHS Trust have been key in shaping a service level agreement for ongoing training and education of the Neonatal workforce in St Richards.

In addition to this work, it has been important to ensure that there is additional capacity in the NICUs and LNUs to support redesignation of neonatal services. The ODN and SE Regional Commissioning team secured capital funding for the expansion of the NICU in Southampton, to optimise space and increase intensive care and high dependency capacity, redeveloping special care to another area in 2023/24.

This is an opportunity to develop a truly integrated FiCare environment for the babies and their families with the involvement of the parent advisory group, AHPs, Care Coordinators and FiCare Leads.

The next step will be a temporary arrangement for the units in Basingstoke and Winchester to move to a SCU on 1st September 2023, which will remain under regular review by the commissioners, with the support of the ODN for oversight and assurance until there is confirmation of a single site Maternity and Neonatal service for Hampshire Hospitals NHS Foundation Trust. Salisbury LNU service configuration will be reviewed in 2023/24.

Experience for Families

Parents & Family Engagement Lead

The parent & family engagement lead joined the ODN in December 2021 and has worked on many of the ODN workstreams, offering valuable parental experience and insight. A key role of the parent & family engagement lead is to be the interface between the parent advisory group, provider units and other key stakeholders.

Projects:

- Being involved in the recruitment and interviews of lead AHP and care coordinator ODN roles
- Being the TVW ODN representative at regional and national working groups covering topics including repatriation, coproduction, equality, birth in the right place project and the #Readyforparenthood campaign
- Presenting at various neonatal and maternity conferences, both at national and regional level
- Working with the ODN education team to ensure the parent voice is present within the programmes
- Linking with Maternity Voices Partnership (MVP) chairs

Key priorities:

- Supporting the recruitment and engagement of parent advisory group members
- Linking nationally with parent & family engagement leads
- Focusing on equity by ensuring those most vulnerable groups are represented in the parent advisory group
- Coproduction of a neonatal survey

Parent Advisory Group (PAG)

The [parent advisory group](#) continues to grow with approximately 35 members now having assisted in various projects. The group meet quarterly via MS Teams and attend subject specific listening clinics when the need arises. A WhatsApp group, closed Facebook group and public facing Facebook group have been established to offer a space for the group to speak freely, introduce themselves and to reach potential future members respectively.

The members of the group are very engaged with the work of the ODN and respond to requests for support from the team, sharing their stories, experiences and photos to support projects. Projects the group have been involved in include:

- Parent support group trial in Oxford and the trial of an online post-neonatal parent support programme in Southampton
- Repatriation framework, VCreate video and development of the link nurse role
- Baby Steps – Your Neonatal Journey cards
- #beaneonatalnurse recruitment campaign

Members are involved in several of the ODN subgroups such as the family integrated care, outreach and neonatal and perinatal mental health groups. Parents have presented at various education events including the Neonatal Network Education Days and frequently presenting via a recording on the Preceptorship programme.

The group have also worked on its own projects such as the extension of the North West ODN's 'It's OK' campaign which aimed to help encourage communication between staff and parents. The result was the production of a poster to display in units with quotes from the parents.

Care coordinators

The lead care coordinators carried out their initial scoping visits to all units within the ODN to benchmark their strengths and needs in relation to FiCare. This formed the basis of the care coordinator workstreams and identified priorities.

Three local care coordinators joined the growing team in December 2021, and all units had a named care coordinator identified. In early 2022 each unit had a 'deeper dive' visit to continue the scoping work and establish links with local FiCare leads. This was to support local teams with future planning and audit. The development of a FiCare education programme has now started.

Repatriation

A predominant workstream for the ODN's care coordinators and parent & family engagement lead has been around the repatriation of families closer to home. This had been identified as a particularly

stressful event for families, and staff, through our scoping work. The project began in October 2021 with the key areas outlined below:

- Working group formed, including key stakeholders (parents, nurses, AHPs, medical teams, transport teams).
- The review of all current documentation, review and update of the existing repatriation guideline, in preparation for ratification in June 2022.
- The development of the repatriation link nurse role first trialed in the Isle of Wight (in partnership with Portsmouth). The pilot sites were then extended to include Poole, Chichester, Oxford and Stoke Mandeville.
- The development of new communication documentation for medical teams and the link nurse.
- The design and ratification of a parent information leaflet.
- The development of a [national parents' video](#) around repatriation, in partnership with V-Create, that was launched in Autumn 2022. The team are proud that this video script has been co-produced with parents and includes the parent experience. The video is available via YouTube.
- The presentation of the repatriation workstream at the ODN virtual study day in March 2022.
- The development of staff training packages to support ODN implementation.
- The development of parental and staff feedback surveys.
- The pilot project was audited in early 2023.
- The TVW care coordinators were members of the BAPM Repatriation Framework working group.

Parent Passport

- The parent passport workstream continues to develop, with regular meeting with key stakeholders. The team are excited to be working alongside colleagues in the KSS Neonatal ODN on this project.
- Work commenced with NHS Creative to produce the initial drafts of the documents to pilot in the ODN units in 2023.
- The parent passport has been renamed as 'Baby Steps – Our Neonatal Journey'. This was renamed in consultation with service users.

Education and information sharing

- The care coordinator team and parent & family engagement lead continue to support the Network Preceptorship and Qualified in Specialty (QIS) education programmes, by teaching FiCare, end of life care and communication modules on the courses.
- In conjunction with colleagues in the Chichester unit, the team have started to design a Padlet unit information platform, that will enable parents and staff to access useful information and links around all aspects of the neonatal journey. This design has been shared with other units in the ODN, so they can customize it to meet local need.
- The care coordinator team organised and commissioned Sensory Beginning training and bereavement training for colleagues within the ODN which will continue in 2023.

Collaborating with others

- The team continue to work collaboratively with the ODN's amazing parent advisory group on all workstreams, ensuring parents voices are at the centre of everything the ODN does.
- The lead care coordinators continue to actively participate in the National Care Coordinator Group, and attended the first National Care Coordinator conference, hosted by the Northern Neonatal ODN, via MS Teams in 2022. They are planning to attend the next conference in Huntingdon, in person, in May 2023.
- Collaborative working was established with the new ODN AHP and psychology leads.

Family Integrated Care Group

The care coordinators lead on this subgroup, which continues to meet bi-monthly via MS Teams. The group incorporates the following ODN subgroups, ensuring that all workstreams align to meet the requirements of the NCCR Transformation Programme:

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

Supporting redesignation

- The care coordinator team have been supporting the Chichester redesignation, by supporting staff, and engaging with stakeholders.

Other areas of focus for the care coordinators in 2022-3 included:

- Supporting networkwide Baby Friendly Initiative training.
- Supporting the development of the national FiCare quality role descriptor.
- Re-establishing the Palliative Care Group, to work on enhancing the parents experience of end-of-life care across the ODN.
- Commencing the parent participation in ward rounds workstream.
- Scoping transitional care in all units within the ODN.
- Continuing to support all current work streams, ensuring they become established practice across the ODN.

Neonatal Outreach Project

From October 2022 to July 2023, Janine Snook is working on a project focusing on neonatal outreach services. The objectives of this project include:

- To undertake a review of existing neonatal outreach services across Thames Valley and Wessex.

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- To gain a clear understanding of pathway referrals, funding, staffing, and auditing of outreach services from each provider.
 - To map out services against any existing standards.
 - To undertake a literature review to explore the evidence to support outreach services.
 - To review national neonatal outreach models to identify a model for Thames Valley and Wessex.
 - To work with other stakeholders such as health visiting teams, and paediatric services.
 - To produce a report of good practice, key findings, and recommendations for a sustainable model for neonatal outreach provision.
 - To develop a business case for a role to lead and develop neonatal outreach services across TVW ODN.

This project has fostered links with other ODNs and the development of a national neonatal outreach group, working with the Bliss involvement group and the parent advisory group to listen to the parents' needs of neonatal outreach services.

Neonatal Outreach Sub-group

Our outreach services meet monthly for a virtual “breakfast supervision meeting”. This is an opportunity to share best practice, challenges, and offer peer support. Some themes of discussion during these sessions are:

- Home phototherapy
- Neonatal outreach clinics
- Linking with postnatal wards and transitional care
- The use of breastmilk fortifier
- Outreach staff qualifications, competencies, and education
- Case studies and shared learning
- Lone working systems

The group also meet twice yearly for a face-to-face meeting (one in Thames Valley and one in the Wessex region). During the last meeting in April 2023, we focused on:

- Data metrics for outreach teams
- National developments in outreach
- The use of the bilistick
- Parent feedback
- Outreach geographics

Vision for the future

The neonatal outreach group will become a “Transitional Care and neonatal outreach” group and include a group of transitional care staff. We anticipate some separate and some joint workstreams for the following year. Supporting mothers and babies being kept together and facilitating early discharge home.

Workforce Strategy and Education

In July 2022 the TVW Workforce report was produced after the completion of a scoping review of the Lead Nurses/Educators and Allied Health Professionals including psychology. Key themes were identified around chronic staff shortages impacting not only on direct care numbers but quality roles including education and family support, an increasing over reliance on international recruitment, lack of capacity and placement opportunities for child branch and adult undergraduate nurses (adult nurse graduates form 50% of our workforce (TVW)), attraction and retention of staff, underfunding and lack of career progression opportunities after Qualified in Speciality (QIS).

Through the introduction of the NHS Long Term Plan (2019), which includes a commitment to expanding neonatal critical care services, the publication of We Are the NHS People Plan (2020) and Getting It Right First Time (GIRFT) (2022), and Ockenden (2022). There is an increasing focus on workforce, training, education, and workforce shortages across the NHS nationally and within neonatal services, now exacerbated by the impact of the Covid-19 pandemic.

The neonatal nursing workforce is fundamental to providing a high-quality service to babies and their families, with evidence that morbidity and mortality are reduced, and neurodevelopmental outcomes improved with better staffing. For many years there has been chronic underfunding in neonatal services and there has been significant pressure within Thames Valley and Wessex and nationally on the neonatal workforce resulting in nurse staffing shortages, as well as AHP, medical staffing and psychology input across neonatal units in TVW ODN, compounded by the Covid-19 pandemic. This workforce was not fit for purpose and therefore major workforce transformation was required with the consideration of new roles and ways of working at ODN level with AHP and clinical psychology lead roles, care coordinator roles, parent engagement role and workforce and education leads funded through the Long Term Plan (NCCR) funding.

At Provider/Trust level new transformation roles such as family integrated care and link nurses for repatriation amongst others have been developed and implemented into practice. In addition, more generic roles such as nursing associate and physician associate have been introduced to the neonatal workforce.

There is also a need to focus on targeted/innovative attraction/recruitment campaigns/ retention strategies and on improving education, training and career development/pathways across all staff groups and all designated units.

As part of our attraction strategy the production of a neonatal advertisement '[Could You](#)' working with career enterprise services and schools and colleges to target 15–18-year-olds to a career in neonatal nursing.

Part of our workforce strategy is the uplift and new funding of practice educators and the appointment of clinical psychologists and training for staff support in the units.

Currently the national ODN workforce and education leads have been asked by NHS England to collect the following metrics to help understand the gaps in workforce and to enable robust future workforce planning.

- Direct patient care workforce and completion of the workforce calculator
- Non direct patient care roles - nursing quality roles, nursing leadership roles, neonatal community outreach workforce, advanced neonatal nurse practitioner (ANNP) workforce
- Vacancy rates
- Bank & agency usage
- Maternity leave
- Sick leave
- Age profile
- Ethnicity
- Leavers

With the commitment to long term new investment following the recommendations of the Long Term Plan and Neonatal Critical Care Review, in December 2021 nine units across TVW were successful in their bid for additional cot side nurses in accordance with the 2020 Workforce Calculator (Appendix) to meet BAPM staffing standards. With this allocated funding of £2.1 million (inclusive of two educator roles), in those units, we have successfully recruited an additional fifty-nine cot side nurses, two educators and uplifted into education roles.

It is hoped that we will start to see results in significant improvements of staff to deliver cot side care, as is funding for AHPs and psychology support at a regional level and at local level through the allocation of Ockenden funding. However, the National Implementation Board also recognised the value of practice development/ education nurses in the recruitment/ retention and attrition of the nurse workforce. The Board therefore agreed that where funding has been allocated to a unit, the Trust, Neonatal ODN, and Regional Specialised Commissioning Team may come together to agree to utilise some of the funding to support the uplift of recruitment of practice development nurses to meet the staffing standard of 1 whole time equivalent educator to 50 staff (head count) and to fund educator roles in two of the SCUs.

The NHS Long Term Plan has committed to new investment until March 2024 to support delivery of the Neonatal Critical Care Review.

In February 2023 we were advised that £5.75m nationally had been made available for neonatal nurse quality roles (practice education, risk governance and FiCare). This is recurrent funding and is an additional allocation above what has already been provided for neonatal nursing.

TVW ODN worked with Trusts to develop plans which have now been assured and approved by Regional and National teams. The neonatal nurse quality roles funding allocations for TVW ODN is £549,186 that will be distributed in the June 2023 payments.

National guidance quality role toolkit calculator and role descriptors have been produced for practice education, risk/governance and FiCare by the ODN workforce and education leads to support provider Trusts to benchmark and develop appropriate protected time for these specialised nurse quality roles. Ongoing work will continue with wider stakeholder groups to inform other nurse quality roles and those roles that may work across the perinatal systems such as bereavement leads, family care roles, and infant feeding roles.

Education and Training

At both ODN and Trust level the development of transformational workforce plans is essential. These plans must reduce the reliance of doctors in training and develop the nursing associate, nursing, allied health professionals and wider multidisciplinary teams. Skills and competencies for new roles should be agreed at ODN level to ensure a standardised approach for governance and transferability. A key action identified from the TVW workforce report and recommendation from Ockenden (2022) is the improvement of education and training for all staff and prioritising workforce development monies and Continuing Professional Development funding to support not only access to post graduate Qualified in Speciality (QIS) (role essential) programmes but implementing robust simulation programmes, particularly in our smaller LNUs and SCUs. Currently within TVW there is significant variation in access to funding for postgraduate/leadership programmes. Currently development of career pathways and training standards for nursing and AHP staff are in progress with ODN representatives, Royal College of Nursing (RCN), Neonatal Nurses Association (NNA) and Health Education England (HEE)/NHS England.

Network Education Programmes



Neonatal Nursing
Qualified in Speciality

Qualified in Speciality (QIS) Programme 2021-22

The Thames Valley and Wessex QIS programme offers an alternative to the traditional Higher Education Institution model using a hybrid approach. This encompasses specialist teaching from the Trusts within the ODN and accreditation from King's College London. Collaboration with specialist

nurses, AHPs, ANNs and medics gives this programme a holistic and high-quality element which has continued across 2021-2022.

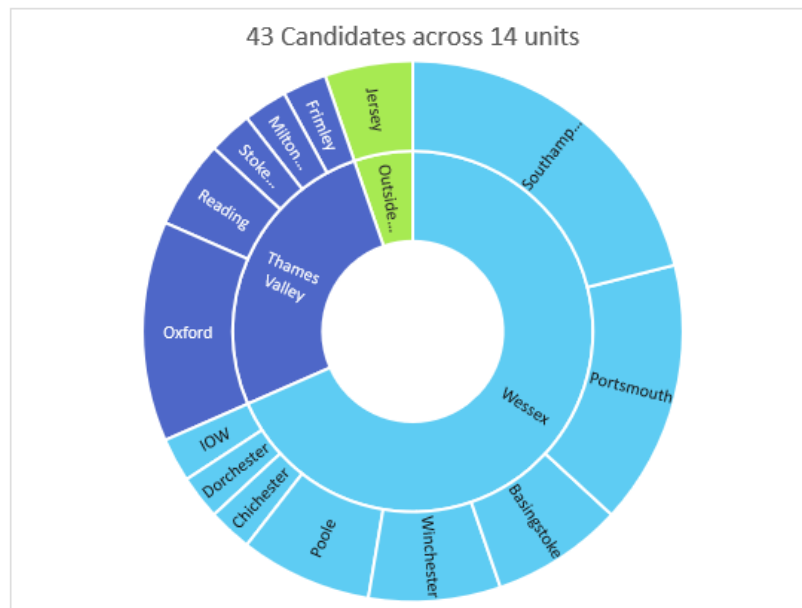
'Overall, 87% of respondents agreed or strongly agreed that they found it easy to transfer their learning from the neonatal QIS course to their role. This agreement was highest within Thames Valley and Wessex ODN at 94%. It is worth noting that this ODN has a unique hybrid model of QIS training, where teaching is delivered directly by trusts and is accredited by a university.'

Neonatal Qualified in Specialty (QIS) Education and Training Review, HEE, 2021

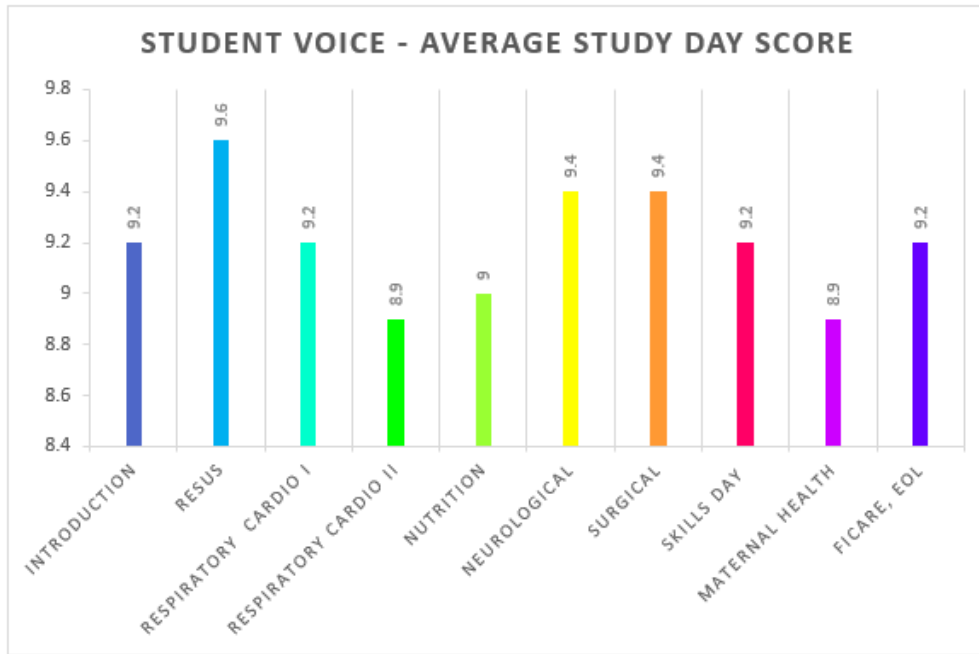
The majority of the course was delivered virtually (live online days) and used an online learning platform, Edmodo, which increased accessibility to modules. The scheduled skills day was run face to face and the students were allocated to attend at their closest tertiary unit.

The course cost was kept at £1500, there was no increase due to the continued teaching online.

Of the 43 candidates, 21 worked in NICUs, 18 were from an LNU and 4 worked in a SCU. The students had a wide range of previous experience, and the cohort included a large proportion of internationally trained nurses.



A vast amount of information was uploaded to the FutureNHS platform for practice educators to better support their learners and access resources in one easy to navigate location.



Following candidate feedback, we implemented a few changes to support both the written assessments and practical elements of the course as you can see below. We also had further interest from units outside the network and will be welcoming them to join our programme.

Qualified in Specialty (QIS) Programme 2022-23

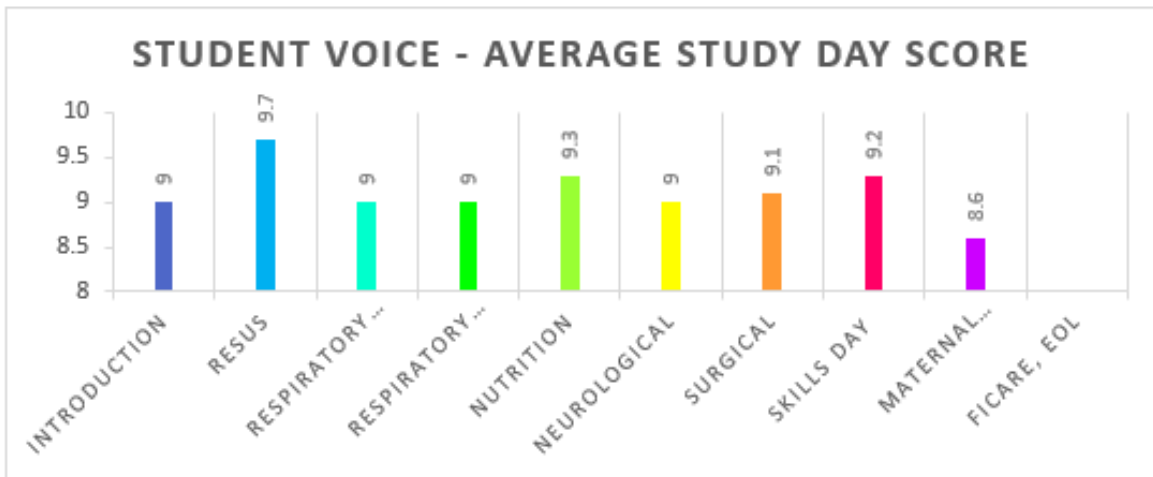
In 2022-23 the QIS programme continued to offer an improved alternative to the traditional Higher Education Institution model that most ODNs use, offering the same hybrid approach as previous years and accredited by King's College London. We believe that the high quality, holistic and affordable programme is due to the continued collaboration with educators, specialist nurses, AHPs, psychologists, ANNPs, microbiologist and senior neonatologists in the Network. This is mirrored in the student feedback seen below.

"My knowledge has improved so much. I feel more confident, even my colleagues have noticed"

"The Lecturers are super engaging and made the day really interesting. Liked how they encouraged everyone to take part and had a mix of presentation, video, pictures and breakout room. Thank you very much!"

Current student on the 2022-2023 QIS programme

Overall study day feedback from 2022-23 programme to date.



2022/23 programme in numbers:

- 12 study days, 11 virtual live study days, 1 face to face skills day, 1 local workshop
- 40 candidates from 12 different units
- 75% of internationally educated nurses
- 45 different speakers
- £1500 per student
- 5 tertiary units accommodated clinical placements



Changes to this years' programme following student feedback:

- From Edmodo to FutureNHS. This electronic platform has been intuitive and engaging increasing accessibility to individual modules and including the recorded sessions to re-visit after the live sessions
- Additional ½ study day on Academic Skills delivered by King's College London to support the growing number of nurses who are undertaking academic studies in the UK for the first time

- Additional ½ in-house study day on clinical skills with their own educators. These workshops and simulations, help the student develop clinical skills in intensive care that are relevant to their own unit, with their own equipment, in their own environment and their own teams
- Improved FutureNHS QIS section for educators to enable them to support their learners

Planned changes for 2023-2024 programme:

- Additional study day to cover all respiratory and cardiovascular care
- Increase face-to-face delivery for clinical skills through workshops and simulation
- Increase in cost per student to £1600, this small increase will cover the King’s College London module cost increase, large number of students and virtual delivery enables the programme to remain cost effective

We continue to have further interest from units outside the ODN and will be welcoming them to join our programme in November 2023. A service improvement project evaluating the effectiveness of the TVW QIS programme consulting former students and stakeholders, is currently taking place. Results are expected in March 2024. The programme leads have taken an active part in the National Neonatal Nursing QIS Standard Core Stakeholder workshops. Our own evaluation and the Standards advised by the national project will shape our future programmes.

QIS HALL OF FAME

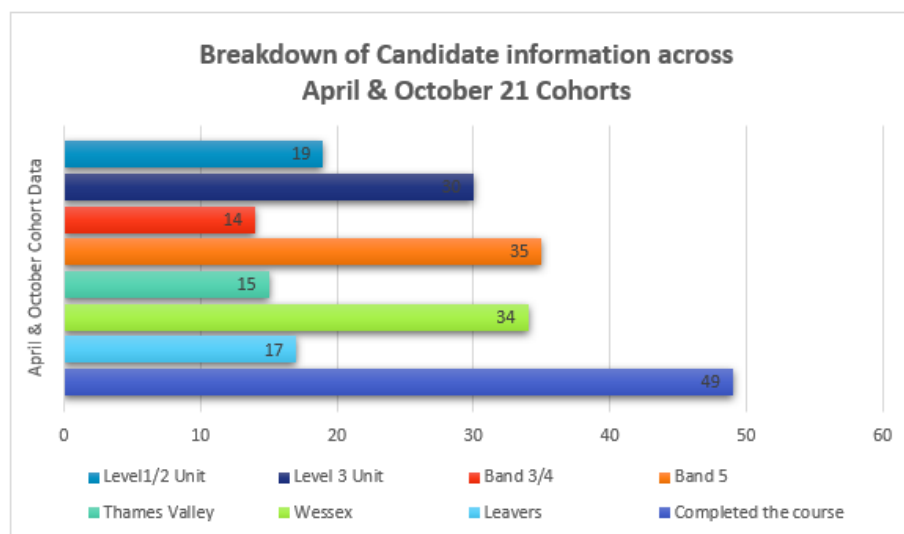
It is important to remember that the key factor for the success of the QIS programme is the generous collaboration of all the experts in the ODN that kindly offer their time to develop the Network QIS workforce.



<i>Amy Sumner</i>	<i>Dr Mark Johnson</i>	<i>Merete Olsen</i>
<i>Andrea Yeates</i>	<i>Dr Matt Jobson</i>	<i>Mike Powderly</i>
<i>Colin Harper</i>	<i>Dr Rahul Kachroo</i>	<i>Muna Dahir Hassan</i>
<i>Dominic Wilkinson</i>	<i>Dr Roy Sievers</i>	<i>Pippa Clark</i>
<i>Dr Adam King</i>	<i>Dr Tim Scorer</i>	<i>Sarah Edwards</i>
<i>Dr Andrew Flatt</i>	<i>Elena Gonzalez</i>	<i>Sharon Cave</i>
<i>Dr CK Patel</i>	<i>Gina Outram</i>	<i>Stephanie Potter</i>
<i>Dr Emily Harrop</i>	<i>Hannah Wells</i>	<i>Susan Cleverly</i>
<i>Dr Georgina Bough</i>	<i>Jacqui Bobby</i>	<i>Susan Smith</i>
<i>Dr Hushi Hu</i>	<i>Jasmin Heath</i>	<i>Vicky Payne</i>
<i>Dr Jacinta Cordwell</i>	<i>Jenny Weddell</i>	<i>Zoe Gordon</i>
<i>Dr Joanna Mann</i>	<i>Joana Dias</i>	
<i>Dr Kevin Ives</i>	<i>Kim Edwards</i>	
<i>Dr Lambri Yianni</i>	<i>Laura Herbert</i>	
<i>Dr Marianne Van Der Vaart</i>	<i>Lisa Leppard</i>	
<i>Dr Mark Anthony</i>	<i>Lisa Meyer</i>	

Preceptorship/Foundation Programme 2021-22

Lindsey Macfarlane and Susi Hill took over from Kim Edwards in August 2021, continuing the programme for the April 2021 cohort and using the well-established structure for the subsequent October 2021 cohort.



Across both April and October cohorts a total of 25 QI projects were submitted, with subjects ranging from:

- **Parent support** (taking baby home, pain management, reducing anxiety, improving early expressing, Facebook support group, bath experience, feeding, improving skin to skin)
- **Improving staff knowledge** (pain assessment, skin integrity, capillary blood sampling technique, thermoregulation, NEWS)
- **Systems and processes** (patient board at a glance, standardising Gaviscon, reducing noise, Improving student experience, QR code access to guidelines, admission checklist, SOP for CPAP/HFT, O2 documentation)

Programme evaluation sessions were held with both April 21 and October 21 cohorts and as a result both the IV and Introduction to ICU study days were reviewed. Along with practice educator input, the content has been updated to ensure theory behind the competencies has been included. The end of course Bioscience test was moved to an online format to make the process efficient and easily accessible and was passed by all candidates in both cohorts.

From January 2022 the TVW Neonatal Nursing Preceptorship/Foundation programme was re-designed to be a hybrid education platform and significant changes were made to move the course online. The course transitioned over to utilising a selection of in-unit training, online self-paced learning modules (including pre-recorded sessions) and live virtual or face-to-face study days. Candidates can join the course at the point of starting on a neonatal unit, rather than waiting for the next course to start. The new programme is nine months in length inclusive of the QI project and continues with the same assessment methods (Bioscience test, QI project and competencies).

At the end of 2021-2022 there were 44 students enrolled on the programme and it was open for international nurses and paediatric nurses on rotation too. These two groups have a bespoke delivery tailored to their individual needs, but also follow the same content as those completing the entire course.

The Practice Assessment Document (PAD) was updated to reflect the new processes and hard copies were sent to all units to distribute as required to their students. This delivery system relieves pressures on units to send all candidates on a study day at the same time. Each candidate can access the modules to suit off duty and can be flexible to encompass changes of schedule or absence.

Preceptorship/Foundation Programme 2022-23

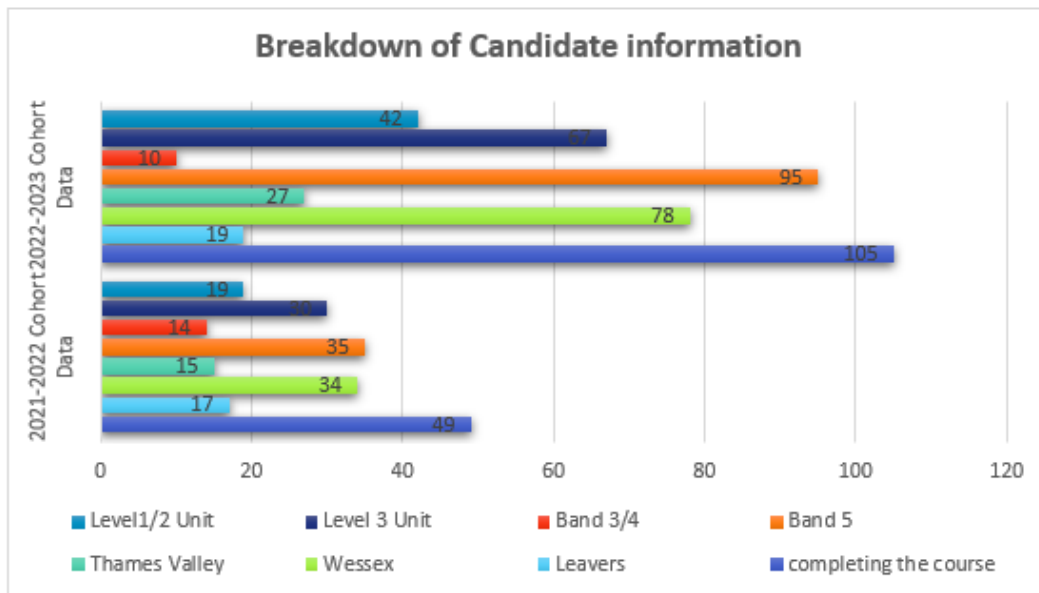
In 2022-23 the Preceptorship/Foundation Programme continued in the new format that commenced in January 2022.

2022/23 programme in numbers:

- 9-12 months in length
- 8 online modules
- 2 face-to-face study days
- 106 staff enrolled to date
- 110% increase in numbers compared to the previous year (reflecting recent recruitment drive, including nursing associates)

Changes to this years' programme following student feedback:

- Internationally educated nurses study days
- Paediatric nurses on rotation can also access the programme
- Updated Practice Assessment Document (PAD) to reflect the new processes
- 18 QI projects to date
- 20 Bioscience to date
- All QI projects made available in Futures for educators and lead nurses to use
- Preceptees can now utilise previous QI projects to implement in their own unit



Planned changes:

- Working with AHP, psychologist and educators to re-record sessions and update content
- Working with HEE to look at a different e-learning platform to allow student tracking and include bioscience test in a contemporaneous manner as well as to reduce marking time
- Moving away from QI projects to another method of assessment, still to be determined
- Exploring funding for increased administrator’s hours to meet the increased demand

Additional education updates

- Resumed practice educator group meetings. New and existing educators are now in place and the different meetings and recent away day, are helping to establish a strong network of support and shared resources and experiences
- Collaborating with ANNP group to review cannulation and venepuncture training and to invite to collaborate in the QIS teaching
- Leavers’ project. Numbers of nurses leaving the units following completion of the education programmes, has been collected and analysed. Results will be ready in July.
- Leadership and management in neonatal units. The scoping exercised has revealed a healthy interest in bite size webinars, with a special interest in networking amongst units.

Allied Health Professionals and Psychology (AHP&P)

Establishing AHP&P Lead Roles

After a period of recruitment and staggered starts from December 2021 through to late February 2022, our full ODN Allied Health Professionals and Psychology team were appointed.

The Allied Health Professionals and Psychology team (all 0.4 wte):

Dietetics	Jane Stanger (post will be vacant/readvertised from June 23)
Occupational Therapy	Amanda Clifford 0.2 wte (post reappointed to in Aug 23)
Physiotherapy	Denise Hart
Speech and Language Therapy	Zoe Gordon
Clinical Psychology	Dr Jacinta Cordwell

The team were initially busy meeting regularly to establish aims and objectives going forward for our TVW ODN in line with the NCCR recommendations. The AHP and psychology leads explored how the team could align with existing network workstreams bringing a developmental and therapeutic lens to pieces of work. We have been meeting in a broader National AHP&P Network Leads group as well as discipline specific national groups to align objectives and contribute to national workstreams.

A face to face away day was high on the agenda in Spring 2022 to get to know each other, to create our vision and objectives for the next 18 months, and to gain a deeper understanding of our unique AHP&P discipline's contributions to the families and infants' journeys through the neonatal unit. We were joined by ODN manager, Gina, lead care coordinators, Lisa and Sarah, and parent & family engagement lead, Emma - a great opportunity to understand more about network priorities, to discuss how the AHP&P team could contribute to collaborative working within the network workstreams and explain our discipline specific roles.

From this meeting, a vision statement and more comprehensive explanation of each disciplines role within the team emerged.

Allied Health Professionals and Psychology Team Vision

“ It's not someone who knows a little about something and has a suggestion but someone who knows a lot about something and has a plan, and that's really different. ”

(Zoe, parent to Reuben talking on the family experience of working with AHPs & psychology in a TVW neonatal unit)

Neonatal AHP&P specialist knowledge and expertise will be recognised, appropriately funded and embedded within holistic and neuroprotective neonatal service models. Infants, families and staff will have timely access to AHP&Ps wherever in the network they are.



Better together

complementing existing medical & nursing expertise through improved understanding of AHP&P roles to ensure stronger teams & effective collaboration



For families with families

co-production of guidelines, policies & resources with families



An inclusive culture

families are equal and essential members of the team, integral to achieving the best possible outcomes for their infants



Evidence based

neuroprotective care, family integration and well-being form the pillars of each interaction



Always learning

uniting collective neonatal expertise across the network to develop a world class workforce and parental education strategy



Future ready

ensuring there are sufficiently skilled, specialist AHP&P's to support neonatal services

Workforce development

In 2022 the AHP&P team undertook local workforce benchmarking, scoping and gap analyses to inform the ODN workforce strategy. Scoping reviews included visiting units, utilising GIRFT data and deep dives as well as individual discipline surveys. This enabled us to explore the best use of existing resources to support units promoting best outcomes for families and infants. Regular meetings have been undertaken with national ODN AHP leads to compare service models, workforce gaps and

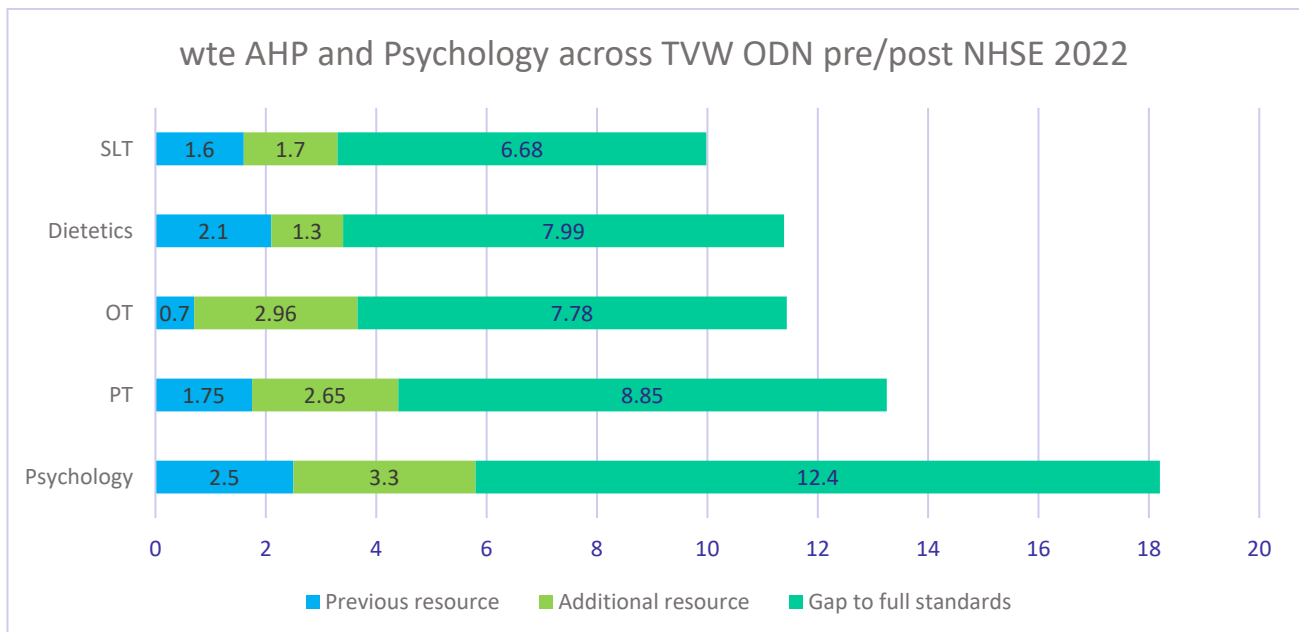
explore where pieces of work needed completing locally vs nationally. This has enabled us to make efficient use of ODN Lead AHP time.

2022 Ockenden funding

In the autumn of 2022, additional money was made available via NHS England to implement the workforce recommendations from the Ockenden review (2022). This included a percentage of monies to develop and uplift AHP&P services across the ODN with the aim of improving infant and family access to more equitable and holistic care. We were able to utilise our previous staffing gap analyses to identify prioritisation criteria and identify where the biggest risks to service provision existed. Consideration was given to differing models of service delivery including:

- Hub and spoke models of care with, in some instances, the NICUs providing a hub with outreach support to LNU units and AHPs
- Direct service delivery into units
- Education based/ consultancy-based models of service delivery

Whilst this funding has enabled the development of new roles and role uplifts across AHP&P provision, significant gaps remain across the AHP&P workforce which will require further investment to bring services in line with national staffing recommendations and national drivers for workforce transformation. The table below outlines changes pre/post Ockenden funding.



In the period since the allocation of this funding, the ODN Lead AHPs and Psychologist have been working with local services to support the development of job descriptions, role promotion, recruitment, minimum data collection, and AHP&P service and job planning.

For some AHP groups this has included the development of business planning toolkits and identifying the need for best practice guidance.

A significant amount of work has been undertaken to promote these roles within AHP&P professions where neonatal care remains still relatively unknown. Much of this work has involved exploring and sharing experiences and best practice nationally and further development of individual professional resources to support new AHPs and psychological professionals. This has included developing/reviewing current National staffing recommendations and updating competencies/creating these where they did not already exist.

AHP & Psychology Education and Clinical Supervision

There has been a need to further scope the need for appropriate staff supervision and education models as many of the new AHPs and Psychologists are working within their professional roles in isolation. These two components are both key for all AHP and Psychologists professional registration and practice assurance.

In 2022 our ODN Lead SLT and OT have been working with HEE and a small national taskforce to create an extension of the foundation e-Learning for Health (elfh) HEE neonatal AHP modules with the aim of developing a series of enhanced learning level modules. These modules should be coming online in Winter 2023 and aim to support more advanced critical clinical thinking to support knowledge and skills within the specialist neonatal AHP field. Our Psychology Lead has also been working with HEE alongside the other ODN Psychology Leads to create four foundation elfh psychology modules for all neonatal staff, which will also come online in Winter 2023.

Identifying existing clinicians that can provide appropriate neonatal clinical supervision has been a core challenge for most of the AHP and psychology posts due to the limited resource of funded AHP&P's both locally and nationally. To support this the AHP and Psychology leads have further developed inter- and intra- professional peer supervision groups within the ODN, some linking with their KSS counterparts, to help close this gap. The AHP&P leads do not have capacity to offer 1:1 supervision within their current role whole time equivalents. This will be an ongoing piece of development work over 23/24 as staff come into posts to ensure that families and wider neonatal unit staff receive consistent advice between AHPs and psychological professionals across all levels of neonatal units that is robust, and evidence based.

Wider ODN Education Workstream

Over 22- 23 we have been working closely with TVW education leads exploring how the AHP&P Lead team can contribute to current Preceptorship and QIS modules, providing a psychological and trauma informed lens and inputting AHP&P practice throughout the curriculum. This work will continue into 23-24.

We have been working collaboratively with ODN Subgroups for production of resources and tools to support families and infants (Baby Steps: Our Neonatal Journey Cards, repatriation package, feeding leads etc.) and contributing to the review and development of ODN clinical guidelines. A [Neonatal Psychology Padlet](#) (originated and adapted from Oxford NNU) has been developed that can be shared across the network. It provides a portal to share resources and opportunities for staff and families to access within their own time.

The AHP&P team have been involved in the ODN wide Sensory Beginnings training to support implementation across units and supported the development and implementation of multi-disciplinary team FiCare training. Our Dietetic Lead was successful in securing funding for 5 spaces to enable unit dietitians to undertake their British Dietetic Association Core Module 5 Neonatal Nutrition training. Our Psychology Lead was successful in initially bidding for some monies from HEE following a funding call for TRiM Training, and also in securing additional monies from the Ockenden underspend to offer TRiM more widely across neonatal services within TVW to support unit staff retention, which will be rolled out over 2023.

Key Presentations & Publications

The AHP&P Leads have undertaken and contributed to a number of presentations and publications:

- Cordwell, J. & Johnson, E. (March 2022) The Impact of Restricting 'Neonatal Parents Access to their Babies' During Covid-19. TVW Webinar
- Clifford, A., Cordwell, J., Gordon, Z., Hart, D., Stanger, J., (July 2022) 'Exploring the role of AHP and Psychology Leads in the Neonatal ODN' TVW Network Study Day
- Cordwell, J. & Higgins, S. (July 2022) Developing Psychological Services to Support Infants, Families and Staff on Neonatal Units. Southeast Clinical Perinatal Network
- Cordwell, J. (September 2022) The Role of Psychology: Context, Focus and Future Planning BAPM Annual Conference
- Archibald, S. & Cordwell, J. (November 2022) Neonatal Access Restrictions During the Pandemic: Implications for Infant, Parental and Staff well-being. UNICEF BFI Conference
- [Psychology Staffing on the Neonatal Unit: Recommendations for Psychological Provision](#) (2022)

2023/2024 Future Directions and Priorities

Themes for the next year include:

Workforce

- Welcome and induction all new AHP&P professionals coming into post across TVW.
- Ongoing plans for workforce development - supporting business cases with units where provision is below recommended levels and exploring ways to build workforce - pre-registration upwards.
- Ongoing review of current provision and models of AHP & psychological practice.
- Scoping neonatal AHP&P follow up, outreach and transitional care needs and gaps in provision.

Education

- Working with care coordinators to review and develop FiCare training.
- To contribute to the development of both QIS and Preceptorship programmes.
- Scoping both AHP&P and local unit training needs across the ODN.
- To complete and publish new HEE online AHP & Psychology modules.

We are looking forward to continuing to bring our AHP&P expertise and knowledge working as a part of the ODN team to further enhance the neonatal services in TVW and nationally, for best possible outcomes and experiences for the families and infants who use our services.

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 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.

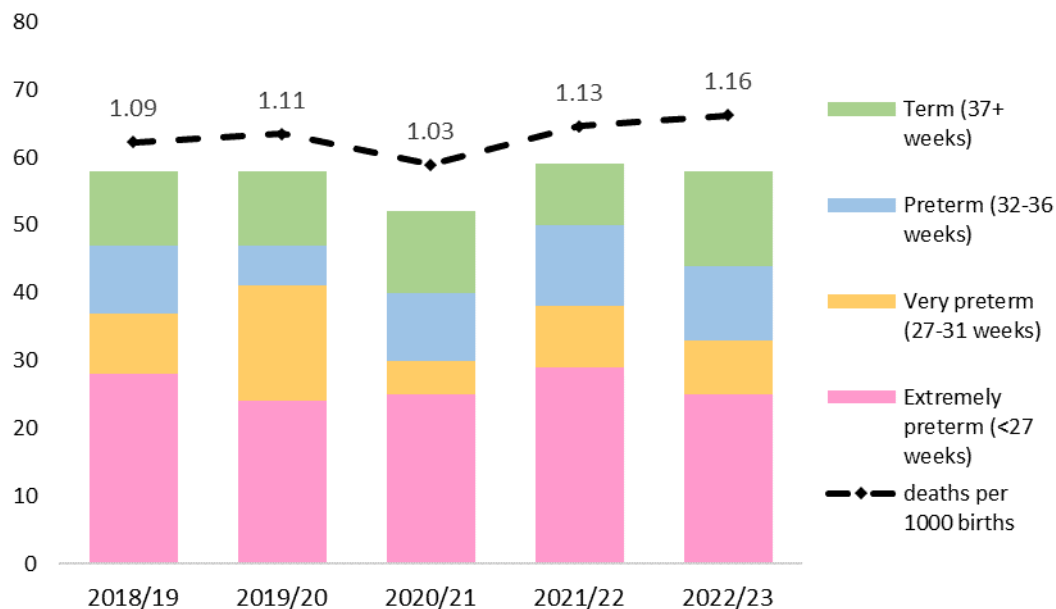
Neonatal Mortality

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, the National Neonatal Audit Programme (NNAP) and the Office for National Statistics and the three network NICUs participate in the Vermont Oxford Network (VON) Collaboration, to enable benchmarked outcome data standardised for caseload. Improving outcomes for all infants is important and learning from practice 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 November 2022) covered deaths in 2020. For 2020 TVW rates were within 5% of UK 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.

Annual deaths on TVW NNU per 1000 live births, from 2018/19 to 2022/23



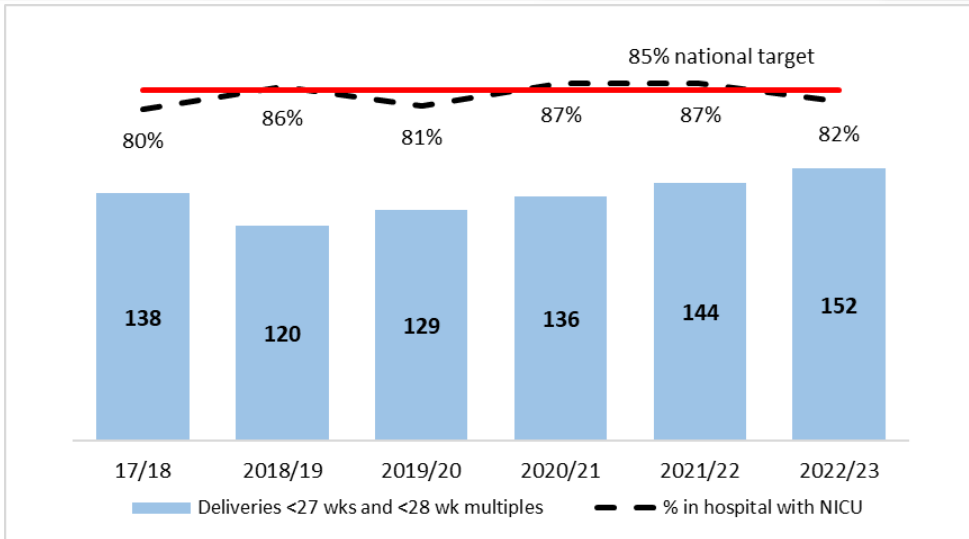
The total number of neonatal deaths has fluctuated over the years, as would be expected with the small numbers involved.

Birth in a hospital with a NICU for extremely preterm 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 maternity unit 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, <28 week multiple birth or where the baby is <800 grams, should be delivered in a maternity unit with a NICU on the same site.

The Network aims to maintain a standard that at least 85% of all babies <27 weeks, <28 week multiples, <800 grams 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 2022/23 82% of deliveries for babies <27 weeks or <28 week twins or <800 grams were in a maternity unit with a NICU. For national comparison NNAP report the national rate in 2020 as 79%.



Alongside the PREM 7 project the SE Regional Maternity and Neonatal Transformation Team recognised that there was a need for a South East Maternity bed and Neonatal cot locator system across the South east Region. TVW were fortunate to already have a well-established web based Maternity bed and neonatal cot dashboard that is updated by the Southampton Oxford Neonatal Transport (SONet) team twice daily.

Peridash was introduced in January 2023 that is updated by providers submitting a twice daily e-form via power apps.

In addition South East Region in utero principles guidance was published to ensure that all <27 weeks are born in a maternity unit with an onsite NICU babies.

South East Perinatal Maternity Bed and Neonatal Cot Locator

Date (last 30 days)

Submission Period

Refresh

Open Table

Maternal Medicine

SE IUT Principles

Daily Data Input Instructions

Daily Data MS Forms

Unit Definitions

SONet Dashboard

PowerBI Bed Trends

Staffed Available Labour Ward Beds

Total Staffed and available labour ward beds : 15

Number of Hospital Submission: 18/27

Staffed ICU cots available

Staffed ICU cots available: 15

Staffed HDU cots available: 15

Staffed SCU cots available: 48

Number of Hospital Submission: 5/7

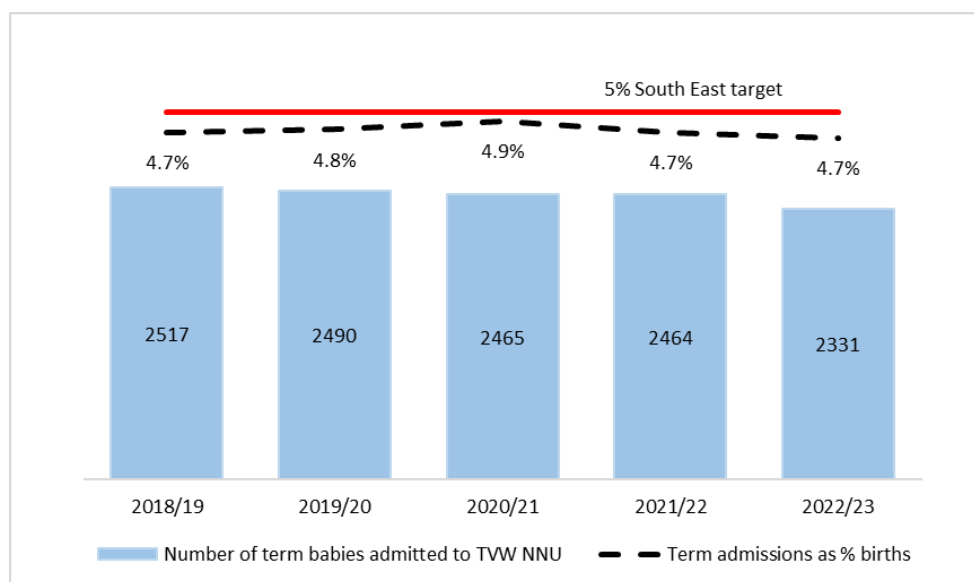
- ICU Cots ●
- HDU Cots ●
- SCU Cots ●
- Labour Ward Beds ●
- Non-Submission if unit reporting blank ●

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). 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 2022/23 the percentage of term admissions to NNU across TVW was reported as 4.7% of all live births putting the network within the South East and national targets.



NNAP (National Neonatal Audit Programme)

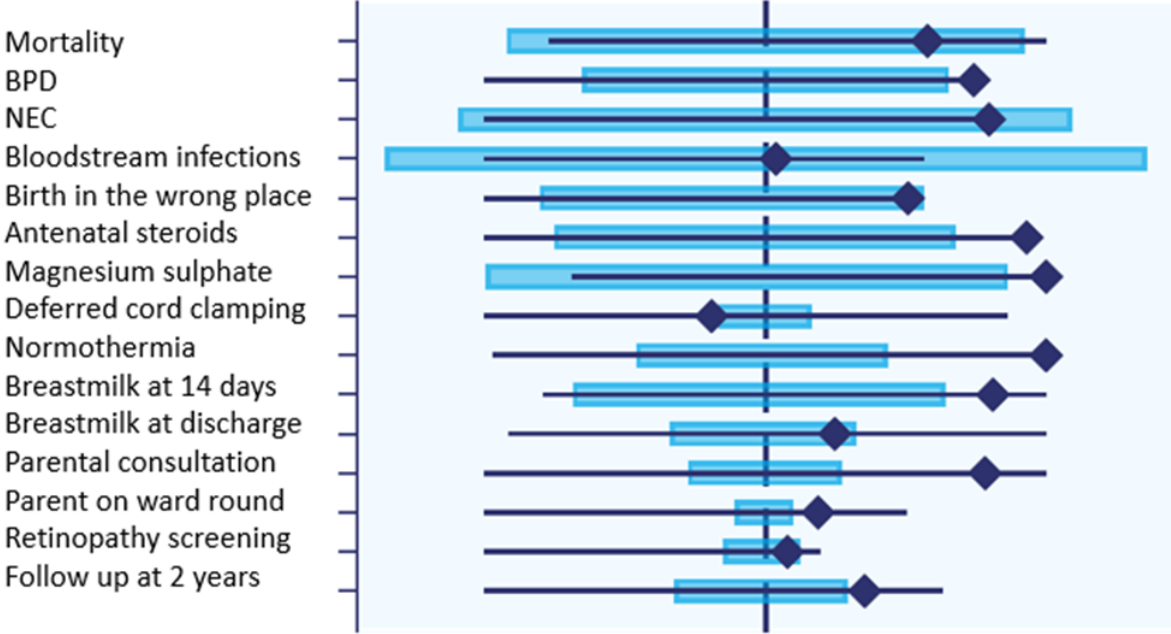
NNAP is a national clinical audit run by the Royal College of Paediatrics and Child Health (RCPCH) on behalf of the NHS. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and has been running since 2006.

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 report was produced in November 2022 and covered data for 2021. March 2022 and covered data for 2020. The summary spine chart below summaries TVW comparative performance for 10 key measures. TVW mostly high performing and indeed is the top performing network for Bronchopulmonary dysplasia (BPD), Antenatal steroids, Magnesium Sulphate, Normothermia and Birth in a centre with a NICU. The only measure where performance is below average is for deferred cord clamping.

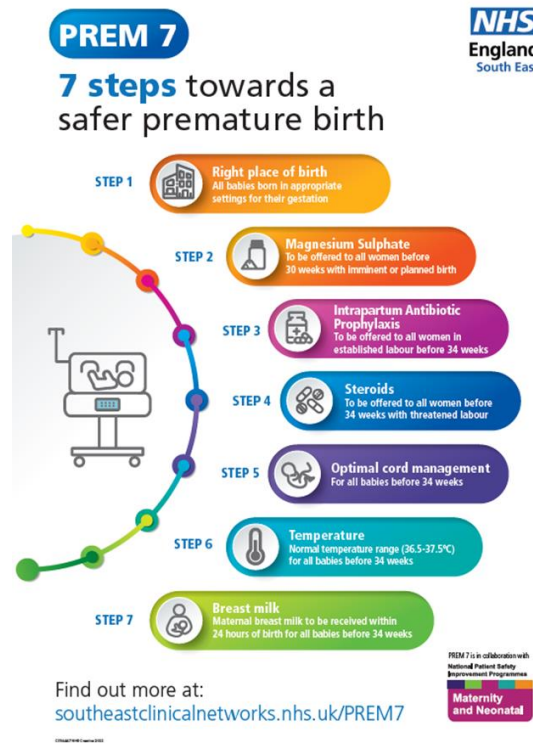
Thames Valley & Wessex ODN



TVW performance, relative to other ODNs is shown with a disk. The line extends from the lowest to the highest value for that measure. The rates are scaled so that the national rates are aligned to a single vertical line for all measures and orientated so that better performance is to the right-hand side. The light blue bar describes the expected range.

PREM 7. Perinatal Optimisation

PREM 7 is a perinatal project aiming to improve outcomes for babies who are born prematurely in the South East region. Based on best practice the seven interventions can have a significant and positive impact on reducing brain injury and mortality rates amongst babies born prematurely. These interventions are based on the BAPM best practice toolkits. Six of these interventions are included in NNAP measures for 2023. The project was launched in July 2022.



Data shows improvement for all measures in 2022/23 versus 2021/22 however there are challenges in collecting good data for some of these measures, in particular for intrapartum antibiotics, so progress can be hard to assess.

	2021/22	2022/23
Babies <34 weeks admitted to nnu	1027	989
Prem7 Measures		
% complete course AN steroids	42%	52%
% Magnesium sulphate (<30 weeks)	91%	89%
% Intrapartum Antibiotics (4hrs)	3%	20%
% cord clamping deferred by >=1 min	45%	59%
% temperature in range	81%	83%
% breast milk in first 2 days of life	51%	58%
% Born in centre with NICU	85%	82%

Perinatal Optimisation Clinical Fellows

Three ANNPs were recruited to the new role of perinatal optimisation clinical fellow, to help facilitate the building of successful perinatal teams and to embed the perinatal optimisation pathway within the TVW ODN. Jo Hemmings works in the NICU in Southampton, Marie Lindsay-Sutherland works in the LNU in Poole, and Anda Bowring works in the NICU in Oxford. They were supported in their role by the Neonatal Transformation Clinical Lead for TVW ODN, Dr Lambri Yianni.

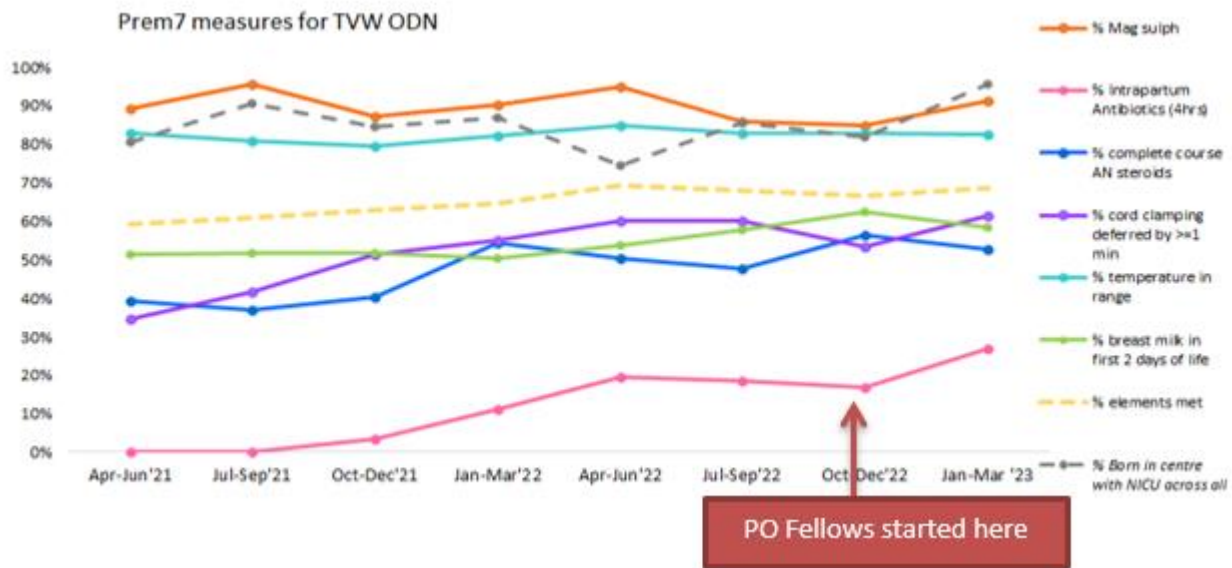
The neonatal units in the region were divided by LMNS / AHSN geography and allocated accordingly. This allocation supported already established good multi-professional working across the region, and specifically with Mat Neo SIP colleagues. The Fellows were recruited for 7.5 hours a week for 9 months starting in October 2022.

The first task was to create a perinatal optimisation scoping survey which was sent to all neonatal units in TVW ODN to ascertain baseline data for the implementation of the perinatal optimisation pathway. It sought to demonstrate how neonatal units in TVW were working towards the national aim of at least 65% of all maternity/neonatal providers implementing the seven elements of perinatal optimisation as recommended by PREM 7/BAPM, as a pathway by March 2023. This survey highlighted the challenges local teams had ensuring complete and valid data for the seven elements and identified gaps in clinical practice and areas for support.

Following on from the survey, the team supported local unit quality improvement and data collection. Differing maternity and neonatal patient record systems across the network compounded the issues local teams faced. Various strategies were supported to address this such as a paper/electronic perinatal optimisation proforma and staff cross-checking the data.

In addition, the team facilitated perinatal optimisation share and learn events, participated in perinatal team coaching and visited local units to facilitate multi-disciplinary team simulation-based teaching. In order to standardise practice in the local units, regional guidelines were created to underpin the training and support, and a podcast specific to prenatal optimisation was recorded. The team also shared this model of working at national level through a poster presentation at the recent BAPM conference, as well at network level meetings.

Data has demonstrated that there has already been an increase in the application of the perinatal optimisation pathway across the network since the introduction of the perinatal optimisation clinical fellows. As this secondment comes to a close, it is hoped that the various strategies developed and the teams built, can continue to embed this important package of care.



Network Guidelines

A new standard operating procedure was developed to ensure the process for the development and review of guidelines was clear. This procedure was combined with fortnightly emails identifying guidelines drafted for comment, those finalised for ratification at the next Governance forum, and those ratified. The process is working well with a more systematic approach to the review of the guidelines, and less confusing email traffic for colleagues across the Network.

Over this period, the established Quality Care Group also re-formed into the Network Guidelines Group. The purpose of the group is to co-ordinate the network guidelines that are related to nursing practice and developmental care. The group includes professionals from multi-disciplines and their time and focus is spread across:

- Reviewing and updating existing guidelines, on a 3-year rolling programme, so that all nursing and developmental care guidelines are produced to be high quality and evidence based, but also up to date, accessible, effective, and fit for purpose.
- Co-ordinating the process of guideline review, by coordinating with groups and authors and others, as required.
- Writing new guidelines when a need is identified.
- Supporting individuals or groups, outside of the group to write and review guidelines.
- Seeking to promote the network guidelines and their use and uptake, as appropriate, across the network and beyond.

The group meets four times a year on MS Teams and each meeting has designated working time to work on guidelines needing review. The group is chaired by Katherine Reed, Sister at Oxford NICU.

To enable the review of medical guidelines the Network administration team work alongside the Network clinical lead to support task and finish groups who review existing or write new guidelines.

Achievements of the Neonatal Transformation Fellow

by Dr Lambri Yianni, Network Transformation Fellow/ Transformation Clinical Lead

A Neonatal Transformation Fellow was appointed in September 2020 initially for a one-year contract, which has been extended for another year. Since taking on a consultant role, Dr Yianni is now the neonatal Transformation Clinical Lead for TVW. Her role is 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'.

Babies being born in the right place, support sharing best practice, working with the LMNS 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. An educational webinar on 'Perinatal management of extreme prematurity' was delivered in July 2021. This was an educational event aiming to bring together multi-professionals from maternity and neonates to discuss the management of extreme preterm births. It was a hugely successful event with >90 attendees both regionally and nationally and the feedback received was extremely positive.

Optimisation of the preterm baby

The neonatal transformation lead is working closely with the optimisation fellows, Mat Neo SIP and the AHSNs in TVW to improve the optimisation of babies born preterm in our region. This includes the implementation of the BAPM optimisation toolkit and PERIPrem across the network. A huge amount of work has gone into providing individual support for provider units in their implementation journey, including monthly progress and support meetings in Wessex. The TVW ODN has allocated funding to appoint a Perinatal Clinical Lead specialist to support the optimisation workstream.

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 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. We are pleased to share that with the support of the project team we have had 100% engagement from provider units across TVW. 12 units are now routinely undertaking newborn POS. The implementation of POS has enabled us to see an increase in identification of critical congenital heart disease, allowing for timely transfer, investigation and treatment. There has also been an increase in the timely identification of babies with low/borderline saturations for non-cardiac reasons such as delayed adaptation and sepsis. Data from SONeT demonstrates that there has not been an increase in unnecessary referrals or transfers for ECHO.

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 Cerebral Function Monitor (CFM) working group to support LNUs and SCUs who are interested in utilising CFM monitoring in the identification for babies that would fulfil the criteria for therapeutic hypothermia. A network CFM guideline was published in December 2021. A comprehensive training package was developed, and local support and training was delivered to provider units. We are pleased to share that the majority of the neonatal units in Wessex have now acquired a CFM monitoring machine with the support of the CFM working group. We have also successfully secured a CFM monitoring machine for the SONeT transport service. To support education, the first Neonatal Network Education Day (NNED) was delivered in May 2022 and had a neurology theme.



The transformation clinical lead founded the neonatal network education days which replaced the network study days previously organized by MPROVE academy. These study days are mapped to the neonatal GRID (neonatal subspecialty doctors) curriculum and is open to any healthcare professionals with an interest in neonatology. Since 2022 we organized and delivered 3 extremely successful webinars on Neurology, Cardiology and neonatal palliative care with more than 100 attendees at each webinar.

ODN Engagement

Meetings

The ODN have a variety of subgroups to enable the sharing of insight, experience, learning and best practice amongst our neonatal units. These subgroups support cross-unit working and provide the opportunity for networking and peer support to staff. Alongside our subgroups we have various working groups that are formed with the purpose of working on a project, workstream or guideline. In the last two years these have included repatriation, parent passport, quality and safety, Wessex CFM, perinatal optimisation and more. We have included information on these groups in the relevant sections of the report above.

In addition to the ODN subgroup meetings, we continue to hold quarterly Governance, Clinical, and mortality and morbidity forums. These were held on MS Teams with the exception of the 2022 mortality meeting which was held in person at Shaw House in Newbury. The meetings are well attended by clinical and nurse leads from the units. Guest speakers are invited to present on relevant topics. We have introduced a 'Learning from Incidents' item where we ask units from the region to present any learning they have gained from recent events. The meetings are also a good opportunity to share updates from the network, transfer service, units and subgroups.

Study Day

In March 2022, the ODN held our 10th annual multi-professional clinical study day virtually via MS Teams. The event was well attended with around 160 delegates joining the event from across the region. The attendees came from a variety of professions including medical, nursing, AHPs, and midwifery.

The topics that were covered during the day included the practice for moderate/late preterm babies, optimizing neonatal service provision for preterm babies born between 27- and 31-weeks' gestation, optimal cord management, prophylactic hydrocortisone, implementing LISA in a DGH, PERIPrem, transitional care, repatriations, and the role of AHPs and Psychology in the neonatal space. Of those completing the feedback, 100% scored the process for booking as 'good' or 'excellent'. Both the overall content of topics and the time allocated to each speaker and their topic scored 98% as 'good' or 'excellent'.

Website

In 2022, the ODN began working with our colleagues in the KSS Neonatal ODN to create a [new website](#). We focused on five key areas: Parents and Families, Guidelines, Careers, Our Units, and Education. The website will be officially launched in summer 2023 and we hope that it will be a helpful resource for parents and staff on the neonatal units.

Newsletters

We continue to produce quarterly newsletters that are published in March, June, September, and December. We receive brilliant content from units who share their QI projects, improvements, and updates. The newsletters also contain links to national updates, resources, and publications, as well as news from our education team, care coordinators and subgroups.

Transfer service – SONeT



The Southampton Oxford Neonatal Transport (SONeT) service are a key element to the function of the TVW ODN and have continued to be busy over the last two years.

Since July 2021 the service have used new bespoke ambulances, provided in partnership with BEARS (British Emergency Ambulance Response Service). Seven identical vehicles are shared between the SONeT teams in Oxford and Southampton, and the paediatric SORT team in Oxford.

The team collected a new incubator for use in The Children’s Air Ambulance (TCAA) helicopter and staff training commenced prior to the expected official launch in 2023. SONeT were one of three neonatal teams in England who helped design the incubator and it will enable the team to transfer smaller babies in the helicopter.

SONeT Mortality and Morbidity meetings continue in both Thames Valley and Wessex and learning from these is shared across the ODN. The annual SONeT pre transport stabilisation study day was held once again in December 2021 and was well attended with representatives from almost all hospitals in our region as well as attendees from other networks. Topics discussed included premature babies, recognition and management of congenital heart disease, neonatal seizures, CFM, surgical babies and neonatal cardiology.

ODN Board Summary

On behalf of the ODN board thank you for taking the time to read this report. We hope this has showcased the incredible work this network has achieved in delivering the transformation of Neonatal Services within the Thames Valley and Wessex ODN region.

Since November 2020 we have been implementing the key deliverables of the TVW ODN NCCR plan in collaboration with multiple stakeholders, providers and service users. Our belief as a network is that we are stronger together, when keeping the babies and their families at the centre of everything we do. To quote our Parent and families engagement lead Emma, “We move forwards with a team stronger than ever”.

In March 2023 the [Maternity and Neonatal Three-Year Delivery Plan](#) was published which seeks to integrate and cement the collaboration between Maternity and Neonatal and make services safer, more equitable and personalised. While there are no new requirements in it, the plan marks a shift in our expectations of local delivery that will inform the work of the ODN going forward.

Key aspects include:

- Rationalisation of the expectations on systems and trusts around four themes and twelve objectives.
- Quality and transformation are brought together, so there is a coherent oversight approach. The Perinatal Quality Surveillance Model remains central to this.
- For each objective the plan sets out the role of trusts, systems and NHS England. For each theme it sets out the information we will need to review to oversee progress and what will be left to ICBs to assure themselves.
- It prioritises getting the building blocks in place, particularly the workforce required, ahead of rolling out more transformational change.
- It encourages a multi-disciplinary (quadrumvirate of leads for midwifery, obstetrics, neonatal and operational management) approach to leadership at all levels.

As part of the NHS New Ways of Working from 2024/25 ICBs will assume delegated responsibility for the commissioning of neonatal services. NHS England will continue to be accountable for commissioning these services and will set the national standards. Neonatal ODNs will still be an important part of the service delivery arrangements and an important source of clinical advice.

As a network we will continue to strive to do our best for parents, families and healthcare professionals who work in neonatal services in our region.



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