



Janet Ellis (ex Blue Peter) on the left with Carol Bacon, manager of Leicester Royal Infirmary's new unit. Photo courtesy of Dept of Medical Illustration, Leicester Royal Infirmary.

Leicestershire welcomes its £9 million new neonatal unit

Leicester Royal Infirmary's brand new neonatal unit opened in September. It took a year to create the £9 million neonatal unit for premature babies, providing a spacious and more inviting environment for patients, parents and staff furnished with the latest state-of-the-art equipment.

There is now room for 24 intensive and special care cots with potential to add a further 12 cots in the future. Three bedrooms are available for parents as well as quiet rooms and a dedicated family room with play area for siblings.

Dr Andrew Currie, neonatologist and head of the service, says: "I am delighted with the unit and am looking forward to being able to grow our service and help more babies than we are currently able to."

The unit has been paid for by the Trust and with proceeds from the Newborn Baby Appeal run by Leicester's Hospitals Charity. Once the old unit is completely vacant, work will begin transforming it into more parent accommodation, a lecture theatre and office space for medical staff.

NPSA issues safety alert against over-infusion of intravenous fluids

The National Patient Safety Agency (NPSA) has issued a Rapid Response Report (RRR) *Prevention of over infusion of intravenous fluid and medicines in neonates* alerting NHS organisations in England and Wales to the risk of the accidental over-infusion of intravenous (IV) fluids and medicines to neonates*.

This can occur during the setting up of specific IV infusions or as a result of the overriding of safety mechanisms on infusion pumps and has the potential to result in death.

The RRR asks clinicians to ensure that a local neonatal IV administration policy is available and that it specifies:

- when using a syringe pump to administer IV fluids or medicines to neonates, a bag of fluid should not be left connected to the syringe
- all clamps on IV administration sets must be closed before removing the administration set from the infusion pump, or switching the pump off. This is required regardless of whether the administration set has an anti-free flow device
- the frequency and responsibility for monitoring:
 - the IV infusion device
 - the infusion administration equipment
 - the patient receiving the IV infusion.

NHS organisations are encouraged to include these actions in their training and assessment programmes and are required to complete them by 28 February 2011.

*This action does not apply to the administration of blood components to neonates, see the guidelines at www.bcshguidelines.org/pdf/Admin_blood_components_050110.pdf

The RRR is available from: <http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=75519>

NICE launches new quality standard on specialist neonatal care

NICE has launched a new quality standard on specialist neonatal care services. These services are defined as high-dependency, surgical or intensive care.

NICE quality standards are produced in collaboration with the NHS and social care professionals, along with their partners and service users.

The quality standard on specialist neonatal care recommends that these services should include the following:

- The provision of safe and efficient transfers to and from specialist neonatal care.
- Parents of babies receiving care are encouraged and supported to be involved in planning and providing care for their baby, and regular communication with clinical staff occurs throughout the care pathway.

- Mothers of babies receiving specialist neonatal care are supported to start and continue breastfeeding, including being supported to express milk.
- Babies receiving specialist neonatal care have their health outcomes monitored.

The quality standard is available at www.nice.org.uk/aboutnice/qualitystandards/qualitystandards.jsp

Drug shortages threaten newborn babies

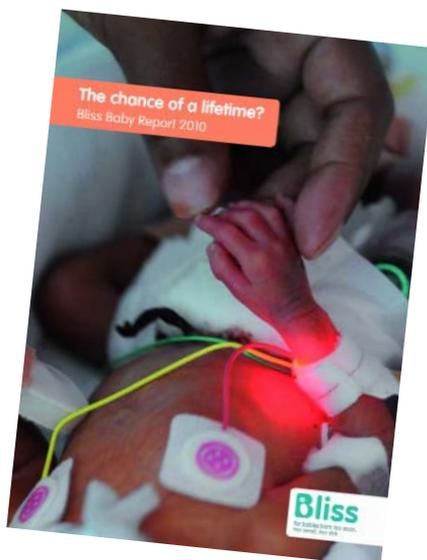
According to a report by Susan Bewley, Consultant Obstetrician at Guys and St Thomas's NHS Foundation Trust, writing in the October 2010 issue of Healthwatch Newsletter, the NHS has repeatedly run short of standard obstetric medications. When there was a problem obtaining betamethasone, clinicians switched to dexamethasone. Recently both corticosteroids were in short supply and clinicians were asked to consider those mothers at most risk of imminent delivery so that prescribing could be prioritised. "There are so few effective medications in pregnancy it seems scarcely credible these life-saving drugs are imperilled by a fragile supply chain," comments Susan Bewley. Various reasons have been proffered for the shortages but problems look set to continue. Visit www.healthwatch-uk.org to read the full report.

The chance of a lifetime? Bliss Baby Report 2010

The special care baby charity Bliss has just launched its sixth annual report looking at neonatal care in England.

The chance of a lifetime? found that services caring for England's premature and sick babies are still being stretched to the limit – there is a shortage of 1,150 nurses to care for the 200 babies admitted to neonatal care each day in England. Neonatal units are working way above the recommended occupancy level and families are under immense financial and emotional pressure.

The report highlights the challenge faced by neonatal units in meeting the standards set out in the NHS and Department of Health's 2009 Toolkit for High Quality Neonatal Services. Of particular concern, the report highlights that less than a third of units have enough nurses in post to meet minimum standards.



The report also reveals that four-fifths of units ran at significantly higher average occupancy levels than the recommended upper limit of 80 per cent: at 100 per cent or over for at least a month during 2009.

Download the report at www.bliss.org.uk

Understaffed units in Wales

Vulnerable babies in Wales are at risk from understaffed, ill-equipped and over-capacity hospital facilities, says an assembly health committee report.

A cross-party group of assembly members found too few resources placing “extreme” pressure on neonatal services. Their report calls for the assembly government to address high occupancy rates and severe understaffing.

The inquiry found that occupancy rates in some units were double the recommended level at 140% with some units being closed due to over-capacity.

Parental concern central to NICE meningitis guideline

The first NICE *Clinical Guideline for Bacterial Meningitis and Meningococcal Septicaemia in Children* lays out the evidence and sets the standard for diagnostic and treatment pathways that can be used by medical practitioners from first contact and emergency care through to referral to an ICU.

Northumbria University's Sheila McQueen was one of the consultants on the guideline development group. “The guideline is about better recognition and improving urgent care,” she says. “Alongside the full guideline we have included a step-by-step quick-reference guide and symptom chart for use by GPs, paramedics and staff in walk-in centres, A&E departments and on general children's wards. A health professional may only see one or two cases of meningitis in their whole career. The guideline provides an evidence-based template for identifying and treating meningitis.

“One of the imperatives for us was to make parental concern central and the words ‘Always take notice of parental concern’ are in the first box in the quick-reference guide. The majority of children who have meningitis will present with non-specific symptoms and some will inevitably be sent home, but the emphasis placed on parental concern and on other strategies for recognising meningitis will we hope make this less likely to happen.”

The guideline also emphasises the importance of establishing systems to ensure ongoing care and support.



Nick Clegg opens combined transport service for infants and children needing specialist care

Deputy Prime Minister Nick Clegg has opened a new £4m transport service for sick children and babies in Yorkshire and the Humber. The Embrace transport service, a combination of neonatal and paediatric services, is a first for the UK. It provides 24-hour expert clinical advice on the telephone and can send out a skilled transport team within 20 minutes of accepting a call.

Sheffield Children's NHS Foundation Trust has worked with other hospitals in the region to provide the service.

Fifty-six front line staff are employed by Embrace. If a child at one of the 23

hospitals served by Embrace needs to be transported elsewhere for specialist care, the doctor can call a dedicated number which links straight through to the call centre at Barnsley. Call handlers take basic details of the child before passing the call onto specialist transport doctors or nurses for further discussion.

Other specialists, such as neonatologists or cardiologists, can then be ‘conferenced’ into the call by the call handler. With details of bed availability and specialist services in the area kept at Embrace, a plan for the child's care can be quickly put together and an Embrace team mobilised.