

Operational Policy

Neonatal Services

Department / Service:	Paediatric Directorate Neonatal Service
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Approved by:	Neonatal Guidelines Review Meeting
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This is the most current version and should be used until a revised document is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Neonatal Unit & Transitional Care (TC)
Target staff categories	All staff who work within the Neonatal Unit & Transitional Care at WRH

Policy Overview:
This is an Operational policy for Neonatal Services that includes the Local Neonatal Unit, Transitional Care Unit and Neonatal Outreach. These services are part of the Paediatric Directorate and the Women's and Children's Division.

Latest Amendments to this policy:
Policy updated to reflect and align to the new National safe staffing standards (BAPM 2011) November 2022- Document approved for 3 years with no amendments by Dr Gregory/ Neonatal Guidelines Review Meeting

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1. Introduction

The Neonatal Unit is 1 of 13 units within the West Midlands Newborn Operational Delivery Network (WMNODN). It has been designated as a Local Neonatal Unit (formerly known as Level 2).

All neonatal services are delivered via the Paediatric Directorate within the Women and Children's Division; providing immediate resuscitation and stabilisation to infants delivered within the hospital and to further deliver ongoing high quality, evidence based intensive, high dependency, special and transitional care for babies born greater than 27 weeks' gestation.

The neonatal service has a dedicated stand-alone Transitional Care Unit (TCU) for babies transitioning care from NNU to TCU and for babies who require specialist input from neonatal services that cannot be provided on a normal postnatal ward.

The neonatal service also provides 7-day neonatal outreach service.

2. Purpose

This operational policy articulates the services provided via the neonatal department and how they are planned, delivered and quality assured.

3. Scope

The scope of this policy includes all neonatal services delivered via the neonatal directorate and its staff. This includes NNU, TCU and Neonatal Outreach and excludes any services for mother and babies delivered via in-patient maternity and paediatric services.

4. Definitions

BAPM	British Association of Perinatal Medicine
HDC	High dependency care
IC	Intensive Care
NNAP	National Neonatal Audit Programme
NNU	Neonatal Unit
ODN	Operational Delivery Network
SC	Special Care
WMNODN	West Midlands Newborn Operational Delivery Network
TC	Transitional Care
UNICEF	United Nations Children's Fund

5. Duties and Responsibilities

5.1 Duties within the Organisation

The Paediatric Directorate's leadership team is comprised of the Clinical Director, Divisional Director of Nursing for Women & Children, and the Directorate Manager.

The Neonatal Department's management team comprises of a Lead Clinician, Matron

and Ward Manager. The management team are individually and collectively responsible for the maintenance, implementation and review of this policy on a three-yearly basis in line with the trust review policy.

5.2 Identification of Stakeholders

Internal:

- All staff, clinical and non-clinical, within the neonatal department
- All specialisms taking care of neonates across the WRH site; clinical, nursing and service managers.

External:

- Regional hospitals and neonatal units belonging to the West Midlands Newborn Operational Delivery Network (ODN) and the Local Maternity System (LMS)
- Neonatal Transfer Service (NTS and KIDS)
- The Birmingham Children's Hospital
- Commissioners

6. Our Services

All services delivered via the neonatal department adopt a Family Integrated Care (FiC) approach. We support parents to take as much control over the care of their baby during their stay as we possibly can; supporting their bonding and attachment in a safe environment. The department is committed to continuously enhance our capability in this area and continues to pursue accreditation from both UNICEF and BLISS.

6.1 Neonatal

The NNU has the capacity for 18 cots and is currently commissioned for; 2 IC, 4 HDC and 12 SC beds. We have a dedicated transitional care unit for 9 mothers and we can accommodate up to 12 babies due to multiple births.

The neonatal unit:

- Manages neonates born from 27 weeks' gestation
- Provides stabilisation of babies who have conditions requiring surgical intervention prior to their transfer to a regional neonatal surgical centre, usually Birmingham Children's Hospital.
- Provides resuscitation and stabilisation of babies born less than 27 weeks' gestation or any baby requiring specialist intervention such as therapeutic hypothermia prior to their transfer to an appropriate Neonatal Intensive Care Unit (formerly known as Level 3) within the ODN or beyond.
- Supports neonatal units within the ODN to repatriate Worcestershire babies back to their local unit as early as clinically possible to minimize the distress to parents and ensure we have the right baby in the right place at the right time.
- Provides 'step up' care for babies in Hereford who require care delivery by a Local Neonatal Unit.

- To act as a stepdown facility for babies who no longer require neonatal intensive care in a tertiary unit.

Our aims are to:

- Ensure babies and their families receive the highest quality of family integrated care.
- Provide 24-hour care covering all aspects of Intensive, High Dependency and Special Care in accordance with national standards.
- Provide pre-operative care for a pre-selected designated group of babies with antenatally diagnosed surgical conditions prior to transfer to a tertiary centre (this is normally Birmingham Children's Hospital).
- Provide a safe and clean environment to support infection, prevention and control principles for babies, visitors and staff.
- To work in conjunction with other units in the ODN to alleviate cot capacity issues and ensure the right baby is in the right place at the right time.
- Operate a care pathway that facilitates progression of sick babies through each level of care and onto transitional care.
- Provide an environment appropriate to allow developmental and family integrated care for all babies of different gestational ages born from 27 weeks' gestation.
- Provide the necessary environment to support families caring for their babies on the NNU including providing Kangaroo care.
- Provide adequate facilities and support for mothers expressing breast milk or breast feeding.
- Provide adequate facilities for families including facilities for an overnight stay.
- To work in line with accepted neonatal standards (BAPM, BLISS, and UNICEF).
- To participate in the National Neonatal Audit Programme (NNAP)
- Encourage and support staff education and training developments.

6.2 Transitional Care

The purpose of TC is:

- To prevent the unnecessary separation of mother and baby by keeping the family unit together.
- To improve mother and baby attachments, develop parenting skills for dependent infants and raise the potential for shorter length of hospitalisation.
- To provide holistic care to the mother and the baby by having the right staff with the right skills.
- To provide continuity in care and provide maximal opportunities for skin to skin contact.
- Facilitation of baby-led feeding and establishment of breast feeding
- To improve patient flow freeing up capacity for transitioning babies from NNU and babies requiring antibiotics on postnatal wards and therefore releasing capacity on the postnatal wards and the NNU.

The guidance criteria for babies to be admitted to TC include:

- Babies who require regular tube feeding or significant feeding support.
- Babies of 34⁺⁰ to 36⁺⁰ weeks' gestation at delivery, who are otherwise well.
- In exceptional circumstances, babies over 33 weeks' gestation who are well may be assessed on an individual basis by consultant/senior nurse as to suitability for TCU.
- Babies of mothers who are known substance abusers.
- Unaccompanied babies e.g. babies for adoption, babies of mothers who are receiving intensive care.
- Babies between 1.5 kilograms and 2.0 kilograms birth weight who do not require admission to the NNU.
- Babies with an agreed hospital birth plan which identifies the need for additional support or observation of parenting capacity.
- Babies may be readmitted from home if previous NNU/TCU patient, with feeding or jaundice issues.
- Babies who no longer require care on the neonatal unit but are not ready for home or postnatal ward
- Babies requiring low flow oxygen prior to discharge home
- Babies receiving Intravenous fluids whilst awaiting production of mother's breast milk or to treat hypoglycaemia.
- Babies with mild respiratory distress, who do not require oxygen but need observation

6.3 Neonatal Outreach

The purpose of the neonatal outreach is to:

- Discharge babies earlier from hospital to provide a better experience for the family
- To free up inpatient capacity to ensure that all neonates can have their care closer to home within their local maternity system / neonatal network

The criteria for babies to be referred to the outreach service include:

- Babies who are born at Worcestershire Royal Hospital (WRH), (or have been born at another hospital and returned to WRH)
- Have been resident on NICU or TCU, for a period of time before discharge.
- Are registered with a Worcestershire GP (this is a Countywide service)
- Parents/carers have demonstrated competence in specified aspects of care.
- Gaining weight and Consultant happy with weight gain
- Maintaining temperature in a cot for over 24 hours
- No longer needing monitoring for apnoea's (Off caffeine for 7 days) (occasionally babies may be discharged home on caffeine at Consultant discretion, these babies will be provided with an apnoea alarm until 7 days after caffeine is stopped)
- Establishing full oral feeds, initially this may include supporting parents with naso-gastric feeding
- Babies of at least 34 weeks' gestation unless earlier date agreed by Paediatric Consultant

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- Weight of over 1.6 kilograms (or less at Consultant discretion) and demonstrating consistent weight gain
- Requiring supplementary oxygen, where oxygen saturations are stable in a set amount of oxygen, evidenced by a satisfactory overnight oxygen saturation download prior to discharge. This is offered for up to 6 months corrected gestation.
- Babies who are being monitored and cared for by following the Neonatal Abstinence Syndrome Guideline (WAHT-KD-015)
- Babies requiring home phototherapy who fulfil the guideline (WAHT-KD-015)
- Babies who have long term needs may initially be discharged to the Neonatal Outreach Team, but may then have an assessment from the Orchard Team (Children's Community Nursing Team), who will continue their care.

6.4 24/7 consultant neonatologist advice

The Neonatal Team has access to expert support from a consultant neonatologist in the KIDS and NTS Transfer Service and the on-call consultant neonatologists at Birmingham Women's Hospital or Heart of England NHS Trust (both are Neonatal Intensive Care Units within the WMN ODN).

7. Staffing

7.1 Leadership Team

The leadership team for the Paediatric Directorate includes:

Clinical Director (CD): The CD is accountable for the delivery of services within the Paediatric Directorate and is expected to ensure all activities undertaken within the directorate are subject to robust operational, clinical and financial governance arrangements with patient safety, quality and clinical outcomes at the centre of all aspects of operational management. The CD is responsible for supporting the monthly Quality Improvement Group (QIM) which is the group responsible for implementing clinical governance by promoting safe and effective clinical practice within the Paediatric Directorate and reporting performance monthly to the Divisional Governance Board. The CD is also responsible for chairing the monthly Paediatric Directorate Meeting which is the group responsible for reporting on all operational performance of the directorate and reporting into the Divisional Board.

**Divisional Director
of Nursing (DDN):**

The DDN is responsible and accountable for the delivery of high quality, safe care across the services provided within the directorate. The DDN is responsible for

reporting directorate governance and performance monthly to the Divisional Board and onwards to the Trust Clinical Governance Group (CGG) and the Performance Review Meeting (PRM).

Directorate Manager (DM): The DM is responsible for working with the CD and DDN to ensure that robust performance management; planning and governance mechanisms are in place in line with the Trusts policies and best practice. The DM is responsible for ensuring all planning is in line with the Trusts strategic direction and that performance is reported monthly to the Divisional Board.

7.2 Management Team

The management team for the Neonatal Services includes:

Lead Clinician (LC): The LC is responsible for clinical matters within the neonatal area, provides professional advice to the leadership team and liaises with the matron and ward manager, allied health care (e.g. pharmacist) and obstetric and midwifery teams.

Matron (M): The Matron is responsible for the day to day operational delivery of services within the Neonatal Department including the effective flow of neonates through the unit to ensure that they receive the right care in the right place. The Matron is also responsible for monitoring and maintaining safe staffing levels, maintaining infection prevention and control and assessing and mentoring staff to constantly strengthen clinical practice.

Ward Manager (WM): The WM has 24-hour responsibility and supports the Matron in the operational delivery of the NNU. The WM is responsible for ensuring high standard of nursing care is delivered at all times through the effective management of staff and resources. The WM is also responsible for providing clinical expertise and professional/management advice and support to all members of the multidisciplinary team to co-ordinate all aspects of patient care. The WM must ensure effective training and educational programmes are available by

liaising with the Clinical Educator to meet the training and educational needs of nurses in the clinical area. The WM deputises for the Matron in her absence.

See appendix 1 for Paediatric Directorate structure.

7.3 Medical Staffing

There are 14 Consultant Paediatricians. Seven of these consultants are designated as Neonatal Paediatricians and they provide day to day cover for the Neonatal Unit from 09:00 hours- 17:00 hours Monday to Friday and from 09:00-15:00 hours on Weekends and Bank Holidays. A total of 12 consultants contribute to the on-call rota.

The current complement of medical staff:

Consultants

Headcount	Budgeted Staff In post
14	12

Overview of non-clinical work delivered by the consultant body:

Name	Role(s)
Dr Baylon Kamalarajan	Associate Divisional Director
Dr James West	Clinical Director Diabetes Lead
Dr Viviana Weckemann	Lead Consultant – Neonatal Unit Neonatal Champion
Dr Anna Gregory	Neonatal Network Lead Neonatal Clinical Guidelines Lead LMNS lead Neonatal Audit Lead
Dr Tom Dawson	Allergy Lead Paediatric Clinical Guidelines Lead
Dr Munir Ahmed	Renal Lead
Dr Andrew Gallagher	Epilepsy Lead

Dr Peter Van Der Velde	Cardiology Lead
Dr Clare Onyon	Respiratory/CF Lead
Dr Wasiullah Shinwari	Critical Care and Simulation Training Lead
Dr Liza Harry	
Dr Prakash Kalambettu	Safeguarding Lead
Dr Paul Watson	Clinical Tutor ATAIN Lead
Dr Anna Ratcliffe	Audit Lead Transition Lead

Junior medical workforce

Tier 1	Establishment
Training posts	14
Non-training	
ANNP's	0
Total Bodies	14
Total slots	Hybrid Rota

Tier 2	Establishment
Training posts	6
Non-training Fellows	(4)
ANNP's	1
Total Bodies	9 (11)
Total clinical slots	Hybrid Rota

Tier 1

There is a tier 1 doctor designated to the NNU 24 hours per day.

Tier 2

Cover is provided from 09:00 – 17:00 hours. Out of hours tier 2 cover is shared with paediatrics.

The medical workforce is currently not compliant with guidance from BAPM for medical staffing: A Framework for Practice (2018).

Currently there is:

- A tier 1 doctor dedicated to providing emergency care for the neonatal service 24/7.
- A tier 2 doctor dedicated solely to the neonatal service during the periods of Monday – Friday (0900 – 1700rs) which are usually the busiest.
- Not all consultants who are on-call either at night or on weekdays have regular weekday commitments to the neonatal service. But they all have access to advice from a tertiary neonatologist.
- The NNU does not have a 24/7 resident Tier 2 dedicated to the neonatal unit and entirely separate from Paediatrics.

7.4 Nurse Staffing

The nurse staffing levels required for neonatal services are clearly defined in the DH Toolkit (2009) and BAPM (2011) that states nurse-staffing levels should equate to:

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)
- 1:4 Special Care (SC)
- A shift leader who is supernumerary

And

- 1:4 Transitional Care (TC)

BAPM - A Framework for Neonatal Transitional Care (NTC) (2017) recommends midwifery staffing for care of the postnatal woman is outlined in 'Birthrate Plus®', NICE guidance and the Scottish Workload and Workforce Tool (16-18). The recommended staffing ratio for women receiving standard postnatal care is between 1:5 and 1:8 (1 midwife to every 5 to 8 women) depending on complexity. Maternity complexity is likely to be higher for mothers of newborns requiring NTC, but this may be offset in part by healthy, self-caring "rooming-in" mothers of babies readmitted from home, or graduates from the NNU. In addition to midwifery input, the ratio of nursing staff for babies receiving NTC should be at least 1:4, depending on maternal and neonatal dependency in the first 24 hours after delivery. Thereafter, the ratio should be at least 1:6 (1 nurse to 6 babies) as the mother's will be self-caring.

Neonatal Unit

Babies should be allocated according to the babies' level of care as per BAPM 2011 standards as outlined below:

Intensive Care

These babies have the most complex problems. A nurse should not be responsible for the care of more than 1 baby in this category and must have achieved neonatal competencies.

- Any day where a baby receives any form of mechanical respiratory support via a tracheal tube
- **BOTH** non-invasive respiratory support (e.g. nasal CPAP, SIPAP, BIPAP, duo PAP, HHHFT) **AND** Parenteral Nutrition (amino acids +/- lipids)
- Day of surgery (including laser therapy for ROP, but excluding intraocular injections e.g. Bevacizumab)
- Day of Death
- Any day with Umbilical Venous Catheter Present
- Any day with Umbilical Arterial Catheter or Peripheral Arterial Catheter Present

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- Any day with a chest drain in situ
- Any day on which Insulin infusion is given
- Any day on which Prostaglandin infusion is given
- Any day on which inotrope or vasodilator (including pulmonary vasodilator) is given
- Day on which exchange transfusion occurs (includes dilutional exchange)
- Any day on which Therapeutic Hypothermia is given (hypothermia treatment given during the initial assessment period should not be counted if ongoing cooling is not required)
- Any day on which a repleg tube is present
- Any day on which an epidural catheter is present
- Any day on which an abdominal silo is present (for anterior abdominal wall defects)
- Presence of External Ventricular drain or intraventricular catheter
- Dialysis (any type)

High Dependency Care

A nurse should not be responsible for the care of more than 2 babies in this category

- Any day where a baby receives any form of non-invasive respiratory support (e.g. nasal CPAP, SIPAP, BIPAP, HHHFT)
- Any day a baby receives Parenteral Nutrition (amino acids +/- lipids)
- Any day a baby receives an infusion of blood products (red cells, fresh frozen plasma, platelets, cryoprecipitate, and intravenous immunoglobulin). It does not include infusion of albumin
- Any day on which a central venous or long line (PICC) is present
- Any day on which a tracheostomy is present
- Any day with a trans-anastomotic (TAT) tube present following oesophageal atresia repair
- Any day with NP airway/nasal stent present
- Confirmed Clinical Seizure(s) today and/or continuous CFM recording
- Ventricular tap (including via reservoir)

Special Care & Transitional Care

A nurse should not be responsible for the care of more than 4 babies in this category.

Any day where a baby does not fulfil the criteria for intensive or high dependency care and requires any of the following:

- Presence of an indwelling urethral or suprapubic catheter
- Oxygen by low flow nasal cannula
- Feeding by orogastric, nasogastric, jejunal tube or gastrostomy
- Care of a Stoma
- Intravenous medication not otherwise specified elsewhere
- Receiving Intravenous Sugar +/- electrolyte solutions

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- Receiving drug treatment for neonatal abstinence AND on an observations scoring regimen 4 hourly or more frequently
- Birth weight ≤2kg for first 48 hours after birth
- Gestation at birth 35 weeks for first 48 hours after birth
- Gestation at birth 34 weeks for first 7 days (168 hours) after birth
- Gestation at birth <34 weeks until discharge from hospital

The Toolkit recommends that 80% of the nursing workforce is registered and of these 70 % should be qualified in speciality. We aim to send a minimum of 2 staff per year to attend the Neonatal Critical Care Pathway.

Transitional Care

TC is staffed at a ratio of 1:4 with 1 registered nurse, 1 nursery nurse and 1 midwife. Midwifery staff is managed by the Head of Midwifery and sits within the midwifery establishment, and the neonatal nurse and nursery nurses are managed by the Head of Children & Young People’s nursing and sits within the Neonatal establishment. The neonatal nurses and nursery nurses rotate between NNU and TC.

The staffing complement on the Transitional Care Unit is as follows:

TCU	Staff
Band 6 Midwife	1 wte
Band 5 neonatal nurse	1 wte
Band 4 Nursery Nurse	1 wte
Total	3wte

Staffing and acuity is reported three times a day via Badgernet and the Neonatal Sitrep and these are monitored to ensure that staffing is appropriate for the workload and acuity. There is an escalation policy in place for Safe Staffing and Appropriate Utilisation of Human Resource to provide guidance to ensure safe staffing levels for NNU and TC and escalation process. And Cot Management and Escalation Policy to ensure the right care is being delivered to the right baby in the right place at the right time.

7.5 Neonatal Outreach Staffing

There are currently 3.0wte nurses, which includes Band 4 Nursery Nurses to cover the neonatal outreach service and is taken from the neonatal establishment to provide 7-day cover (Mon-Sun). There is also 0.2wte of administration to support the outreach service.

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7.6 Administration and Clerical Staffing

The NNU has two ward clerks who provide 7-day cover and one administrator whose role includes Badger to ensure NNAP data is complete and up to date.

7.7 Link Roles

There are eight nursing teams led by a band 6 Junior Sister and overseen by the Ward Manager. These include:

Link Nurses	Role
Clinical Educator	Clinical Educator
Family Integrated Care	Sister
Breast Feeding	Sister & Nursery Nurse
Developmental Care (including Tissue Viability)	Sister
Equipment/ Equipment Training	Sister
Stores and Procurement	Sister
Infection Control and Audits	IPC Link Nurses
Training & Unit Development	Staff nurse
Transfers and Discharge Planning	Outreach Sisters
E-Roster and Annual Leave	Ward Manager
Bereavement (Support Midwife)	Bereavement Midwife

8. Lead Roles and Responsibilities

We have a number of dedicated roles within the directorate as follows:

Senior Team Members	
Job Title	Allocated Time
Clinical Director	1.0wte
Divisional Director of Nursing for Women & Children	1.0wte
Directorate Manager	1.0wte
Lead Clinician – NNU	1PA
Neonatal Matron	1.0wte
Ward Manager	1.0wte
Clinical Education Lead	1.0wte (Paediatric)

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Senior Team Members	
	Directorate)
Clinical Educator	1.0wte (Paediatric Directorate)
Badger Nurse	0.05wte
Developmental Care Nurse	0.05wte
Infant Feeding Nurse	0.2wte
Neonatal Outreach	3.0wte

Definitions of dedicated nursing roles are as follows:

8.1 Badger Nurse

The Badger nurse works under the direction of the ward manager/matron. The Badger nurse supports the Badger Lead ensuring the delivery of the National Neonatal Audit Programme (NNAP) and reports the accurate badger data to the relevant directorate forums.

8.2 Developmental Care Nurse

The DC nurse is responsible for achieving the developmental care needs of the babies including positioning, noise and light and pain management. The Developmental Care (DC) nurse acts as a resource of information for staff and parents. The DC has regular liaison with the WMNN, neurodevelopmental physiotherapist, dietician and speech and language therapist. In addition to this the developmental care nurse is responsible for actively promoting the Bliss Baby Charter initiatives within the Neonatal Unit.

8.3 Infant Feeding Nurse

The Infant Feeding Nurse works under the direction of the ward manager and the Divisional Lactation Midwives and is an integral part of the Developmental care team. The infant feeding nurse is responsible for promoting breast feeding initiatives and supporting mothers on the Neonatal Unit, Transitional Care and Riverbank who wish to breastfeed. The infant feeding nurse is responsible for actively promoting the Baby Friendly Initiative within the Neonatal Unit and transitional Care. In addition, the infant feeding nurse participates in the WMNN breastfeeding forums.

8.4 Neonatal Outreach

The neonatal outreach nurse works under the supervision of the Neonatal Unit ward manager. The outreach nurse is responsible for facilitating early discharge from

hospital of babies with on-going medical/nursing needs. Providing a seamless transition from hospital to home, adequately preparing the parents to be confident and competent in the care of their baby at home. This includes psychologically preparing parents for having a baby at home as well as providing a skilled resource for the family.

8.5 Allied Health Professionals (ODN)

The Network AHP's provide input to all neonatal units within the WMNN ODN, therefore their time is limited due to it being split across all NNUs.

Specialist Network AHP's support neonatal teams to meet complex needs of newborn babies and their parents by developing and disseminating standardized collaborative guidelines that support best practice in neonatal care. They deliver education, identify, training needs and develop resources to support teaching. Education is provided at many levels locally including induction training, neonatal nursing courses, cotside teaching, ward rounds and up-skilling existing medical and neonatal staff. Where applicable, AHP's involve parents in relevant teaching.

Network AHP roles contribute to caring for neonates as follows:

8.5.1 Neonatal Dietician

- Assessment of nutritional status and analysis of growth trends
- Support for breast feeding/expressing mothers and infants
- Advice on all aspects of enteral & parenteral nutrition
- Assessment of micronutrient status/ intake, sodium balance and advice on supplementation
- Advice on specialist preterm and term formulas and nutritional supplements including breast milk fortifier
- Assessment of tolerance of nutritional treatment including management of malabsorption in surgical neonates
- Education for colleagues in the classroom and cotside setting
- Nutrition resource for all colleagues.

8.5.2 Respiratory Neonatal Physiotherapy

- Training in management of respiratory secretions in both intubated and spontaneously breathing patients, including suction, inline suction, use of saline, positioning, percussion and developmental care.
- Advice via telephone, secure email and face to face assessment & treatment of retained secretions/mucus plugging
- Cotside assessment and treatment of respiratory compromise

8.5.3 Speech and Language Therapist

- Support a responsive progression of oral feeding to promote developmentally appropriate cue based feeding in response to the neonate's neurological maturation.
- Advice around evidenced based management strategies for oral feeding, both breast and bottle e.g. elevated side lying feeding, pacing and identification of stress cues
- Liaison and referrals to community services to support continuity of care

- Education for colleagues in the classroom and cotside setting

Role
Neonatal Dietician (ODN)
Neonatal Physiotherapist (ODN)
Neonatal Speech & Language Therapist (ODN)
Neonatal Pharmacist (in-house)

The dedicated AHP role delivered in-house by directly employed staff is as follows:

8.5.4 Neonatal Pharmacist

The neonatal pharmacist is responsible for leading and delivering a highly specialized pharmacy service to the Neonatal Unit. The pharmacist provides expert advice on pharmaceutical matters relating to neonatal service, undertakes risk management, leads audits, supports clinical trials work and ensures compliance with medicines legislation.

8.5.5 Ophthalmologist

Ophthalmologists attend the unit to undertake screening for retinopathy in the at risk population.

8.6 Operational Roles and Responsibilities

8.6.1 Shift Leader

The shift leader is responsible for the management of the babies in the Neonatal Unit and Transitional Care on a day to day basis. The shift leader is responsible for managing capacity and flow within NNU and TC, ensuring all women/babies are being actively managed through their clinical care pathway. The shift leader is responsible for liaising with other agencies ensuring that neonates are repatriated to their host organizations as per network pathway whilst ensuring the neonate and their families are at the center. The shift leader is responsible for maintaining clear lines of communication with both clinical and managerial staff both internally and externally to the trust. In addition, this shift leader has the necessary skills and knowledge to provide expert care to all categories of neonates and their families.

8.6.2 Advanced Neonatal Nurse Practitioner

The Advanced Neonatal Nurse Practitioner (ANNP) is responsible for making clinical judgements regarding care providing direct clinical care alongside the medical and nursing staff. The ANNP acts as a clinical specialist promoting high quality

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individualised patient care, utilising advanced skills and knowledge. They assist with the training and education of nursing and medical staff.

8.6.3 Neonatal Nurse

The neonatal nurses are responsible for delivering direct clinical care to babies in accordance with family integrated care. The nurses are responsible for working within clinical standards and protocols.

8.6.4 Midwife

The midwife is responsible for delivering direct clinical care to women and overseeing the care delivered to the babies by the neonatal nurses on Transitional Care in accordance with family integrated care. The midwife is responsible for working within midwifery and neonatal clinical standards and protocols.

8.6.5 Nursery Nurse

Under the direct supervision of a registered nurse, the nursery nurses support the registered nurses in assessing, planning and delivering care to the babies and meet their daily needs and those of their families.

8.6.6 House Keeper

The house keeper supports the nursing teams in maintaining high standards of cleanliness of medical equipment and the environment. They support the department and staff in creating a clean and welcoming environment for babies, families and other members of staff. In addition, they ensure equipment and furniture is maintained in a clean and fit for purpose condition.

8.6.7 Clerical and Secretarial

There are 10 medical secretaries working Monday to Friday providing support to the Paediatric Directorate consultants.

There is a Directorate General Manager supported by Business Manager and a Neonatal Administrator who provide support to the management and leadership team. The Neonatal Administrator's role also includes oversight and monitoring of the National Neonatal Audit Plan (NNAP) and Badger.

8.6.8 Ward Clerks

The ward clerks support the nursing teams by providing reception and clerical support to the Neonatal Unit, Transitional Care and the Neonatal Outreach Team. Ward clerks are responsible for ordering and maintaining stationary, telephone enquiries, admission and discharge support, maintain and updating computerized patient records, meeting and greeting families and relatives and assisting with non-medical enquiries.

9. Governance and Quality

The Trust has produced a Clinical Governance Handbook entitled 'How to Guide on Safety and Governance' which is available on the intranet. This gives details on aspects of governance and contact names and details.

9.1 Clinical Risk and Safety

The Neonatal Service strives to minimize risks and maximize the quality of service to babies and their families who come under its care. The management of risk is an integral part of everyday business. Senior team members are responsible for fostering an environment whereby all staff is encouraged to report incidents and near misses, which feeds into our learning and continuous improvement through the Paediatric Directorate Quality Improvement Group (QIM) and reports directly to Divisional Safety and Risk Group.

9.1.1 Incident Reporting and Investigations

The mechanism for reporting incidents is the Trust on line Datix system. Incidents are investigated by the local incident managers for each clinical area to establish trends or recurrent patterns of incidents and reported to Directorate Governance and thereafter to Divisional Governance Board each month. Learning from incidents is shared via a 'Lesson of the week' which is re-iterated daily at the nursing handovers and the morning huddle. Where actual or potential harm occurs, a more urgent action is needed. The DDN and/or the CD must be informed as soon as practical and appropriate steps taken to minimise harm. The family should be informed immediately, an apology given and the investigation process explained as per Duty of Candour (DOC). The incident is then investigated as per the local and Serious Incident Framework and an improvement plan is produced, and monitored through neonatal QIM and Trust Clinical Governance Group (CGG).

9.1.2 Risk Management

Clinical risks are identified through the incident investigation reports. Recognised risks which are not able to be addressed readily are placed on the Trust's Risk Register. The clinical risks are reviewed at the multi-disciplinary Directorate Governance and the performance risks are reviewed at the Directorate meeting. All risks have an oversight at Trust Risk Management Group (RMG).

9.1.3 Medical Devices Management

Medical equipment is provided and maintained under the terms of the Private Finance initiative by Siemens.

There is a Nursing Team led by two band 6 sisters responsible for equipment training.

9.1.4 Guidelines

The neonatal department has adopted WMNN and WAHT guidelines that cover all aspects of patient care from admission to discharge. All guidelines adopted can be

found on the Trust Intranet and are listed alphabetically so that they can be found with ease. Standard Operating Procedures (SOP's) can also be found on the Trust Intranet.

Network guidelines are updated every 3 years. Each specialist subject is allocated to a consultant within the network for review and any changes are circulated for approval. Once approved, they are circulated to the neonatal units within the network who assess the guidelines and approve the ones that are appropriate for use through internal Quality Improvement Group. Once approved guidelines are uploaded to the Intranet. Internal guidelines are updated every 3 years and SOP's annually. They also follow the same approval process. The paediatric directorate meets regularly to review all guidelines and SOPs

9.1.5 Clinical Audit

Audit planning within the Trust is managed via an electronic system called CATS (Clinical Audit Tracking System). There is a monthly multi-disciplinary meeting where audits are presented and recommendations made. Prior to each meeting CATS is reviewed to ensure audits are on track and that CARMS is up to date. Audit presentations/reports are uploaded to CATS and the actions are monitored through this system. Locally the audit data is monitored through the directorate's monthly governance report which is monitored through Divisional Governance. Nationally this is monitored through NNAP (National Neonatal Audit Programme).

9.1.6 Nursing Quality Audits

Nursing Quality audits are completed weekly by the neonatal matron and/or ward manager. Results are monitored via the monthly ward to board report that is presented at the monthly QIM and the weekly Divisional Safety and Risk Group

9.1.7 Documentation

On admission all infants will have an allocated patient identification number and national health number.

All staff are responsible for ensuring that all infants are admitted onto Badger and that the daily infant records are updated.

Upon discharge a Badger discharge summary is completed by the medical/ANNP staff and forwarded to the General Practitioner and Health Visitor.

9.1.8 Daily Safety Huddle

The neonatal shift leader attends the morning huddle on Delivery Suite at 08:15 hours each day to plan potential deliveries and assess capacity.

The neonatal unit holds a daily safety huddle on NNU and supports effective communication and handovers for capacity and flow and the sharing of the Lesson of the Week, learning lessons from incidents and complaints. The safety huddle is

attended by the TC midwife and/or neonatal staff nurse. Operational activity is managed day to day by the management team.

The NNU nurse in charge attends a safety huddle with maternity staff, on delivery suite at 13:30 hours each day. They then attend the digital safety huddle with Wye Valley Maternity Unit at 14:00 hours to discuss any potential transfers or capacity issues.

9.2 Divisional Meetings

9.2.1 Safety and Risk Group

The Women & Children's Safety and Risk group meet weekly (every Wednesday morning) where all incidents and complaints are monitored. The purpose of the meeting is to ensure the medical and nursing duty rotas are safe and clinical activity is managed appropriately within areas of staffing constraint, that Serious Incidents/Patient Safety Concerns (SI/PSC) are investigated, actions taken according to findings in a timely manner and patient/family complaints are responded to with timescales.

9.2.2 Governance Meeting

The Divisional Governance Meeting is held monthly. The group ensures that appropriate systems/structures are in place within the Division to meet quality governance standards in line with Trust Strategy and policies, to monitor compliance with the standards and the achievement of quality objectives and provide assurance in these areas to the Divisional Management Team. The Paediatric Directorate Governance Meeting reports directly to this group.

9.2.3 Divisional Board

Divisional Board is held monthly and the purpose is to ensure the clinical, operational and financial performance and compliance of the division by robust planning, monitoring and challenge. The Paediatric Directorate reports directly to this group.

9.3 Paediatric Directorate Meetings

9.3.1 Paediatric Directorate Governance Meeting

Directorate Governance meeting is held monthly. It is a sub-group of the Divisional Governance Group and is responsible for providing assurance to the Division with respect to Neonates, Children and Young People (CYP) across the directorate. The Directorate Governance meeting is responsible for ensuring the care and treatment received by Neonates, CYP and their families is safe, effective and provides a positive experience. This will be achieved by monitoring quality and safety including

compliance with national standards, providing child and family centered care, improving the patient and family experience.

9.3.2 Paediatric Directorate Meeting

The Paediatric Directorate Meeting is a sub-group of the Divisional Board and is held monthly. The group is responsible for ensuring clinical, operational and financial performance of the directorate by robust planning, monitoring and challenge.

9.4 Neonatal Departmental Meetings

9.4.1 Neonatal Unit Development Meeting

The Neonatal Unit Development meeting (NNUD) meets monthly to discuss and identify areas of practice and small quality improvement strategies that could be developed on the neonatal unit and TC. Membership includes neonatal consultants, ANNP, matron, ward manager, senior sisters and neonatal pharmacist.

9.4.2 The Neonatal Team Meeting

The Neonatal Team Meetings are held quarterly and the purpose is to bring together the multi-disciplinary team, to ensure that they are made aware of and if necessary, address concerns raised through internal and external monitoring including CQC and Peer Reviews. The meetings ensure that staff in the neonatal areas including TC is kept informed of key issues raised in Divisional and Directorate meetings that affect neonates. The group is also responsible for developing changes within their department to improve Quality, Safety and Patient Experience.

9.5 Cross Directorate Meetings

9.5.1 Perinatal Mortality and Morbidity Meeting

The purpose of the Perinatal Mortality & Morbidity Meeting is to ensure that appropriate systems/structures are in place within the Division to allow shared learning from the systematic review of all perinatal deaths, serious incidents and other cases with significant maternal or infant morbidity and to provide assurance to the Divisional Management Team. The PMM meeting also provides a blame free environment to discuss difficult and/or interesting cases and promote shared learning through shared experience.

9.5.2 Maternal and Neonatal Health Safety Collaborative

The maternity and neonatal health safety collaborative team is leading on the 3-year national Quality Improvement (QI) programme to support improvement and innovation in maternity and neonatal units across England. The team's first aim is to reduce the number of term babies treated for hypothermia by 50% by 2020. The away team consists of a Midwife Consultant, Neonatal Matron, Head of Nursing for Children and Young People. This group reports to the Divisional Governance Board and Trust Clinical Governance Group (CGG)

9.6 Network ODN

The neonatal service plays an active role in the regional Network ODN. The HON/Matron and the designated Pediatrician attend the quarterly ODN Board meetings.

10. Parents as Partners in Care

Our approaches of delivering services to Family Integrated Care principles is constant and as part of this offer the NNU and TC is committed to ensuring that parents have everything they need to participate in their baby's care.

This starts with good quality information on admission. Parents are given information leaflets about the local neonatal service including BLISS information booklets. Condition specific information leaflets are available and given to parents' dependent on their baby's condition.

10.1. Safety and Security

There is a video intercom and secure entry system (swipe access) at main entrance to the NNU and TC. The babies have a security tag attached which is operated in line with Trust policy with alarms on all exits. All visiting social/health care professionals must show identification before they are permitted onto the unit. There is an emergency buzzer at each cot side including the parent rooms.

10.2 Visiting times

10.2.1 NNU

Parents and siblings have 24hour access to NNU.

Visiting times for all other visitors is between 1200 hours -1900hours, but may be subject to change in certain circumstances, e.g. Covid Pandemic.

All visitors are welcome between these times and must be accompanied by a parent. There must be no more than 2 people at the cotside (including parents) at any one time.

Children under the age of 16 years (excluding siblings) are not permitted to the unit

10.2.2 TC

Parents and siblings have 24hour access to TC.

Partners are welcome to stay overnight if their partner and baby is cared for in a side room.

Visiting times for all other visitors is between 1500 – 1600 hours and 1800 – 2000 hours. This may also be subject to change in certain circumstances.

All visitors are welcome between these times and must be accompanied by a parent.

Children under the age of 16 years (excluding siblings) are not permitted to the unit

10.3 Parent Feedback

Parents are invited to leave feedback via post-it-notes left at the entrance to the unit. Feedback is collected regularly by the ward manager and feedback is given via 'You said-we did' poster highlighting action taken and changes made as a result of feedback. Parents are further invited to leave feedback via the Neonatal Journey (parent passport). Feedback is collected by the housekeeper and monitored through the ward to board reports

There is a designated confidential parent feedback box located at the entrance to NNU for parents wanting to leave Friends and Family feedback. This is collected by the ward clerk and/or house keeper and feedback received monthly.

In addition to this there is a 'Wish Tree' in the NNU where parents can hang their suggestions for improvements in the service.

10.4 Eating and Drinking

There are free meal vouchers for women expressing or breast feeding their baby or staying in the parent flats. Meal vouchers can be obtained from the ward clerks and used in the hospital restaurant.

10.5 Parent Information

Parent information is available via:

- The Worcester Acute Hospitals website
- Information leaflets for parents are available on NNU given on admission
- Information is also available for parents on the NNU/TC Facebook page for those wishing to join
- The West Midlands Newborn Network website [West Midlands Neonatal Operational Delivery Network — NHS Networks](#) provides network care pathways and useful parent information. There are signs outside NNU directing parents to the website.

10.6 Car Parking

Parents are able to park at a reduced rate, currently £1 per day and are encouraged to speak with the ward clerk to obtain this access.

10.7 Infant Feeding

For mothers who wish to breastfeed, there is a dedicated room for expressing breast milk. In addition, there is equipment to express breast milk at the cotside. Breast pumps can be loaned for mothers discharged home. There is a video located in the breast feeding room which has a variety of information including breastfeeding advice and general support.

Mothers who do not wish to breast feed upon discharge will be supported to ensure their baby has established formula feeding safely before discharge.

10.8 Parent Lounge

There is a parent lounge situated across the corridor from the NNU with facilities for parents to make hot drinks, store and warm food; there are toys for siblings and a TV.

10.9 Counselling Room

The Neonatal Unit has access to a counselling room on NNU and in the Bereavement Suite for private quiet discussions with parents.

10.10 Locker Room

There are lockers on the NNU for parents to store their personal belongings. Personal items such as baby clothes, nappies etc. can be stored under the baby's incubator/cot or cot side trolley.

10.11 Parent accommodation

There are 2 self-catering flats situated across the corridor from the NNU with shower facilities. Priority for this accommodation is given to those families who have a baby who is extremely poorly or who live a considerable distance from the hospital. Parents are able to use the NNU telephone, if required, however most parents have mobile 'phones and there is free Wi Fi available. The NNU also has iPads available for parents to use for facetime.

10.12 Toilets

There is a toilet on the NNU and toilets directly outside NNU for parents to use.

10.13 Hand wash basin

There are hand wash basins located in each clinical room on NNU and at the entrance to TC. All parents, visitors and staff are encouraged to wash their hand before entering and when leaving the NNU and TC.

10.14 Transitional Care

Transitional care offers facilities for women to have a partner or companion stay overnight to assist with caring for their baby.

11. Education & Training Requirements

11.1 Mandatory Training

The Trust operates a system for monitoring and assuring compliance with target training rates. There is mandatory training that every member of staff across the Trust must complete.

- Attendance at all Statutory and Mandatory learning/training events will be recorded onto ESR system.
- Any non-attendance, for booked places, will be escalated to the relevant individual and their line manager.

- Statutory and Mandatory Training attendance % be reported to line managers to monitor compliance % ward to board reports and Divisional Dashboard; against defined Key Performance Indicators (KPIs). Each department will be able to use this information for robust reporting (to the relevant committees, meetings and forums within the current Governance framework), monitoring and to produce improvement plans to assure that trajectories are met.

In addition, there are role specific training requirements for each clinical area that is monitored by the ward manager.

11.2 Training for registered and non-registered nursing staff

11.2.1 Registered new starter

Once the pre-employment checks are completed; **staff undertakes a trust induction programme held** on the first Monday each month where the Core Skills Mandatory Training takes place followed by a local induction in the department. Nurses are normally given a period of supernumerary status for two weeks and this may be extended after consultation and depending on prior experience.

Nursing staff have access to the WMN ODN Education and Training Lead and are encouraged to access courses provided by the Network.

All newly qualified nurses undertake the WAHT Newly Qualified Nurse Programme

11.2.2 Existing Registered Neonatal Nursing Staff

These individuals attend one training day annually where all mandatory training is updated, staff are mentored and practice changes are reviewed and embedded. The compliance for these days is managed by the ward manager; any identified additional learning need is obtained through the staff appraisal process. The Neonatal Matron retains an overview of the training needs required and engages in the wider access to courses e.g. through Learning beyond Registration (LBR), sign-off mentors, phlebotomy.

Band 5s on NNU will complete the HDU 'Stage 2' training with a view to developing the skills to care for the stable ventilated baby on the unit.

11.2.3 Unregistered Staff

For example, **Existing Nursery Nurses**. These members of staff complete mandatory training day either on line or face to face.

11.3 Medical

A paediatric departmental teaching session is held on a weekly basis, covering paediatric, neonatal and safeguarding topics.

12. Monitoring Compliance with and the Effectiveness of the policy

The neonatal department's management team is responsible for monitoring the effectiveness of this policy. This is formally reviewed during the business planning cycle on an annual basis.

13. Standards/Key Performance Indicators

This policy is based upon the national standards for neonatal care as directed by the Department of Health and the British Association of Perinatal Medicine.

14. References

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British Association of Perinatal Medicine (BAPM) (2017). *A Framework for Neonatal Transitional Care*. [Online] Available at <https://www.bapm.org/sites/default/files/files/TC%20Framework-20.10.17.pdf>

British Association of Perinatal Medicine (BAPM) (2018). *Department for Health Toolkit for Optimal arrangements for Local Neonatal Units and Special Care Units in the UK: A Framework for Practice*. [Online] Available at <https://www.bapm.org/sites/default/files/files/Optimal%20arrangements%20for%20LNUs%20and%20SCUs%20FINAL%20DRAFT%20for%20consultation.pdf>

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National Institute for Health Care and Excellence (2015). *Safe midwifery staffing for maternity settings*. [Online] Available at <https://www.nice.org.uk/guidance/ng4>

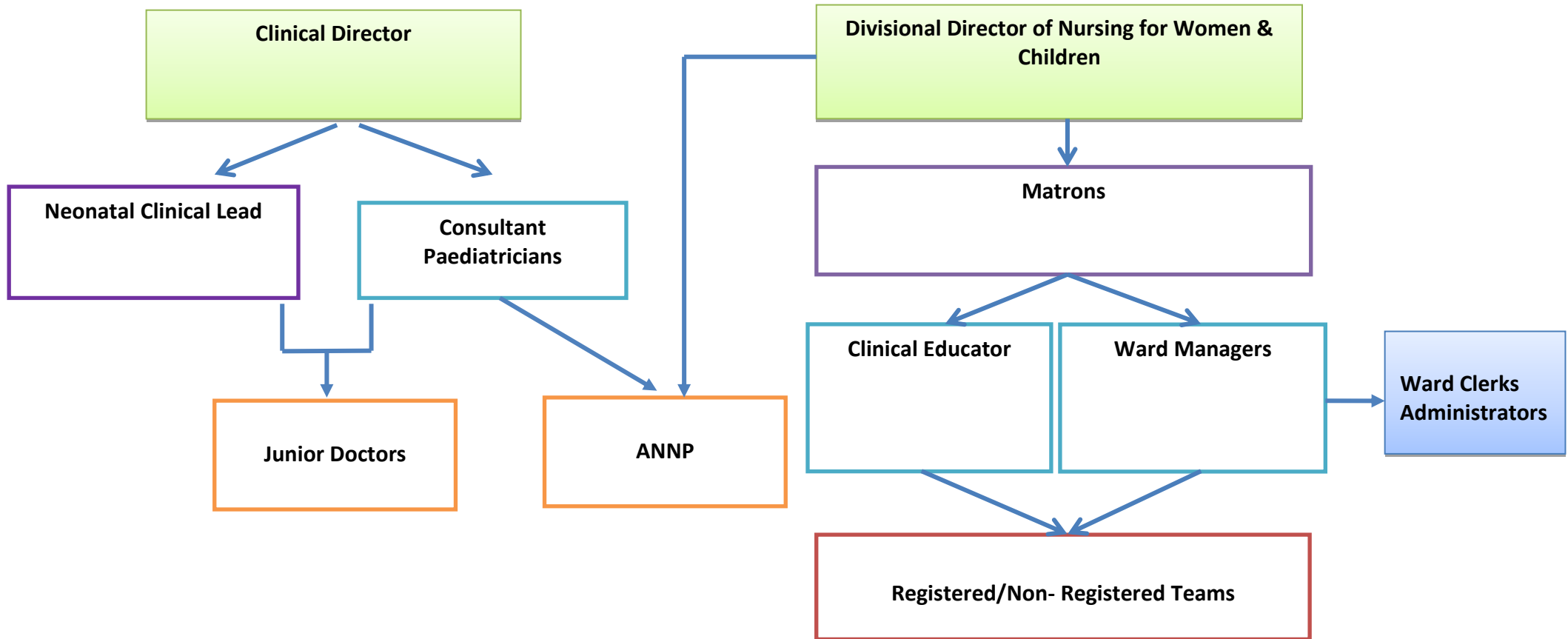
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Scottish Nursing and Midwifery Workload and Workforce Planning Learning Toolkit (2013). *2nd Edition*. Available at [Online] Available at http://www.nes.scot.nhs.uk/media/248268/nursing_midwifery_workforce_toolkit.pdf

Paediatric Directorate Structure



Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Supporting document one – Equality impact assessment tool

To be completed by the owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Do the documents affect one group less or more favourably than another on the basis of:	No
	Race	No
	Ethnic origins (including gypsies and travellers)	No
	Nationality	No
	Gender	No
	Culture	No
	Religion or belief	No
	Sexual Orientation	No
	Age	No
2.	Is there any evidence that some groups are affected differently?	No
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	No
5.	What alternatives are there to achieving the policy/guidance without the impact?	No
6.	Can we reduce the impact by taking different action?	No
7.	Other comments	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Supporting document two – financial impact assessment

To be completed by the owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
6.	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval