

A new beginning in Norwich

Following a move from its city centre location to purpose-built hospital premises on the city outskirts, the doors to the new Norfolk and Norwich neonatal unit opened in November 2001.

An American company designed and built the new hospital and senior neonatal staff were involved in the planning of the unit from within the consultation team.

Under the Government's Managed Clinical Network Strategy, Norfolk and Norwich neonatal unit has become one of the region's two level 3 units and a regional referral centre for neonatal surgery. It is intended that 95% of all babies born in the region needing special care will be looked after by one of the eight units making up the NSC neonatal network.

Although the unit was built with the same capacity of 22 cots as the old one, it is much more spacious, resulting in a better working environment for staff and cutting the risk of infection. Facilities for families and staff are

much improved, with five family rooms and a brightly painted siblings play room. New arrivals are placed in one of two isolation rooms and staff are proud that there have been no episodes of MRSA in the unit since its opening.

Asked if there were any areas in which the design of the unit fell short, staff admitted that a seminar room would have been very useful, especially as courses are run in the unit, with an enhanced practice course due to start in September this year. Designers also needed convincing that each cot *really* needed 24 plug sockets and initial plans to situate the nurseries in the centre of unit, with utility rooms taking the cherished window spots, were soon altered after persuasion from unit staff.

Space was made in the NICU for a PACS (picture archive and communication systems) workstation, a filmless method of

FAR RIGHT: Staff nurse Elizabeth Harman in the busy low dependency unit.

RIGHT: The siblings' playroom is bright and attractive.

BELOW: Parents Maria Taylor and Dave Hurley caring for one of their premature twins, born at 30 weeks' gestation.



FOCUS ON A UNIT

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ANNP Julie Mullett in the bright and airy NICU.

sharing clinical images across a network and still quite unusual in neonatal units across the UK.

Now, the strategic health authority has identified a need to expand and so alterations are under way to enlarge the nurseries to cope with 28 cots.

This expansion means that the unit will finally get its seminar room, staff changing rooms and a much larger, brighter, low dependency nursery ready to accept an increased capacity of up to 17 babies. Finances have also been made available to employ two more ANNPs and more staff nurses.

The low dependency nursery is entirely nurse-led and staff believe this is an unusual and highly effective approach, so much so that they have entered the Health Enterprise East, Innovation Competition 2005. There is a strong ethos on the unit that parents should have the facilities and the support to be as hands-on in the care of their infants as possible.

Regular forums held for parents by the unit managers and Paediatric Matron prove very useful. With the help of outreach nurses, early discharge is routine with parents feeling supported enough to take babies home while still tube feeding or needing oxygen.

Having had the opportunity to participate in the design of their neonatal unit from scratch it would seem that staff are pleased with their roomy new work environment.

Is your unit special?

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