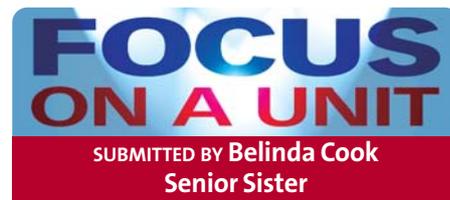


# Team working across two units in Wales



The Gwent NHS Trust, soon to be known as The Aneurin Bevan Health Board Neonatal Service, consists of one service on two sites. The unit at Royal Gwent, Newport, is a level three unit which consists of 20 cots, seven ICU/HDU and 13 special care cots, although as any unit will recognise the scope of the intensity of the cots changes with the workload. Gwent had 3,534 deliveries in 2008 of which 405 babies were admitted into the unit. The unit at Nevill Hall Hospital, Abergavenny, is a level two unit with 12 cots, consisting of two ICU stabilisation/HDU cots and 10 special care cots. There were 2,279 deliveries of which 274 were admitted to the unit. We have a retrieval obligation to Caerphilly birthing centre – from which we retrieved and admitted five babies to the Gwent – and an obligation to Brecon Birthing Centre from which we retrieved and admitted one baby. The service also has a Pan-Gwent nursing liaison service – all nursing staff rotate between both units to ensure all skills are updated on a regular basis. Staff rotation also facilitates team building.



The high tech interior of the Royal Gwent unit.

Within our service we have a senior nurse, six consultants, a practice development facilitator, senior sisters, sisters, a clinical teacher, a pathway coordinator, a team of liaison nurses, staff nurses, nursery nurses, staff grades, registrars, senior house officers, a ward coordinator, healthcare support workers, a pharmacist, dietitian, physiotherapist, ophthalmologist, speech and language therapist, and enteral feeding specialist. The whole team is involved in ensuring that we deliver quality-led, patient-centred care.

Within the neonatal service we provide effective care by using pathways of care. All staff follow the same pathway of care ensuring all the babies we care for receive the same standard of care, the only difference being how long each individual baby takes to progress through the pathway of care.

The pathway coordinator develops the pathways with the numerous groups we have within the service such as the transport group, the developmental care group and many others. The coordinator also updates these pathways as necessary.

As a service we are proactive in transferring our babies from the Royal Gwent neonatal unit to the unit at Nevill Hall Hospital as soon as we reach 16

babies. The aim is to ensure that as the level three unit we always stay open to admissions. This is effective, however we do experience problems. Our main problem is transport, as we cannot always secure an ambulance to transfer the baby when we would like to.

As a service we try to arrange transfers following the daily consultant round. We aim to transfer the babies who live nearest to Nevill Hall Hospital and who are the fittest on the unit but will require continuing care until well enough to go home with their parents. If possible the transfer takes place that day during daytime when we have sufficient nursing and medical cover.

We cannot request a 999 ambulance as it is not an emergency transfer. If the baby is well enough and not needing respiratory support the transfer will be a nurse-only transfer. This does mean that sometimes we can be waiting hours for an ambulance which can cause the parents a lot of stress and anxiety, at a time when they are already under a lot of stress by having a baby on the NICU.

The other issue we have is where some parents do not want their baby to move to Nevill Hall Hospital despite being informed of the possibility on admission. We explain the possibility on admission as



Nevill Hall neonatal unit.



Transporting a baby from the Royal Gwent Hospital to Nevill Hall Hospital.



Discussing plans for home using the discharge pathway.



Tube feeding, not quite ready to go home.

transfer is a frequent occurrence to ensure the service need for intensive care cots is met and maintained. We document that parents have been informed of the possibility of transfer on the discharge pathway, as it is part of our admission process.

Most parents are glad that their baby received the intensive care when it was needed and are happy to have continuing care at Nevill Hall to ensure other sick premature babies can receive the same level of care, without the mum having to be transferred half way round the country, as can happen. Some parents however will still refuse for their baby to be transferred and sometimes we have no choice but to cancel the transfer until the parents become accustomed to the idea. This does

however then put a strain on the service. As a family friendly service we aim to accommodate all parents' wishes, but sometimes we do have to transfer a baby even if parents do not want us to. We try to help with facilities for parents to stay with their baby as far as possible.

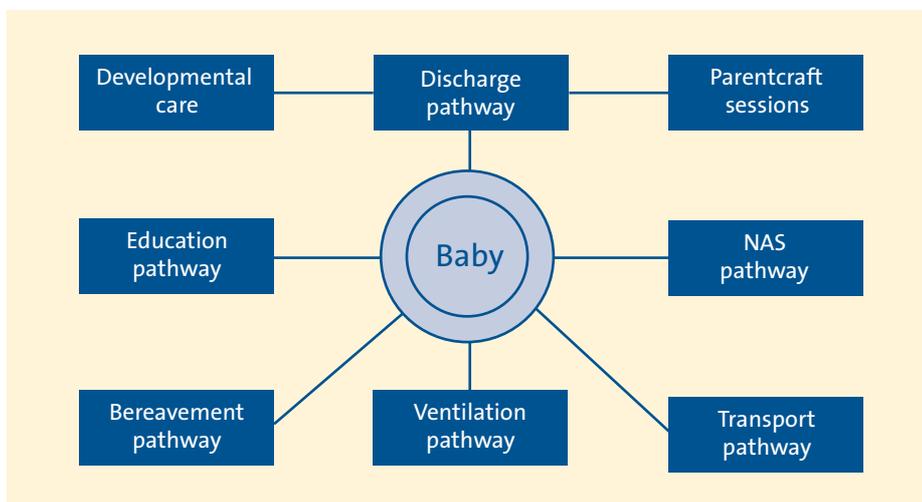
Nursing staff rotate between both units on a continual basis to ensure all skills are kept up-to-date and that all staff are familiar with the surroundings of each unit so that they can put their hand on anything in an emergency, whichever unit they may be working in. Parents also see a variety of staff and familiar faces even if they have moved hospitals. This can be reassuring for them, especially as sick babies are occasionally transferred to the Royal Gwent Hospital from Nevill Hall for

intensive care and then returned to Nevill Hall when they are well enough to do so.

To ensure that all staff are educated as well as possible, the practice development facilitator supports all grades of staff from induction programmes for new staff and students to in-house study days/teaching sessions including the trust mandatory training days and consultant-led teaching sessions for nursing staff.

The clinical teacher assists with one-to-one cotside teaching to enhance knowledge and skills while working closely with the practice development facilitator, ensuring the service pathways, policies and procedures are adhered to at all times to improve patient care. The policies and procedures reflect the most up-to-date research and advances in neonatal care, which include government initiatives and legislative changes.

Our service was one of the first to rotate staff and transfer babies between both sites. The changes were initially met with frustration and unwillingness to take on these changes. However, we now have a service that runs like clockwork where all staff rotate and don't think twice about it and we are frequently transferring babies from one unit to another, a change and a service we are all proud of.



The pathway of care.

**Is your unit special?**  
 Why not contribute to our focus on a unit feature?  
 Contact [kate@infantgrapevine.co.uk](mailto:kate@infantgrapevine.co.uk)