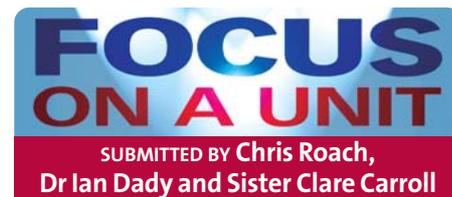


Planning a trouble free transfer in Manchester



Since 1790, St Mary's Hospital in Manchester has been providing a service to the women and children of a large area of Manchester. Over the years the hospital has been located in a number of sites across the city. In 1970 the construction of a seven-storey tower block was completed at a cost of £3m, to accommodate the maternity and neonatal units in close proximity to adult services at the Manchester Royal Infirmary.

During the seventies and eighties, Saint Mary's Hospital developed into a major perinatal centre for Greater Manchester and the north west of England, with the neonatal medical and surgical units providing tertiary intensive care facilities.

Despite the relatively modern facade, by the 1990s it had become apparent that the tower block had a limited lifespan and a plan was developed to relocate St Mary's Hospital, together with two specialist children's hospitals – Booth Hall and Royal Manchester Children's Hospital – plus a specialist eye hospital and other adult services into a brand new, state-of-the-art hospital.

The neonatal medical and surgical units had provided a total of 45 cots in increasingly cramped conditions as demand increased over the years, while technological advances meant that much of the floor space was taken up by equipment. Although the unit had safely served the population since its inception, staff were excited by the prospect of a spacious new



Plenty of space in the carefully designed new unit.

unit that had been specifically designed with the clinical management of patients and the needs of their families in mind. The Newborn Intensive Care Unit was designed to accommodate both neonatal medical and surgical patients in a single modern unit. The development also enabled the co-location of tertiary maternity, neonatal, paediatric and adult facilities on a single site.

Planning and preparation

Once construction of the new hospitals was completed, the Central Manchester University Hospitals NHS Foundation Trust had the challenge of safely transferring patients and services from all the existing sites to the new location over a staggered ten-week programme. The neonatal moves were scheduled over three consecutive days, as the potential number of babies to transfer may have been as high as 50. It was clear at the outset that the critical linkages between the neonatal and maternity departments would provide a unique set of challenges, including the need for dual running across both sites as the move progressed.

Through clinical risk assessment it was determined that the neonates of sufficiently low dependency would be transferred via corridors and a link bridge, with the higher dependency patients being transferred by ambulance.



A rise in the amount of equipment required on the NICU made the old unit cluttered.

Senior Healthcare Planners worked with departmental clinicians, nurses and managers to schedule dates when services would be switched over.

In addition to the patient moves, considerable attention was required to ensure all aspects of commissioning of the new Newborn ICU were completed. This required dedicated input from a senior neonatal nurse over many weeks, liaising with equipment planners and providers, building contractors and estates departments, pharmacy, security, IT and telecoms and many other departments. All staff underwent an orientation exercise to the new hospital and families were offered a tour of the facilities. A major communications initiative was undertaken to brief neighbouring trusts and healthcare staff, existing patients and the general public.



St Mary's sleek new exterior.



Rehearsals for the move took place well in advance to ensure a smooth transfer of services.



The last patient leaves the old unit.

Patient moves

To mitigate the risks in transferring patients, the Trust created a Move Contingency Plan consisting of a Dispatch Team and a Receiving Team, responsible for care at the existing unit and the new hospital premises respectively. Clear channels of command and control were outlined in the document to ensure that all

teams were aware of their responsibilities.

If patient moves went smoothly, the system would only supervise the transfers. In the event of problems occurring, the teams would adopt different functions ready to respond directly to the incident through the command and control structures.

Exercises took place in each hospital involved in the move, to rehearse the moves and provide essential feedback on the process. Saint Mary's neonatal unit held monthly exercises with the maternity department who were due to move over the same three days. During these sessions staff assumed the roles they would undertake on patient move days, allowing the neonatal team to plan scheduling of the moves ahead of time.

The interdependency between neonates and their mothers on the obstetric wards also required very careful consideration.

The neonatal team made final preparations in the week prior to the patient moves, including reducing the number of babies to transfer, if possible, by reducing

admissions and activity on the delivery suite through the support of local units.

The neonatal transfers began at 6am on 13th July this year, with 17 patients suitable for internal transportation routes. An early start was critical to ensure that most internal transfers were completed before pedestrian traffic increased in the hospital. Neonatal transfers took approximately 15 minutes from unit to unit, so respite points were set up at key locations along the route, supplied with resuscitation equipment from the neonatal unit.

Ambulance transfers were conducted by the Greater Manchester Neonatal Transport Service, with three teams on duty – one remaining available at all times for critical transfers elsewhere in the network.

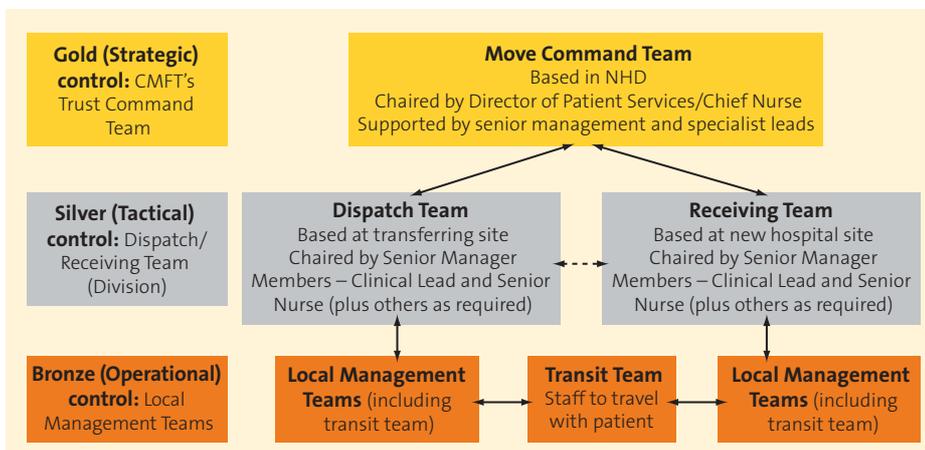
Radio communications kept all teams in constant contact with the Command Team and assistance could be called for if problems arose.

Outcome

During the three days of the move, a total of 35 neonates and 20 mothers were safely transferred over to the new unit. All patient moves passed without incident – aside from the impromptu arrival of a woman in labour at the old Saint Mary's site during the loading of a neonatal ambulance transfer! Another ambulance present for the moves safely transferred the patient to the new St Mary's site where she safely delivered her baby.

The new neonatal unit has now been occupied for three months. Despite a few minor teething problems, it provides excellent facilities for the care of high risk newborn infants and the environment is much improved for their families. The co-location of tertiary paediatrics has brought a considerable benefit to the management of complex infants who require regular input from specialist teams.

Louise Weaver-Lowe, Matron for Continuing Care on the Newborn ICU, said: "Parents have been delighted with the extra space and facilities on the new unit. The curtained bed spaces within the nurseries provide much better privacy while breastfeeding and during family time. Overall these fantastic facilities ensure we can make the stay of the family as comfortable as possible."



The Move Contingency Plan aimed to ensure clear channels of communication between all team members.

Is your unit special?
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