

Case study: Bid for Better - Neonatal Community Outreach Project

Introduction

Health Innovation Kent Surrey Sussex (Health Innovation KSS - formerly Kent Surrey Sussex Academic Health Science Network) supported Royal Surrey NHS Foundation Trust with a project to encourage staff to put forward innovative project ideas for funding provided by the Royal Surrey charity. These ideas had to show patient benefit and prove impact within 12 months. Bid for Better has now run for two years with over 25 innovative projects funded. The Neonatal Community outreach project is an idea from year one of Bid for Better, which started in July 2022.

Background

Royal Surrey includes an outstanding-rated maternity unit and a Level 1 Special Care Baby Unit (SCBU) which provides care for premature babies born between 34-37 weeks gestation and babies who are born sick and require close monitoring or investigations.

Babies who are born early have different needs from those born at full term, and this remains the case even when they have been sent home from hospital in good health. For example, if they have feeding problems or become unwell, they are more likely to develop serious symptoms more quickly.

However, after discharge from hospital, it can be difficult for families to quickly access specialist advice, support and care. This results in a high number of babies returning to hospital and readmissions, as well as some babies not getting the right care in time and, in rare cases, these delays can be fatal. In 2021, 67% of SBCU discharges at Royal Surrey had an emergency hospital contact post discharge.

Solution

The Bid for Better project allowed for funding to trial setting up a Neonatal Community Outreach Team (NCOT) with a new role of neonatal support worker who is the first point of contact for parents of babies discharged from SCBU. This provides reassurance and education for new parents and enables symptoms to be picked up and addressed early. In addition, it allows for some follow-up tests to be carried out at home rather than having to return to hospital with the associated logistical challenges.

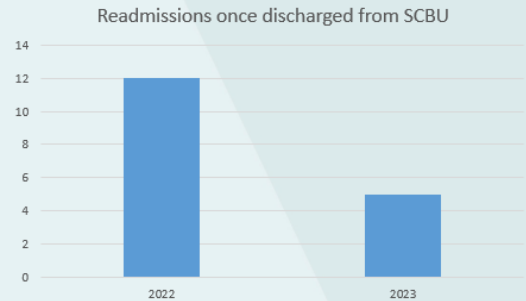


Impact

The new support workers started work in January 2023 and early results show they have made an impact:

- 22 babies on case load to date
- Reduced readmissions (five babies readmitted compared to 12 in same period previous year)
- No infant deaths
- No A&E attendances
- Improved parent knowledge
- Feeding support
- Reduced return trips to hospital for blood tests
- Eased support of referrals from specialist London hospitals, e.g. triplets on oxygen and one baby with a stoma.

Readmissions under NCOT



Staffing and Costs

The project covered the cost of two part-time (15 hour) Band 4 neonatal healthcare support workers who were trained in transitional care competencies, tube feeding and basic care for very young babies. They were also trained to give support to the parents, teach safe sleeping and do basic health checks.



The project was funded by Bid for Better for one year for £30,000 (supported by Royal Surrey Charity). In addition, the project used equipment repurposed after Covid such as blood oxygen-level monitors.

The project was well supported by the Clinical Director for Paediatrics who also works for the integrated care board (ICB) and has suggested linking this work to the Royal Surrey Hospital at Home initiative.

The Deputy Director of Midwifery, and the staff in the maternity unit, are very supportive of this project and the team, and see the benefits of the babies going home with appropriate support.

Governance

- A policy was developed to cover criteria for this service and supervision of staff. This policy has been updated as the service has evolved.
- Datix reporting is used for any areas of concern or if something goes wrong (as used elsewhere in the hospital).
- Lone worker check in achieved through team WhatsApp reporting.

Learning from year one to date

- Staff had good initial training and spent time with an outreach service elsewhere supporting babies who had been in intensive care.
- Staff were empowered to suggest changes to policy, which has enabled them to grow in confidence.
- It was important to ensure the new staff felt supported on their outreach visits, and this was achieved through a WhatsApp group with the medical lead and post-natal matron who provided advice and support. This also served as the lone worker check in.
- Ideally, they would like to add an additional medical person to the team, to provide cover for leave.
- There is a risk of mission creep, and parents becoming reliant on the outreach worker. The team are aware of this and addressing this on an individual basis.
- Parents wanted contact over the weekend, and some who were just outside the referral criteria or geographic boundary pushed for support.
- All parents knew who to contact for support.
- Parent feedback is very positive.
- Hospital leads see the importance of this work and have agreed to fund this work on an ongoing basis.

"All staff were wonderful, outreach team especially so"

Spread



Other hospitals with level 1 neonatal units are interested in this initiative. It is an early example of outreach working in a level 1 in the South East.

Separately the neonatal team have successfully bid for 2023 Bid for Better funding to extend the neonatal service to provide phototherapy at home for babies born with jaundice. This will reduce the length of stay and readmission rate for jaundice and improve the patient's experience by having simple treatment at home, including blood tests for jaundice monitoring, available seven days a week.

Contacts:

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