Developing a new identity at Royal Bolton

FOCUS

BY Simon Power, Consultant, NICU, Royal Bolton NHS Foundation Trust

Staff at the new Royal Bolton NICU (above). The old neonatal unit at Bolton (inset).

In December 2006, after a lengthy consultation, the Joint Committee of Primary Care Trusts decided on a new model of care for women, children and newborn infants in the Greater Manchester district. Following an appeal, an Independent Reconfiguration Panel set up by the Secretary of State for Health endorsed the decision and in August 2007 work began on one of the largest reconfiguration projects in NHS history.

As part of that reconfiguration, three centres at Bolton, Central Manchester and Oldham would provide neonatal intensive care. Integral to these changes was the decommissioning of the neonatal intensive care unit (NICU) at Salford Royal Hospital.

The Royal Bolton Hospital NICU officially opened in November 2011 and perhaps now, more than a year from that opening, it is a time to reflect on the huge changes staff have witnessed since that decision in 2006.

For some years Bolton had enjoyed a reputation as a district hospital with a thriving paediatric and neonatal unit. Infants of extreme prematurity were cared for in Bolton, though capacity was limited to three intensive care cots and there was no facility for inhaled nitric oxide therapy or therapeutic hypothermia. In addition, there was no separation of medical staff rotas between paediatrics and neonates at any level from junior trainee to consultant and infants were nursed in a unit that was structurally sub-optimal. Space between intensive care cots was limited and the environment not conducive to the provision of best care for infants or their parents.

Following completion of building work in October 2010, staff and babies moved into their new facility, adjacent to the old area and designed to BAPM standards. The benefits to parents were evident immediately. There was real space around the cots and with all intensive care spaces curtained, an opportunity for a level of privacy previously impossible in the old unit. In addition, facilities for gas and power supply to each cot were hugely improved along with state-of the-art lighting and hand washing equipment.

Having the opportunity to move into the new unit before activity increased was helpful. It enabled Bolton and Salford staff to familiarise themselves with the new layout in perhaps a less intense environment and the transition proceeded in an unremarkable fashion.

However, this first phase of transition to NICU status was, in retrospect, only a warm-up for the definitive phase, namely

the closure of Salford Royal NICU and the transfer of a proportion of both Salford staff and infants to Bolton.

Clearly the challenges of merging two neonatal units cannot be underestimated. Each unit historically offered excellent care to its vulnerable patients but they offered this care in different ways. Some of these differences were obvious, for example those regarding ventilators and ventilation strategies, clinical guidelines and documentation. Some differences however were subtler, such as the approach to management of junior medical and nursing staff, the organisation of ward rounds and the management of infants establishing feeds on special care.

Whatever the nature of the differences they all tended toward the same effect – a sense of unsettlement and frustration among staff. This sense of unease was most acutely felt among the nursing staff and in particular the nursing staff transferring from Salford. This is perhaps unsurprising as it was the Salford NICU that was decommissioned and its staff who were obliged to relocate. This is not in any way to underestimate the frustration felt by nursing staff who had worked in Bolton for many years, some of whom felt their practice was excessively questioned by incoming colleagues. For a while there was a culture of a divided unit along 'old' Bolton and Salford lines.

An additional pressure felt by the nursing staff as a whole was the Trust's move away from 12-hour shifts, obliging staff to only work the shorter eight-hour shift. For some nurses, this meant more shifts and more journeys to work and it was particularly unpopular among staff with longer distances to travel. The timing of this move was unfortunate and it has since been reviewed with a return to the longer shift planned for 2013.

Perhaps as a result of these frustrations, within the first 12 months of the formal opening a significant proportion of the original Salford nursing staff applied to move elsewhere, along with a smaller proportion of Bolton staff. Though regrettable, the vacancies that have arisen as a consequence have been filled with new nursing staff that come with no experience of Salford or the historic Bolton and in some way, the loss of experienced staff has been countered by an excellent in-house development programme for new starters.

It takes some time for a new unit to develop its own identity. Both Bolton and Salford had strong identities prior to the merger and from the challenges staff have experienced, our new identity continues to grow.

Now, over a year on from our formal opening, we can look to the future with huge optimism and excitement. Our intensive care activity has more than doubled over the last 12 months and our clinical incident rates are falling, following a peak noted shortly after the merger. We have an excellent team here at Bolton, committed to providing the best possible care for our infants and their families. And the way forward is in one respect very simple – to continue to focus on the delivery of this best possible care in our world-class environment.

A tribute to Christine Israel

Christine Caroline Israel, born 4th July 1953, died 30th March 2013.

Chrissie, as she was known to all her friends and colleagues, trained as an enrolled nurse in 1971 at Musgrove Park Hospital, Taunton before moving to Manchester where she started her career in neonatal nursing in 1977 in the neonatal unit at St Mary's Hospital. During her time working in Manchester, Chrissie joined the North West Flying Squad. In 1981 Chrissie was awarded a Florence Nightingale Scholarship and she travelled throughout the USA and Canada studying neonatal transportation, the management of hypothermia and discharge of the preterm infant.

In 1985 she moved to Bristol where she worked at St Michael's Hospital until 1996. She was awarded a Royal College of Nursing Scholarship in 1987 and once again travelled to the USA studying parents' experiences of neonatal units. In 1989 she began working as a research nurse on the Avon Premature Infant Project alongside Dr Neil Marlow, during which time she co-authored 'The Parent-Baby Interaction programme'.

Chrissie moved to Southmead Hospital, Bristol, in 1996 where she undertook the conversion course becoming a Registered Nurse. During her time working at Southmead Chrissie continued her passion for research participating in the Premature Infant Parenting study alongside Professor Andrew Whitelaw. Chrissie was passionate about developmental care interventions.

In October 2006 Chrissie was awarded the Neonatal Nurse Lifetime Achievement Award in the BLISS Baby Charter Neonatal Awards for her long-term dedication to the neonatal profession.

Chrissie was well known in the world of neonatal nursing, she worked tirelessly to improve the care of premature infants and their families and was an active member of the Neonatal Nurses Association and BLISS and a valued member of the *Infant* editorial board. Chrissie will be sadly missed by all who knew her both professionally and personally. As a nurse she strove for excellence and always said she felt privileged to be part of the families' lives. The legacy she has left behind will remain – she really was the perfect neonatal nurse.

By Su Monk
Clinical Matron, Child Health
North Bristol NHS Trust