It’s my pleasure to present the 2016/17 Annual Report of the South West Neonatal Operational Delivery Network. This report details the activities, performance and achievements of The Network over the last financial year. The Network comprises 12 Neonatal Units that are located across a region which spans 250 miles, with the support of 2 dedicated transport teams.

The Network has been actively involved in a number of exciting initiatives over the last year. Locally we have developed our website into a central resource for families and Neonatal professionals, held the first ever UK Neonatal parent education conferences, and secured funding for not only a regional Donor Milk Bank Service, but also to enable all our units to participate in the UNICEF Neonatal Baby Friendly Accreditation.

We have a number of key pieces of work coming up in 2017/18 including the implementation of the ATAIN QIPP to Reduce Term Admissions, National representation at FICare conferences and a review into Bristol Neonatal Services. Nationally the Network will play an active role in both the ongoing National Review into Neonatal Services and the National Neonatal Peer Review Programme. All of the above will strengthen service delivery and further improve neonatal services in our region. Networks can only be successful if they are supported by the individual units and staff they represent. Delivering care to the most vulnerable patients and their families is a challenging task, and to continue to contribute flexibly to the wider development of the service takes an additional level of commitment. Every unit in the South West Region has positively contributed to the progress that has been made over the last 4 years. On behalf of the babies and their families it is important to recognise that the staff actually delivering these services on a day to day level are found not in the ODN team but working in every neonatal unit in the South West Region. I would like to take this opportunity to thank all staff and patient representatives who have participated with dedication into the activities and work of the South West Neonatal Network.

Rebecca

Dr Rebecca Mann
Clinical Director, South West NHS Neonatal Network
## Contents

1. About the Network 3
2. Our vision 4
3. Funding 4
4. Key Achievements and Developments in 2016/17 5-6
5. Meet the Team 7
6. Network Oversight 8
7. Overview Report from the Network 9-11
8. Network Data Report 12-26
9. Communications and Engagement 27
10. South West Transport Services 28-29
11. a) NEST’s 2016/17 Summary report 28
    
    b) Peninsula’s 2016/17 Summary report 29
12. SW Neonatal Network 2017/18 Objectives 30-31
ABOUT THE NETWORK

The South West Neonatal Network is one of the 12 Clinically Managed Operational Delivery Networks for Neonatal Services in the UK. It was brought together as a formal non statutory organisation following recommendations from the Department of Health and it is designed to deliver a collaborative model of care to improve the experiences and outcomes for specific groups of patients based on regional and local need.

Established in 2013, The South West Neonatal Network brings together clinicians, managers, commissioners and patients to deliver high quality, patient centred and outcome focused Neonatal Services across our region. We work hard to interconnect our region around a common purpose, striving to build a culture of sharing, trust and respect between NHS organisations and our patients and their families.

12 Units across 250 miles
400+ Nurses and Allied Health
40,000 Annual Births
8,000 Admissions
200+ Medical workforce
2 Transport Teams
50 plus Volunteers
OUR VISION

To deliver a Neonatal Service in partnership with parents that is:

Seamless and based around the needs of the baby and its family

Efficient effective and based on need

Delivered by a capable and well resourced workforce

Collaborative and driven by quality, evidence and continuous improvement

FUNDING

The South West (SW) Neonatal Network is recurrently funded by NHS England South Specialised Commissioning. The in-year total funding provided in 2016/17 to support pay and non-pay was £192,420. The annual allocation to the Network was fully utilised in 16/17. Underspend to the pay budget was identified due to a vacancy in one of our posts but was used, on agreement with NHSE and Regional Leads to fund a Regional UNICEF programme, which would support all Neonatal Units in the South West to achieve Stage One of the new UNICEF Neonatal Baby Friendly Standards. It is expected that the budget will remain unchanged for 2017/2018.
KEY ACHIEVEMENTS AND NETWORK DEVELOPMENTS IN 2016/2017

Publication of SW Term Admission Reports and ATAIN QIPP
Culmination of 18 months’ work with National ATAIN Term Admissions Programme
Supports units in the implementation of the 2017/18 South Term Admissions Improving Value QIPP

Regional Website Development
Promotional materials distributed to all units to signpost parents
Website grows both in support and information for parents and for all neonatal professionals across the region.
Regularly up to 50 users per day

Ratification of first Regional Network Guidelines and Patient Information Leaflets
Regional guidelines on Probiotics, Donor Breast Milk, Caffeine and thyroid disease
New regional guidelines policy
Continuation of the development of clinical guidelines and parent information leaflets to continue in 17/18

Regional Funding Secured for Donor Milk Bank
Business case accepted to fund a Regional Donor Milk Bank Service
Donor Milk is now free at the point of use for all units across the region
1st 'free at point of use' Donor Milk Service in Country
Plans to conduct local reviews to measure impact on NEC and Breastfeeding

Joint Project with Bliss to recruit SW Parent Volunteers
Funding from Children in Need to work in partnership with Bliss to recruit and train additional SW unit volunteers.
To date additional 9 recruited across 3 units
KEY ACHIEVEMENTS AND NETWORK DEVELOPMENTS IN 2016/2017

**Agreed Regionally Procured Prescription for Standardised TPN**
Developed a single agreed prescription for standard TPN for use within neonatal units in the South West region.
The newly developed prescription complies with BAPM and all other current international nutritional and biochemical requirements for neonatal TPN.

**New Regional Neonatal Dashboard**
Disseminated quarterly to Units, Allied Services and NHSE
Filters enabling you to look at unit and regional data on activity, indicators, occupancy and staffing.

**Network Funded Regional UNICEF Training Programme**
24 funded training places made available to all units
All units in South West will have full or Stage One accreditation by Mid 2018
First Region in the UK to have all units undertaking Accreditation
Establishment of SW Neonatal Infant Feeding Network support by Unicef

**First National Parent Education Conferences held in the South West**
Two day conferences with expert presentations and advice for parents who have had a baby on a neonatal unit.
Attended by over 140 parents from across the region.
Meet the Team

Dr Rebecca Mann
SW Network Clinical Director

Rebecca Lemin
SW Network Manager

Robyn Smart
SW Network Lead Nurse

Dr Pippa Griew
SW Data and Research Analyst

Lesley Proctor
SW Data Administrator

Jess Hillier
SW Administrator
Network Oversight

The South West Neonatal Network is governed by an Executive Board that is made up of elected clinical and managerial neonatal representatives from across the region and key partners including maternity and child health, commissioning and parent representatives. The Board governs the Neonatal Network Team and oversees the work of Advisory and Working Groups that are established as part of the Network structure. The Executive Board and Neonatal Network Team are accountable to NHS England Specialised Commissioning (South) ODN Oversight Board.
Overview Report from the Network

2016/17 was a busy and productive year for the SW ODN Team. Great strides have been taken in consolidating the governance and organisational arrangements of the ODN. The regional Executive board has embedded well and this year we welcomed a new Chair Dr Caroline Gamlin. We successfully delivered on all the objectives set out in our 2016/17 work plan with some key achievements as outlined below:

First UK Neonatal Parent Education Conference
In October and November 2016 the Network hosted two Parent Education and Support Conferences in both Plymouth and Bristol. It was a huge success with over 140 parents with their babies attending to hear talks specifically chosen to support parents and carers in maximising the outcomes of their babies post discharge. We were incredibly grateful to those professionals from across our region who attended to give presentations and support our parents as well as our national speakers and charitable partner Bliss. Outcome data from the day showed that levels of knowledge and levels of confidence improved significantly for parents who attended the days, and high levels of enthusiasm for further days of parental support / education in the future. These were the first such conferences of their kind to be held in the UK and we hope the impetus for continued and integrated parent education for parents both pre and post discharge from neonatal units in the SW. All presentations were filmed and are available to view on our website.

Regional Funding secured for SW Donor Milk Bank
The charitable funding for the donor milk bank at Southmead Hospital came to an end in late 2015. In October 2016 full future funding for the Donor Milk Bank was secured from NHSE after the submission of a business case from the Network team. NHSE recognised the vital importance of donor milk as part of our Neonatal Care Service and the continued scope to increase and expand the use of mother’s milk and donor milk across the South West in line with our regional guideline. The ODN in partnership with the milk bank team will look to analyse in detail data around donor milk use and its impact in regards to NEC, breastfeeding and other key indicators.

We are fortunate in the South West to be supported by two charities the Freewheelers EVS charity and NICU support who provide an established day time and emergency night time delivery service across the region ensuring that all units at all times have a supply of donor milk available to them.

Clinical Governance
In 2016/17, we have continued to focus on developing the clinical governance procedures of the Network. November 2016 saw the ratification of our regional guideline policy and subsequent publishing of 4 new regional guidelines and accompanying patient information leaflets. Clinical governance will be a key focus for the team in 17/18 with the development of a timely exception...
reporting system, active risk register and incident reporting and investigation procedure. Our Guideline Working Group has been re-established and 17/18 will see significant work into producing developmental care guidelines to support the UNICEF BFI and Bliss Baby Charter initiatives and all our units in the pathway to accreditation.

Network Reporting
October saw the launch of our new neonatal dashboard. The dashboard will be sent to Clinical, Nursing and Management leads quarterly for dissemination within their units. The new dashboard has filters which enable users to look at data from either a single unit or across the region and includes data on activity, clinical indicators, cot occupancy and nurse staffing data. The dashboard is consistent with processes in neighbouring Networks; Thames Valley and Wessex and South East Coast, enabling closer benchmarking and collaboration across the South region.

Publication of SW Term Admission Reports
As a continuation of the work undertaken last year for the Reducing Term Admissions CQUIN, three Neonatal Networks in the South (South West, Thames Valley and Wessex, and South East) were asked to collaborate to develop a regional NHSE Improving Value programme for reducing Term Admissions. In April 2017, the South West Neonatal Network published its three year report on Term Admissions across the region. This report forms part of a wider initiative across the Neonatal Networks of the South of England to better understand and reduce avoidable Term Admissions to Neonatal Units. From April 2017 all Trusts across the South of the UK will undertake the NHSE South ATAIN QIPP Work Programme. The programme of work focuses on a number of initiatives to reduce Term Admissions in collaboration with our maternity colleagues, including introducing mandated training and identifying ATAIN leads within Trusts. The report plus all additional resources and templates can be accessed via our website at http://www.swneonatalnetwork.co.uk/health-professionals/south-west-programmes/south-west-reducing-term-admissions/. The work in the South West is being heralded as best practice by the National ATAIN Programme and has been published on the NHS Improvement website. https://improvement.nhs.uk/resources/

Network Funded Regional UNICEF Training
We were extremely pleased in 2016/17 to become the first Network in the UK to be able to support all of our Neonatal Units from across the Region to collectively work together to achieve the UNICEF UK Baby Friendly Initiative. The Royal Devon and Exeter Hospital became the first neonatal unit in the UK to be Baby Friendly accredited, and two more units, the Royal Cornwall Hospital, Truro and the Dyson Centre for Neonatal Care, Bath were successful in obtaining grants from the Burdett Trust to support and fund them in achieving accreditation. In addition, funding has been made available by the Network to support the remaining nine of our Neonatal Units to implement stage one of the UNICEF UK Baby Friendly neonatal standards. We hope that completing the training together will afford us lots of opportunities for cross working and collaboration and most importantly improve the quality and consistency of the Neonatal Service for all our parents who travel across our region receiving care. It also marks the South West, nationally as a region that is putting the provision of family centre care at the forefront of their Neonatal services. UNICEF is very encouraged by the
commitment of the South West and will support this programme both through ongoing Action Learning Sets and by establishing the first UK Neonatal Infant Feeding Network in the UK. Training and development for the remaining 9 units will commence in May 2017 and we are excited to be leading the way in improving outcomes for some of the most vulnerable babies and their families in the South West.

**Partnership working with Bliss**

The Network has continued to build their partnership with Bliss throughout the last year. As well as support for our Parent Education Conferences, the SW Network in collaboration with Bliss were successful in receiving funding from Children in Need to expand our Peer Support Programme on our Neonatal Units across the region. The project led by Bliss over the last year has recruited, trained and supported volunteers to support parents whilst on the unit and at discharge and beyond and to date has engaged an additional 9 volunteers across 3 units. This close working relationship looks set to continue with the Network collaborating in the national development of FICare in the UK and planned study days to support the completion of the Baby Charter Audits across all of our units in 17/18.

**National Neonatal Service Review and Peer Review Programme**

A National Neonatal Critical Care Transformation Programme has been commissioned in response to the National Maternity Review (2016). The aim of the review is to make recommendations that will support the delivery of a safe, sustainable and equitable model of neonatal care across the UK. The review started in October 2016 and will seek to report in late 2017. The Network continues to support the development of this review both through the submission of data from across the region but also through representation from the Network team on the National Board.

**Central Procurement of Neonatal Standard TPN for the SOUTH West Region**

The ODN developed a working group and linked with individual units across the South West, and the regional procurement team. Together the working group developed a single agreed prescription for standard TPN for use within Neonatal units in the South West region. The implementation of the newly agreed TPN programme is just beginning now. It is anticipated that this will bring significant cost savings as well as standardisation of care and waste reduction across the region, as babies transferred between units can continue with the same “gold standard” TPN prescription wherever they are being cared for. The newly developed prescription complies with BAPM and all other current international nutritional and biochemical requirements for neonatal TPN. It is hoped this development will pave the way for improved co-ordination of attempts at procurement on a region wide basis, with obvious potential for further cost savings and improvements in quality and consistency.
South West Neonatal Network Data Report

This section of the annual report looks at a range of activity data and key performance indicators (KPI) for the SW Neonatal Network based on data recorded in the BadgerNet Neonatal Database.

In this report you will find a summary of Network activity and KPIs from 2016/17 as well as exploring five year trends in these areas. An investigation of current work load and cot capacity issues across the Network and exploration of the extent to which the Network is providing care in the ‘right place’. The report looks at Health Care Resource Group (HRG) 2016 shadowing across the Network and provides a Network summary of the latest NNAP results for 2016. Finally a special report for the ATAIN programme is provided assessing term admission data from the across the Network during 2016.

SW Network Activity Summary 2016/17

<table>
<thead>
<tr>
<th>Table 1: SW Activity Summary by Gestation at Birth – 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gestation at Birth</strong></td>
</tr>
<tr>
<td><strong>Total 1st Ep Admissions:</strong></td>
</tr>
<tr>
<td><strong>Total NNU Days:</strong></td>
</tr>
<tr>
<td><strong>Total NNU Days:</strong></td>
</tr>
<tr>
<td><strong>Av NNU Days / baby:</strong></td>
</tr>
<tr>
<td><strong>Ventilation Days:</strong></td>
</tr>
<tr>
<td><strong>Active Cooling Days:</strong></td>
</tr>
<tr>
<td><strong>Total Transfers:</strong></td>
</tr>
<tr>
<td><strong>Total Deaths:</strong></td>
</tr>
</tbody>
</table>

In 2016/17 across the South West of England 10.6% of all live births were admitted to a neonatal unit (NNU) equating to total of 5135 1st episode admissions across the region. The majority of these admissions (57%) were babies ≥37 weeks gestation at birth.

A total of 68884 care days (BAPM 2011 levels 1-3) were provided across the region, with an average of 13 NNU care days required per baby. Unsurprisingly this varied substantially between babies of different birth gestation with babies <27 weeks gestation at birth spending, on average, 75 days in NNU compared to an average of 5 NNU days for babies ≥37 gestation at birth.

Across the SW Network 829 babies required ventilation for an average of 5.5 days each, equating to a total of 4688 ventilation days provided across 2016/17. Since September 2016, a total of 56 babies received active cooling for an average of 3.5 days each equating to a total of 199 days of active cooling provided across the region.
There were 741 transfers completed between units within the Network.

In total 67 deaths occurred within SW neonatal units during 2016/17 equating to 1.4 deaths per 1000 live births across the region (based on live births data from the SW Maternity Dashboard). The majority of these deaths (64%) were babies <32 weeks gestation at birth.

**Five Year Trends in the South West Neonatal Network**

**Neonatal Unit Admissions**

Across the SW of England there has been a 6% decline in live births between 2012 (n=61131) and 2016 (n=57316). Nevertheless, the total number of 1st episode admissions to NNU have increased by 7% over the same time period from 4828 in 2012 to 5149 in 2016 (see graph 1 below). Indeed the proportion of babies admitted to NNU has increased from 79 admissions per 1000 live births in 2012 to 90 admissions per 1000 live births in 2016.

*Graph 1: Cumulative Percentage Changes in Births and NNU Admissions 2012 and 2016*

The greatest increase was seen for term babies (≥37 weeks gestation) with NNU admissions rising by 10 admissions per 1000 live births between 2012 and 2016 compared with a rise of 2 pre-term admissions per 1000 live births over the same time period (for further details relating to NNU term admissions see the ATAIN section at the end of this section).

Despite an increase in admission numbers to NNU the average number of NNU care days per baby has reduced from 15 to 13 between 2012 and 2016. Therefore, the total number of NNU care days provided has decreased by 2% from 70489 in 2012 to 68754 in 2016.
Active Cooling Days
Over the last 5 years a total of 362 babies received active cooling across the SW Network. The total number of babies actively cooled across the Network has not changed substantially year on year over this time period (cf. 79 babies in 2012 to 74 babies in 2016). The total number of active cooling days has reduced slightly over this same time period from 305 to 251, representing a small decrease in the number of active cooling days provided per baby from 3.9 to 3.4 in 2012 and 2016 respectively.

Graph 2: Five year trends in active cooling in the SW neonatal network

Ventilation Days
The total number of babies receiving ventilation across the SW Network has increased by 8% between 2012 and 2016 from 764 to 827. Nevertheless the total number of ventilation days has reduced by 14% over the same time period from 5151 days in 2012 to 4419 days in 2016. This is due to a decrease of 2 days in the average number ventilation days provided per baby from 7 in 2012 to 5 in 2016, and likely reflects changes in clinical practise such as decreased elective intubation, even in the most preterm infants, and the increased use of high flow oxygen as a means of respiratory support enabling earlier extubation.

Graph 3: Five year trends in ventilation in the SW neonatal network
Network Deaths
The total number of deaths in South West units has decreased over the past 5 years from 91 in 2012 to 57 in 2016. Taking into account the decreasing number of live births (based on ONS calendar year data) during this time period the change equates to a reduction from 1.5 deaths per 100 live births to 1 death per 1000 live births. Although the 5 year figures are suggestive of a decreasing trend in deaths within NNUs it should be noted that the numbers do vary from year to year (see graph 4 below) and therefore additional years of data would be necessary to confirm this trend.

Graph 4: Total Number of In Unit Deaths: South West Neonatal Network 2012 to 2016

(*Deaths per 1000 livebirths)
Cot Capacity in 2016/17

Across the South West Network there are a total of 240 NNU cots of which 105 are designated for Intensive Care / High Dependency and 135 designated for Special Care. In total 87 NNU cots are available within level 3 units, 127 in level 2 units and 26 in level 1 units. Five of the SW units have separate TC wards available providing up to a further 52 cots for TC care. The majority of these (n=46) are located within the level 3 units, with the remaining 6 cots provided by 2 of the level 2 units, currently none of the SW level 1 units have dedicated TC wards available. In total 4 of the 18 SC cots available in Gloucester (LNU) and 4 of the 8 TC cots within Torbay (SCU) have beds available to provide a TC style service within the NNU.

Table 2: SW Neonatal Network Unit Cot Numbers

<table>
<thead>
<tr>
<th>Unit</th>
<th>Designation</th>
<th>Total NNU Cots</th>
<th>IC / HD</th>
<th>SC</th>
<th>TC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southmead</td>
<td>NICU</td>
<td>34</td>
<td>16</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>St Michaels</td>
<td>NICU</td>
<td>31</td>
<td>23</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Plymouth</td>
<td>NICU</td>
<td>22</td>
<td>14</td>
<td>8</td>
<td>18-20</td>
</tr>
<tr>
<td>Gloucester</td>
<td>LNU</td>
<td>28</td>
<td>10</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Swindon</td>
<td>LNU</td>
<td>18</td>
<td>6</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Cornwall</td>
<td>LNU</td>
<td>20</td>
<td>7</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>RDE</td>
<td>LNU</td>
<td>22</td>
<td>8</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Bath</td>
<td>LNU</td>
<td>21</td>
<td>7</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Taunton</td>
<td>LNU</td>
<td>18</td>
<td>8</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Barnstaple</td>
<td>SCU</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Torbay</td>
<td>SCU</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Yeovil</td>
<td>SCU</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Analysis of the total care days provided across the Network in 2016/17 suggest that the appropriate number of cots were available within the Network to maintain the recommended 80% capacity throughout the year (see graph 5). Nevertheless, figures separated by IC/HD and SC care day indicate that there may be some cause to re-designate some IC/HD cots (where average cot capacity equalled 68% across the year) to SC cots (where average cot capacity equalled 87%).

Graph 5: Average Cot Capacity in the SW Network: 2016/17
However, given the difference in activity levels expected between units it is important to consider whether the correct number of cots, at the correct designation level, are currently available in each unit. Furthermore as the available cots are spread across 12 sites it is likely that a higher total number of cots will be necessary to absorb any variation in activity levels within individual units throughout the year. Table 3 below records the total number of IC/HD & SC cots required in each unit based on the care days provided in 2016/17 and highlights the difference between the recommended numbers and the currently funded numbers during the year.

Table 3: Cot and Nursing Staff WTE Numbers: Recommended and Actual Numbers for 2016/17

<table>
<thead>
<tr>
<th></th>
<th>IC/HD Care Days Provided</th>
<th>Current funded IC/HD cots (av. % cot occ.)</th>
<th>Recommended IC/HD Cot Number* (diff to funded)</th>
<th>SC Care Days Provided</th>
<th>Current Funded SC Cots (av. % cot occ.)</th>
<th>Recommended SC Cot Number* (diff to funded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southmead:</td>
<td>5327</td>
<td>16 (91%)</td>
<td>18 (-2)</td>
<td>5795</td>
<td>18 (88%)</td>
<td>20 (-2)</td>
</tr>
<tr>
<td>St Michaels:</td>
<td>6556</td>
<td>23 (78%)</td>
<td>22 (+1)</td>
<td>4118</td>
<td>8 (141%)</td>
<td>14 (-6)</td>
</tr>
<tr>
<td>Plymouth:</td>
<td>3466</td>
<td>14 (68%)</td>
<td>12 (+2)</td>
<td>1822</td>
<td>8 (62%)</td>
<td>6 (+2)</td>
</tr>
<tr>
<td>Gloucester:</td>
<td>2739</td>
<td>10 (75%)</td>
<td>9 (+1)</td>
<td>5967</td>
<td>18 (91%)</td>
<td>20 (-2)</td>
</tr>
<tr>
<td>Swindon:</td>
<td>1312</td>
<td>6 (60%)</td>
<td>4 (+2)</td>
<td>3277</td>
<td>12 (75%)</td>
<td>11 (+1)</td>
</tr>
<tr>
<td>Cornwall:</td>
<td>1314</td>
<td>7 (51%)</td>
<td>5 (+2)</td>
<td>3739</td>
<td>13 (79%)</td>
<td>13 (0)</td>
</tr>
<tr>
<td>RDE:</td>
<td>2015</td>
<td>8 (69%)</td>
<td>7 (+1)</td>
<td>3843</td>
<td>14 (75%)</td>
<td>13 (+1)</td>
</tr>
<tr>
<td>Bath:</td>
<td>1391</td>
<td>7 (54%)</td>
<td>5 (+2)</td>
<td>5351</td>
<td>14 (105%)</td>
<td>18 (-4)</td>
</tr>
<tr>
<td>Taunton:</td>
<td>1467</td>
<td>8 (50%)</td>
<td>5 (+3)</td>
<td>3258</td>
<td>10 (89%)</td>
<td>11 (-1)</td>
</tr>
<tr>
<td>Barnstaple:</td>
<td>212</td>
<td>2 (29%)</td>
<td>1 (+1)</td>
<td>1366</td>
<td>6 (62%)</td>
<td>5 (+1)</td>
</tr>
<tr>
<td>Torbay:</td>
<td>265</td>
<td>2 (36%)</td>
<td>1 (+1)</td>
<td>2617</td>
<td>8 (90%)</td>
<td>9 (-1)</td>
</tr>
<tr>
<td>Yeovil:</td>
<td>144</td>
<td>2 (20%)</td>
<td>0 (+2)</td>
<td>1523</td>
<td>6 (70%)</td>
<td>5 (+1)</td>
</tr>
</tbody>
</table>

*Based on an average cot capacity of 80%

These figures suggest that across the SW the current number of IC/HD cots available is close to the number required to maintain an average of 80% cot capacity, with just an additional 2 IC/HD cots required at one level 3 unit required to reach this target. In contrast, a further 16 SC cots would have been required to maintain an average of 80% cot capacity throughout the year, with 50% of these (n=8) required across the Bristol level 3 units. A further 7 would have been required across 3 of the level 2 units and an additional 1 at 1 of the level 1 units. This could largely be achieved through the re-designation of IC/HD cots to SC cots.
Nursing Numbers
Alongside cot capacity, having an appropriate number of nurses staffing each shift is essential for the safety of babies cared for within the NNU. BAPM standards recommend that safe staffing levels should provide 1:1 care for IC babies, 2:1 care for HD babies and 4:1 care for SC babies within the NNU.

A nurse staffing reporting tool was recently added to BadgerNet with units from the SW Neonatal Network starting to enter data twice daily from early 2016. Across the Network nursing data were entered for 96% of shifts across 2016/17.

Across the SW Network a total of 2254 shifts were identified where 1 or more nurses were required to reach the recommended BAPM standards, this represents 27% of all shifts across the year. On average an additional 2.3 staff members were required on these shifts to reach BAPM standards. However, these figures vary dramatically between units (see graph 6 below).

Graph 6: Percentage of shifts across 2016/17 where ≥1 nurse was required to reach BAPM standards and the average number of nurses needed for these shifts by unit
Network Workload: BAPM 2011

The proportion of care provided at each care level (BAPM 2011), unsurprisingly, varies substantially by unit designation (see graph 7 below). Across the level 3 units 56% of care provided in the NNU was classified as IC/HD (BAPM 2011) compared with just 29% and 10% of the care provided in Level 2 and Level 1 units respectively.

Graph 7: Care Days at BAPM 2011 Care levels by Unit Designation

This pattern was followed across all individual units (see graph 8 below), notably just 34% of care provided within Plymouth NNU is classified as SC (BAPM 2011), this is likely due to the large TC ward with 18-20 cots available for SC level care with parent/carer present.

Graph 8: Care Days at BAPM 2011 Care Levels by Unit
Care in the ‘Right Place’

Gestational Age at Birth

National and SW Network level care pathways recommend that in utero transfers are carried out to ensure that, where possible, babies <27 weeks gestation are delivered within a level 3 unit and babies <32 weeks gestation are delivered within a level 2 or 3 unit. In addition, current care pathways recommend that babies requiring care post 44 weeks gestation should, where possible, be moved into paediatric care.

During 2016/17 a total of 111 babies were born <27 weeks gestation within the SW Neonatal Network. Of these babies, 41% (n=45) were booked for delivery in a Network LNU, 5% (n=5) were booked for delivery in a Network SCU, 4% (n=4) were booked out of Network and the final 2% (n=2) were booked for delivery in a maternity centre or a non-NHS location. In total 47% (n=21) of the 45 babies booked to delivery in an LNU were transferred in utero to a Network NICU and 53% (n=24) were delivered in a Network LNU. Additionally 50% (n=2) of the babies booked out of Network were delivered in a Network LNU. In contrast 100% (n=5) of the babies booked to be delivered in a SCU were transferred in utero to a level 3 unit in Network.

A total of 414 babies were born between 27-31+6 weeks gestation across the SW Neonatal Network during 2016/17. Of these babies 8% (n=31) were booked for delivery in a level 1 unit and a further 7% (n=29) were booked out of Network (n=19), in maternity centres (n=7) and non-NHS locations (n=3). In total 52% (n=16) of the 31 babies booked to be delivered in a Network SCU were transferred in utero to a network NICU or LNU with the remaining 15 babies delivered in a Network SCU. Of these 15 babies 53% (n=8) were between 30 and 31 weeks gestation. All of the 29 babies booked out of Network, in maternity centres or in non-NHS locations were delivered in Network NICUs or LNUs.

Graph 9: Babies Born Outside of Gestational Age Designation for Unit Level*
Over 44 Weeks Gestation at Discharge
In total 104 babies remained on a NNU post 44 weeks corrected gestation across the SW Neonatal Network during 2016/17. The average gestation at discharge for these babies was 48.4 weeks corrected gestation, with the majority of babies (56%, n=58) discharged within 46 weeks gestation. Fifty one percent (n=50) remaining on an NNU post 44 weeks were cared for in level 3 units with 76% of these cared for at UHB. Graph 10 below displays how babies cared for on NNU post 44 weeks gestation were spread across the network.

Graph 10: Babies Cared for +44 Weeks Corrected Gestation

Healthcare Resource Groups (HRG)
Healthcare Resource Groups (HRG) aim to categorise treatments and care procedures by the levels of care resource required. HRGs are used to understand the level of activity and workload undertaken within neonatal units and as such provide the basis for commissioners to calculate appropriate funding levels.

In 2016 the current HRG categories were reviewed with the aim better reflecting current care and treatment procedures. A shadowing process comparing the current HRG categories and the revised categories (called HRG 2016) is being undertaken prior to implementation. This shadowing process, undertaken on 2016/17 activity data, highlights a potentially sizable impact upon funding across the SW (see Chart 1 below). In particular there is a substantial reduction in care currently categorised as HRG 3 (from 38% to 23% of workload) and HRG 4 (from 29% to 15% of workload) whilst care classified ‘not eligible as a neonatal episode of care’ rises dramatically (from 0% to 26% of the total workload).
However as demonstrated in table 4 below these changes will have a far greater impact upon some units compared with others.

<table>
<thead>
<tr>
<th></th>
<th>HRG 1</th>
<th>HRG 2</th>
<th>HRG 3</th>
<th>HRG 4</th>
<th>HRG 5</th>
<th>Not an Episode</th>
</tr>
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<tbody>
<tr>
<td>NBT:</td>
<td>-299</td>
<td>388</td>
<td>-6645</td>
<td>-825</td>
<td>1079</td>
<td>6302</td>
</tr>
<tr>
<td>UHB:</td>
<td>-42</td>
<td>135</td>
<td>-665</td>
<td>-4692</td>
<td>791</td>
<td>4473</td>
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<tr>
<td>Plymouth:</td>
<td>-534</td>
<td>370</td>
<td>22</td>
<td>-1369</td>
<td>-312</td>
<td>1823</td>
</tr>
<tr>
<td>Gloucester:</td>
<td>-234</td>
<td>66</td>
<td>-497</td>
<td>-7</td>
<td>670</td>
<td>2</td>
</tr>
<tr>
<td>Swindon:</td>
<td>-90</td>
<td>30</td>
<td>39</td>
<td>-393</td>
<td>-27</td>
<td>441</td>
</tr>
<tr>
<td>Cornwall:</td>
<td>-120</td>
<td>45</td>
<td>-219</td>
<td>-192</td>
<td>213</td>
<td>273</td>
</tr>
<tr>
<td>RDE:</td>
<td>-222</td>
<td>218</td>
<td>-134</td>
<td>133</td>
<td>-394</td>
<td>399</td>
</tr>
<tr>
<td>Bath:</td>
<td>-268</td>
<td>275</td>
<td>-708</td>
<td>-454</td>
<td>1125</td>
<td>30</td>
</tr>
<tr>
<td>Taunton:</td>
<td>27</td>
<td>-49</td>
<td>-212</td>
<td>-424</td>
<td>256</td>
<td>402</td>
</tr>
<tr>
<td>Barnstaple:</td>
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<td>59</td>
<td>-3</td>
<td>-6</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Torbay:</td>
<td>-158</td>
<td>108</td>
<td>-388</td>
<td>-17</td>
<td>454</td>
<td>1</td>
</tr>
<tr>
<td>Yeovil:</td>
<td>-81</td>
<td>-4</td>
<td>23</td>
<td>-54</td>
<td>96</td>
<td>20</td>
</tr>
</tbody>
</table>

*the difference between the number of days care (at each HRG level) as calculated for the current HRGs and that calculated for HRG 2016 (e.g. number of days categorised as HRG 1 (2016) – number of days categorised as HRG 1 (current)).
National Neonatal Audit Programme Summary of South West Data - 2016

In 2016 3 of 7 key National Neonatal Audit Programme measures were improved against 2015 results across the South West Network. The greatest improvement was seen in the number of babies with temperature taken within one hour of birth (up 6% since 2015). However, in contrast decreases were seen in the number of eligible babies receiving any mothers’ milk on discharge (down 4%), 2 year follow-up data entered (down 3%) and ROP screening on time (down 1%) since 2015.

The SW Network results were the same or above the national average in 6 of 8 key NNAP measures, in particular for the provision of magnesium sulphate (a new measure introduced for 2016) where the SW result was 27% higher than the national average. In addition, despite a reduction in completion since 2015, 2 year follow-up data entry was still found to be 8% higher than the national average.

Table 5: Network Summary- NNAP Results: 2016 data

<table>
<thead>
<tr>
<th>Eligible Babies</th>
<th>Number Meeting Criteria (% of eligible babies)</th>
<th>% Change from 2015</th>
<th>National Average</th>
<th>Diff from National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature taken within 1 hr of birth:</td>
<td>440 427 (97%)</td>
<td>↑6%</td>
<td>96%</td>
<td>↑1%</td>
</tr>
<tr>
<td>Temperature between 36.5°C - 37.5°C:</td>
<td>427 259 (61%)</td>
<td>↑1%</td>
<td>63%</td>
<td>↓2%</td>
</tr>
<tr>
<td>Steroids Given:</td>
<td>1153 989 (86%)</td>
<td>No change</td>
<td>86%</td>
<td>No Diff</td>
</tr>
<tr>
<td>ROP – Screened on time:</td>
<td>512 484 (95%)</td>
<td>↓1%</td>
<td>94%</td>
<td>↑1%</td>
</tr>
<tr>
<td>Receiving any mother’s milk on discharge:</td>
<td>384 239 (62%)</td>
<td>↓4%</td>
<td>59%</td>
<td>↑4%</td>
</tr>
<tr>
<td>Parent consultation within 24 hours:</td>
<td>4163 3685 (89%)</td>
<td>↑4%</td>
<td>90%</td>
<td>↓1%</td>
</tr>
<tr>
<td>Two Year Follow-up – health data entered:</td>
<td>225 156 (69%)</td>
<td>↓3%</td>
<td>61%</td>
<td>↑8%</td>
</tr>
<tr>
<td>Magnesium Sulphate Given:</td>
<td>230 162 (70%)</td>
<td>New Measure</td>
<td>43%</td>
<td>↑27%</td>
</tr>
</tbody>
</table>
South West ATAIN Project Report: Term Admissions 2016

Improving the safety of maternity services is a key priority for the NHS and reducing admissions of full-term babies (≥37 weeks gestation at birth) to neonatal care is an indicator in the NHS Outcomes Framework for 2016 to 2017. The number of unexpected admissions of term babies is seen as a proxy indicator that harm may have been caused at some point along the maternity or neonatal pathway. A recent report by NHS Improvement in early 2017 emphasised the coalition of commitment across the NHS in addressing this as a priority.

Despite an average decline in birth rates of ~2% per year between 2012 and 2016 across the SW of England the total number term admissions to NNU has risen by an average of ~4% per year during this same time period (See graph 11 below).

Graph 11: Cumulative percentage change in South West births and term admissions from 2012 and 2016

In 2016 there were a total of 2976 1st episode term admissions of babies to a neonatal unit (NNU) across the SW Neonatal Network. This figure accounts for 57% of all 1st episode admissions to a NNU and equates to 6% of all live births.

The NHS England Souths 17/18 Improving Value Project – ‘Reducing Term Admissions into Neonatal Care’ recommends that no more than 5% of term live births should be admitted to a neonatal unit. In total 8 of the 12 SW network units admitted more than the recommended 5%, ranging from 5.8% up to 11.0% of live births becoming term admissions to NNU. If these units were to have reached the 5% target in 2016 this would have reduced total term admissions by a total of 740 babies across the SW Network.
Principal admission reason for term admissions to NNU
In 2016 the five most common reasons for term admissions in the South West of England were:

1. **Respiratory symptoms** (36% of term admissions)
2. **Suspected Infection** (23% of term admissions)
3. **Hypoglycaemia** (9% of term admissions)
4. **Monitoring** (6% of term admissions)
5. **Suspected HIE** (5% of term admissions)

This differs slightly to findings from national data collected in 2015 where jaundice ranked in the top 5 admissions reasons across England (ranked 7th in the SW in 2016) but term admissions for monitoring did not.

Respiratory symptoms have been the most common reason for term admission to NNU in the SW consistently for the past five years with 1062 admissions in 2016 accounting for 36% of all term admissions across the South West and equating to 18.7 admissions per 1000 live births (table 2). It is possible and probable that there is an overlap in coding between patients admitted with “respiratory symptoms” and those with possible infection, as one of the important differential diagnoses in a patient with respiratory symptoms is infection. There may therefore be coding differences between individuals as well as between units in regards to recording respiratory symptoms or suspected infection as the principal admission reason.

The greatest increases in term admissions over the last 5 years are seen for suspected infection rising from 1 (0% of total term admissions) in 2012 to 671 (23% of total term admissions) in 2016 equating to 11.8 admissions per 1000 live births. Notably new NICE guidance on the management of neonatal sepsis was published in 2012.
Full Report Summary and Conclusions

- Term admissions to NNU across the SW of England have risen over the last 5 years despite a decrease in the total number live births.

- In 2016, 8 of the 12 neonatal units in the SW admitted more than 5% of live births as term admissions to NNU.

- Had these 8 units all reached the ATAIN 5% target in 2016 there would have been at least 740 fewer term admissions to NNU.

- The five most common principal admission reasons for term admissions to NNU across the SW in 2016 were:
  - Respiratory symptoms
  - Suspected infection
  - Hypoglycaemia
  - Monitoring
  - Suspected HIE

- Over the past 5 years the greatest increase in term admissions has been seen for suspected infection increasing from just 1 admission in 2012 to 671 admission in 2016 and accounting for 23% of all term admissions across the SW.

- Principal admission reasons varied between unit levels, in particular respiratory symptom admissions were highest in NICUs accounting for 44.2% of term admissions compared to just 19% of term admissions in SCUs. In contrast suspected infection admissions were highest in SCUs accounting for 46.7% of all term admissions compared to just 6.5% of term admissions in NICUs. This may be explained by greater TC/PN ward care options within SW NICUs.

- Across the SW 12% (n=358) of term admissions to NNU received no treatment other than observation during their neonatal care period and a further 48% (n=1425) received only ‘limited’ treatment (those that could potentially be provided on a TC or PN ward). Indicating that there is substantial opportunity to decrease NNU term admissions if greater options for care on a TC or PN ward were available.

- The highest proportion of babies receiving no treatment were seen in babies admitted for monitoring where 38% (n=66) received no treatment other than observation.

- The highest proportion of babies receiving either no treatment or ‘limited’ treatment were seen in babies admitted for hypoglycaemia where 92% (n=252) received either no or ‘limited’ treatment.

Engagement with and Communication to our parents, families and clinical colleagues both regionally and nationally remains an essential part of our work. The successes of Networks are dependent on encouraging the involvement and cooperation of our regional neonatal community and so in 2016/17 there has been continued focus on improving and extending our means of communication and engagement. We have continued to grow our regional website with a focus on creating a central hub for neonatal professionals and parents and families in the region. We published a quarterly newsletter which is distributed widely and this year we have established a social media presence both on Facebook and Twitter to encourage involvement through a different forum.
South West Transport Services

NEST’s 2016/17 Summary Report.
During this financial year, NEST undertook 716 transfers. This included 371 uplifts in care, 251 repatriations, and 94 resources/capacity transfers. The primary clinical reason for transfer was medical (434), surgical (198), neurological (44) and cardiac (38). Within this total figure, there were a proportion of transfers which either originated from or terminated outside out NEST’s usual region. 27 were within the South West Neonatal ODN, but outside of NEST’s usual operational region and a further 55 transfers were outside the South West Neonatal ODN. These extra-regional transfers are due to infants requiring uplift for sub-specialist care, repatriation following these episodes, or for repatriation after having been delivered unexpectedly elsewhere. The smallest baby NEST has moved this year was 448g, the largest was 5157g, and the record for number of transfers for one baby was 9.

During 2016/17, NEST has established its aeromedical capability, through developing a successful working relationship with The Children’s Air Ambulance (TCAA). This has required considerable training, and development of safe and robust guidelines and standard operating procedures. 11 infants have been transferred so far, with a further 21 meeting the criteria for an aeromedical transfer, but who were actually transferred by road. Although a small proportion of NEST’s routine work, it is likely that this number will increase as TCAA increase their operational hours, and bring their second helicopter online.

NEST is also delighted to report hosting a successful Neonatal Transport Group conference this year. A varied and informative programme included a saturation diver, a pilot, as well as nurses and doctors from around the country, which was very well received. It was great to receive feedback such as: “All speakers clear, informative and interesting. Topics chosen were thought provoking, and I feel able to take new knowledge back to my team”.

The NEST team has been happy to welcome some new members of staff. Dr Louise Anthony has joined the Consultant team and NEST are looking forward to welcoming an experienced ANNP on a year’s secondment. There are also three additional enthusiastic and experienced nurses who have recently joined the team, who are enjoying their work with NEST. NEST has also been pleased to welcome staff from the region on observer shifts, either as part of their Neonatal Critical Care modules, or as a general opportunity to gain further insight into the work of a critical care transport team.

For any further information or questions about the work NEST does, or the projects NEST is undertaking, please contact either James Tooley (Lead Consultant for NEST) or Patrick Turton (Lead Nurse for NEST). Further operational details are available in the NEST Annual Report 2016/17 which should be available on the Southwest Neonatal ODN website.

James Tooley: james.tooley@uhbristol.nhs.uk  Patrick Turton: patrick.turton@uhbristol.nhs.uk

This is the 12th year of service for the PNTS which undertook 348 moves between April 2016 and March 2017. 147 were uplifts for treatment or diagnosis, 191 repatriations, and 6 for capacity reasons. 203 were medical, 122 surgical, 13 neurological, 3 cardiac and 3 other speciality. There were 34 moves in and out of the network area which did not involve the PNTS. 15 were of babies from other networks retrieved by other teams. 19 involved Peninsula babies. In 11 cases the PNTS were already out and thus other units/services supported moves including NEST/WATCH (9). The others included long distance transfers by air of babies coming back into the region having delivered elsewhere (3). Overall – the PNTS moved 95% of babies within their operational remit.

This year saw the PNTS successfully transfer logistic operations to a new ambulance provider – First Care. The change has gone smoothly so far and we look forwards to a productive working relationship. A new contract is being negotiated which will include provision of a new ambulance. The design of this vehicle should enable us to once again safely transfer more than one baby at a time as it will permit the securing of two incubators. In the past this has proved a useful facility for twins travelling long distances between units, reducing transfer times, and helping families stay together.

In conjunction with this we are also commissioning a replacement incubator and plan to upgrade the respiratory support and monitoring facilities.

There have been some challenges this year in ensuring adequate staffing, however, new recruits to the nursing team are being trained, and hopefully will join operations in the next few weeks.

Project work has included a review of out of hospital births which highlighted a number of interesting challenges to the paramedic teams looking after these babies, in particular that of adequate thermal care. The work generated a poster at the national transport group meeting, with presentations submitted to Cambridge and Freiberg in Germany. The survey has prompted further work on improving practice and education.

Collaborative work is ongoing with NEST to develop common pathways and processes for referrals, and improve transport governance across the network. There are plans for roadshows to support our referring units.

For information on the PNTS or any of the work we have been undertaking please contact John Madar (lead clinician) or Helen Darby (lead nurse). Contact details are lodged on the SW Neonatal Network website.
## 2017/18 Network Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Overview of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To provide strategic direction for Neonatal care across the South West</strong></td>
<td>In addition to ongoing routine monitoring &amp; management:</td>
</tr>
<tr>
<td></td>
<td>• Ensure babies are delivered in the optimum environment.</td>
</tr>
<tr>
<td></td>
<td>• Establish and implement robust exception and incident reporting process.</td>
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<tr>
<td></td>
<td>• Develop robust SW Neonatal risk register and effective risk management process.</td>
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<tr>
<td></td>
<td>• Timely Exception Reporting, the policy for which has been re-written and launched.</td>
</tr>
<tr>
<td></td>
<td>• Risk Assessment and Management - development of a risk register.</td>
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<tr>
<td></td>
<td>• Network incident reporting and investigation – encouraging units to report any incident which meets the Network criteria, investigation will support education and dissemination of learning from events. Continued management of the ongoing Bristol NIC review process.</td>
</tr>
<tr>
<td></td>
<td>• Continue and embed Neonatal ODN partnership with COPD.</td>
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<td></td>
<td>• Review capacity and workload across the region and explore future options and patient pathways.</td>
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<td></td>
<td>• Develop and implement South West clinical and managerial guidelines based on identified need/priority.</td>
</tr>
<tr>
<td></td>
<td>• Quarterly monitoring of feeding practices across the region and NEC rates - Decrease the number of pre-term babies (&gt;32 weeks gestation) that receive formula during their stay on a NNU.</td>
</tr>
<tr>
<td></td>
<td>• Work with transport teams to deliver regular dashboard reporting of performance against KPIs, activity and exception reports as well as robust incident reporting and management.</td>
</tr>
<tr>
<td><strong>To monitor and drive improvements in Quality of Care</strong></td>
<td>• Ensure that 85% of all babies &lt;30 weeks and all HIE cooled babies receive a 2 year follow up.</td>
</tr>
<tr>
<td></td>
<td>• Develop regional, clinical and managerial guidelines and regional SOP for recording DNAs for 2 year follow up, as well as improving liaison between units for families who move between units for care and follow up.</td>
</tr>
<tr>
<td><strong>To support the delivery of equitable, timely access for patients</strong></td>
<td>• Audit and review exception reports for all infants post 44 weeks gestation being cared for on neonatal units.</td>
</tr>
<tr>
<td></td>
<td>• Further develop regional research working group to encourage the undertaking of research across the South West region.</td>
</tr>
<tr>
<td></td>
<td>• Review and improve timeliness of repatriation across the region.</td>
</tr>
<tr>
<td></td>
<td>• Develop and implement the Regional Repatriation Guideline.</td>
</tr>
<tr>
<td><strong>To support improvements in patient and family experience</strong></td>
<td>• Continue standardisation of ‘best practice’ across the Network.</td>
</tr>
<tr>
<td></td>
<td>• Continue to develop a Network culture across all Neonatal Units in the South West where parents and families are central in the care of their</td>
</tr>
<tr>
<td>Objective</td>
<td>Overview of actions</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Overview of actions</strong></td>
</tr>
</tbody>
</table>
| child. (Development of FICare approach see domain 5) | - Develop and implement regional developmental care guidelines.  
- Develop parent information leaflets for all new Network Guidelines.  
- Continue to develop and embed Neonatal Website as a portal and hub for parents and families across the South West.  
- Develop a suite of ‘parent resources’ for the South West Neonatal Website.  
- Further develop and embed parent advisory group to support the development of FICare across the region.  
- Publish report outlining impact of parent information conference.  
- Review compliments and complaints concerning neonatal care from Provider Trusts. |
| To support the education, training and development of the workforce within the Network | - Lead and manage the implementation of the NHSE (South) ATAIN QIPP across the South West region.  
- Develop and agree a SW model of Family Integrated Care (Ficare)  
- Develop a FICare QIPP scheme for region and submit to NHSE South.  
- Continued Performance Monitoring of Region through regional and sub regional dashboard - develop trend data for 17/18.  
- Establish regional BadgerNet training programme for all units to improve quality and consistency of data.  
- Establish SW Transport dashboard and work towards developing consistent data recording practice across the two transport teams in the region.  
- Successful implementation and management of SW UNICEF accreditation programme and enable all units to achieve stage one accreditation by July 2018.  
- Continue to support the SW Network/Bliss Volunteer programme to support parents whilst on units, during and post discharge.  
- Continued collaboration and joint working with the Maternity Network on transforming post-natal and neonatal care across the South West.  
- Investigation of Serious incidents if requested by COPD or NHS England South. |
| To be a central point of information and communication for Network stakeholders | - ATAIN reducing Term Admissions for 17/18.  
- Actively identify and submit ‘scheme on a page’ proposals to NHSE South for 17/18/19. |
| To seek to drive forward national agendas | - Participation on the National Neonatal Review.  
- Support the 2017 Neonatal Peer Review Programme led by NHS patient safety initiative team. |
| Ongoing Network Strategic/Management Work | - Ongoing performance management.  
- Ongoing standardisation of care.  
- Provide Support and Expertise to NHS England Spec Com South in the commissioning, contracting and delivery of Neonatal Services.  
- Annual Report. |