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A formula for change: creation of a neonatal outreach team

Staff who are working at the coal face see a number of challenges that face us all every day. Balancing the needs of children and families, staffing needs alongside financial pressures are particular issues those of us in management face. At one time proficiency in managing a household budget could be sufficient to get one through, however now one has to spend the same as last year and then save some.

Giving care closer to home and keeping families together is another priority for us all. Some children's services have a strong community presence while others are really struggling to get outreach or community teams off the ground. We are no different. We have some community outreach staff who provide an excellent service, but it isn't equitable over the subspecialties. This has meant we have worked with our primary care trust to look at increasing these teams.

Six months ago we started a neonatal outreach team called our transitional care and home care team. This team has been compiled by taking the staffing for three special care cots and making the projection that the special care days could be saved by diverting babies to either home or transitional care. It has worked remarkably well, actually saving six special care days worth of care per day and parent satisfaction surveys show that parents are also very pleased. The challenge now is going forward with the team as their success in six months has exceeded all the expectations.

Helping staff with these sorts of changes is another part of delivering care in a modern NHS. To help me set the scene for change I use a model that works well for me.

$$"C = V \times FS > R"$$

This isn't a formula that requires a PhD in mathematics so fear not! The C stands for change, the V is vision, FS is the first practical steps while R is resistance. In other words change will happen if there is a clear shared vision, someone has described the first steps needed to start a change whilst the resistance is less than these two combined. Nevertheless how does this relate to the staff involved and those who manage them.

To help staff themselves with delivering change I describe a horse. A horse describes a team well. I like and admire horses so please don't take offence at this description but bear with me. Visualise a horse for yourself. The head of a horse is a small part but leads the way for others to follow. This small part is the part that generates the ideas and does the "blue sky thinking" for a team. The neck

is the reality check for the head. It is also a small part of any team but significantly acts as the link between the going forward head and the largest group of staff who form the body of a team, or horse. The body is the largest part of a horse and also represents the largest body of staff within a team. These are generally the staff that make the backbone of a service and will actually work to move the change along, once the head and neck have started to move forwards. Finally there is the tail. The tail is small but significant in that it lags behind and will be the last to follow. If the tail were too big it could hold a horse back from going forwards, however normally wherever the body leads the tail is obliged to follow. Nonetheless, it can be tempting to spend a great deal of time with the tail end. This time is normally better used elsewhere, since wherever the body leads the tail will also eventually go. The million dollar question is of course where do any one of us come in the team, or fit within the concept of the horse?

It is always tidy to be able to link your ending back with your beginning. Cheekily I thought of the horse and remembering those working at the coal face decided we must be talking of pit ponies. Work on some days may feel like the hard draft of the pit pony but if we all take our place in our constant environment of change, we too can create opportunities like the outreach team described. We don't have to be at the head to be able to make the most important contribution of all, and that is striving to provide the best care we can for all of our patients.

Reference

1. **Wright S.G.** Changing Nursing Practice. Second Edition. London. Arnold 2002: 122.