Southend-on-Sea City Council
Executive Director (Strategy & Change):
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21 October 2024

Dear Councillor

PEOPLE SCRUTINY COMMITTEE - TUESDAY, 29TH OCTOBER, 2024

Please find enclosed, for consideration at the next meeting of the People Scrutiny Committee taking place on Tuesday, 29th October, 2024, the following background papers which relate to agenda item 8, Southend Neonatal Unit designation.

Kind regards,

Stephanie Cox
Principal Democratic Services Officer

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NHS
Mid and South Essex
NHS Foundation Trust

Southend Neonatal Unit designation 8

Southend City Council People Scrutiny Committee

12 March 2024

Report author: Nicki Abbott, Interim Managing Director, Care Group 5, Mid and South Essex NHS Foundation Trust

1. Introduction

The purpose of this paper is to provide an overview of the proposal and rationale to redesignate the status of the neonatal unit at Southend from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU). The demand across mid and south Essex does not warrant the current neonatal capacity provided and therefore is not the best use of our stretched workforce who would be better deployed to support our Paediatric Assessment Unit (PAU), benefitting thousands of children per year.

This proposal has been through and supported at the relevant MSEFT meetings and Committees. It has also been supported at the Mid and South Essex Local Maternity and Neonatal System Board. The proposal was discussed at the East of England Specialised Services Joint Commissioning Committee on 31 January 2024 where the outcome was for referral to the HOSCs.

2. Action required

To note the contents of the report and consider the recommendation in section 4.13.

3. Executive summary

All neonatal units across mid and south Essex are classified as level 2 LNUs. The demand across mid and south Essex does not warrant the current neonatal capacity provided and so this paper proposes a redesignation of the neonatal unit at Southend to a level 1 SCBU and a reduction in the total cot capacity. This will enable the reallocation of some of the medical workforce time to other areas of the service where the need and impact is greater.

The workforce is stretched to cover all three units to this level and, in particular, this impacts on the cover that the consultants on the Southend site are able to provide to the Children's Emergency Department and PAU. The current consultant job plans do not provide direct clinical care and oversight for the paediatric assessment area and there is no consultant oversight for the paediatric emergency pathways which is currently provided by agency and locum cover. The redesignation allows the reduction in attending activity on the neonatal unit, providing an opportunity to cover direct clinical care for the paediatric emergency pathways thereby improving quality and safety within these services in a sustainable and lower-cost way.

This document sets out the quality, capacity, workforce, and estates case for change and draws upon the temporary 32-week gestation cap for care at Southend during 2023 describe the low level of impact this had on women/people booked for maternity care at Southend Hospital or in other Mid and South Essex NHS Foundation Trust sites in terms of absorbing these patients.

4.1 Background

Neonatal units are classified as follows:

- Level 1 Special Care Baby Unit (SCBU) – provides local care for babies born at 30* weeks' gestation or more and >1000g birthweight who require only special care or short-term high dependency care.
- Level 2 Local Neonatal Unit (LNU) – provides care for all babies born at 27 weeks' gestation or more, >800g birthweight or multiple pregnancies >28 weeks (which includes short-term intensive care where necessary) and may receive babies 27-29* weeks who require high dependency care.
- Level 3 Neonatal Intensive Care Unit (NICU) – provides care for babies born below 27 weeks' gestation, <800g or those requiring the most complex interventions.

** It is anticipated that the SCBU gestation floor will reduce to 32 weeks from April 2024 and therefore this proposal is made on this basis.*

All three units across MSE are currently classified as level 2 LNUs and there is no level 3 NICU within Essex. All women / birthing people requiring level 3 care are therefore transferred outside of MSE, with their babies repatriated when they meet the criteria described above. Neonatal care should always be provided as close to home as possible to minimise the time that new-borns and their parents spend apart.

4.2 Proposal

Southend is currently classified as a level 2 Local Neonatal Unit (LNU). As a Special Care Baby Unit (SCBU) Southend Hospital would provide local care for babies born at 32 weeks or more and >1000g birthweight who require only special care or short-term high dependency care. All pregnant women or people who fall outside these categories will have a birthing plan to deliver at Basildon or Broomfield hospitals. Babies who unexpectedly need intensive care are transferred to an appropriate unit including those who require level 3 care who will be discussed via PaNDR (Paediatric and Neonatal Decision Support and Retrieval service).

The service will continue to deliver transitional care capacity within neonatal services, there are no proposed changes to this service delivery for consideration.

The number and designation of cots at Southend is proposed to change as shown in Table 1.

Table 1 – cot provision current and proposed, Southend Hospital

Level of care	Current	Average Occupancy 2023	Proposed	Variance
Intensive Care (HRG1)	2	19%	1	-1
High Dependency (HRG2)	3	66%	3	0
Special Care (HRG3)	11	38%	8	-3
Total	**16**	**41%**	**12**	**-4**

The proposal is to redesignate the neonatal Unit at Southend Hospital as a level 1 SCBU from 1 April 2024 or as soon as is practicable after this date.

The SCBU will retain one intensive care cot for stabilisation prior to transfer out and three high dependency cots for babies requiring additional care but still meeting the SCBU definition.

4.3 Case for change

Data and modelling of the neonatal cot requirements across MSEFT indicates that we do not need to run three level 2 LNUs to meet the needs of our patients across our geographical area. The three units are only marginally reaching the activity levels of 1000 Intensive Care / High Dependency bed days per year expected for LNU designation. This is also impacting the opportunity to develop and maintain clinical knowledge and skills to deliver a high-quality service.

From a national perspective, there are clear guidelines in place to support a local care pathway for neonatal services as identified within the NHS Long Term Plan which states each neonatal network should comprise of several maternity and neonatal services with one or two (level 3) NICUs and a small number of LNUs/SCBUs depending on local population need. All these units working together should support the delivery of a "local care pathway" which should have the capacity and resources to care for women who live within the network area and their babies for all conditions, except neonatal surgical or cardiac services and extremely rare conditions that are provided on a regional or supra-regional basis (NHS England and Improvement, 2019).

At the end of 2022, the neonatal service at Southend Hospital was temporarily capped at 32 weeks due to safety and quality concerns:

- There was not a sustainable medical workforce in place to deliver the care requirements of a local neonatal unit to enable British Association of Perinatal Medicine (BAPM)-compliant staffing levels and consequent service safety.
- After 20 years with very few reported serious incidents (SIs), there had been six at Southend Hospital since the introduction of centralised Datix reporting and incident management, plus seven internal investigations within 12 months of the merger. This suggests under-reporting previously.
- Concerns raised about culture and working relationships within the paediatric and neonatal workforce including poor feedback from trainees.

The Southend neonatal unit does not meet the NHS standards for neonatal delivery related to cot space and size, medical gas supply and electrical capacity and supply. This is currently an identified risk on the Care Group 5 risk register and mitigations are in place, however a recent infection outbreak identified that cot spacing was one of the contributing factors to the outbreak. Quotes are pending for the investment that would be required to bring the unit up to the required standard. While yet to be received, based on previous works, the cost is expected to be in the region of £1-2m.

Since the merger, the Trust has been identifying opportunities for redesigning models of care which operate effectively across the three sites, ensuring that high-quality, effective pathways are in place to utilise workforce skills and numbers and provide patients with high standards of care at the point of access. The neonatal pathways have been identified as an area of opportunity for redesign which fully utilises the workforce skills whilst providing the right care in the right place for babies and their families.

The current consultant job plans at Southend do not provide direct clinical care and oversight for the paediatric assessment unit and there is no consultant oversight for the paediatric emergency pathways which is currently provided by agency and locum cover. Reducing attending activity on a neonatal unit will provide an opportunity to cover direct clinical care for the paediatric emergency pathways thereby improving quality and safety within these services in a sustainable and lower-cost way.

4.4 Options appraisal

The information above made Southend Hospital the obvious choice for the unit to redesignate as level 1. However, all options have been considered with several key indicators reviewed and ranked to assess whether this is the right decision. Assuming no weighting of indicators, this assessment concludes that it is the Southend LNU that should be redesignated as a SCBU – see Table 2.

Table 2 – Options appraisal

Indicator	Basildon	Broomfield	Southend
Annual Maternities	2 *(3800)*	1 *(4500)*	3 *(3500)*
Indices of deprivation (2019)	1 *(100)*	3 *(253)*	2 *(110)*
Estate infrastructure	1 *(new build)*	2 *(meets standards)*	3 *(does not meet standards and requires significant investment)*
Safety concerns	1 *(no concerns)*	1 *(no concerns)*	3 *(concerns raised, as per case for change section)*
Staffing gaps	1 *(no gaps)*	2 *(unrelated gap)*	3 *(PAU/ED gaps)*
Outpatient waiting time for referred children	2 *(50w)*	1 *(38w)*	3 *(56w)*
Total	8	10	17

1 = lowest need/indication to change to level 1, 3 = highest need/indication to change to level 1

4.5 Workforce implications

The medical workforce across paediatrics and neonatology at Southend will consist of 14 consultants undertaking a 1:14 rota covering both services. To staff the middle-grade rota and be compliant with European working time directive while maintaining a minimum of two senior children's doctors on the site at any time requires a rota of 12 doctors which is the current establishment.

Delivery of the new medical model will require a formal consultation due to the changes of terms and conditions for practice of the reduction in the level of neonatal care provided (one consultant has indicated that they would like to continue working at a local neonatal unit level and five middle-grade doctors who would be affected by the changes), and the steps required to support this have been developed in the project plan. Implementation is currently expected in late Spring 2024 to support the timeframe for the consultation and onboarding of recently recruited substantive consultants and any job planning changes required.

There are no anticipated changes to the run rate of the nursing workforce as establishment levels have already been reduced due to the temporary gestation cap and activity levels. The establishment and skill mix will be kept under review as vacancies arise to meet BAPM standards.

4.6 Review of impact of the temporary gestation cap

In 2023, 40 pregnant women/people were transferred out from Southend to another hospital. The breakdown of this is as follows:

- 18 women were less than 27 weeks' pregnant and so required level 3 NICU care (not provided across mid and south Essex, so transferred to another Trust – not be impacted by this change).
- Two women were transferred for maternal reasons unrelated to neonatal care.
- Three were transferred due to lack of neonatal unit capacity/staffing.
- Three were transferred due to the temporarily raised cap (to 36 weeks) while the MRSA works and restrictions were in place.
- 14 women were transferred to another Mid and South Essex NHS Foundation Trust site, or another trust, as they were between 27 and 31 weeks pregnant – this is the cohort directly impacted by the substantiation of this change.
    - Five of these women were transferred to another MSEFT site and three went on to deliver at this attendance. Their babies were initially cared for within the other MSEFT site and then transferred back to Southend Hospital neonatal unit when meeting the criteria.
    - Nine of these women were transferred outside of mid and south Essex, from which four babies were repatriated to Southend for SCBU care later in their pathway. The remainder either did not deliver at this attendance or their baby's neonatal care was completed in the unit to which they were transferred. This frequency has been discussed within the care group and our Clinical Reference Group will improve pathways to increase the proportion of women/people from Southend who remain within mid and south Essex.
- 12 babies were treated at Basildon or Broomfield hospital that would otherwise have been repatriated (post ITU care) or stayed at Southend (for High Dependency Unit care). This includes three babies transferred immediately after delivery.

Based on 2023 data, less than 0.5% of women/people who were booked to deliver at Southend Hospital were impacted by the temporary cap. When planning for a permanent change, to best manage patient expectations and service capacity, it is possible that more women at high risk of pre-term labour will be pro-actively booked at another MSEFT site. This is estimated to be at most 1-2%, or a maximum of 70 women/people.

4.7 Implications operationally and on clinical pathways

The main impact of the change will be for babies born between 27- and 32-weeks' gestation who will need to be transferred to Basildon or Broomfield hospitals. Babies requiring level 3 care will be discussed via PaNDR (Paediatric and Neonatal Decision Support and Retrieval service) on a case-by-case basis. Women at high risk or identified as needing a higher level of neonatal care prior to delivery will have a birth plan which reflects a Basildon or Broomfield hospital delivery is required. This includes women and birthing people seen antenatally in the Fetal Medicine Unit at Southend.

All neonatal units need to be prepared for unexpected extremely preterm birth outside of their normal gestation limit. Should a baby be born at a gestation less than 32 weeks before in-utero transfer of the pregnant person could be accomplished, the infant would be stabilised and transferred within mid and south Essex if 27-weeks plus or to a tertiary unit if under 27 weeks. There will be one ITU cot which will be used for this purpose.

The Trust has been implementing the PERIPrem bundle: Birth in the right place. The pathways which are in place for this programme of work can be utilised to support the transfer of women up to 32-weeks' gestation from Southend to enable delivery at Basildon/Broomfield hospital sites where there will be LNU support. Geographically this equates to a 14-mile journey, approximately 27 minutes in a car or quicker with emergency ambulance transport. Where possible and through parental choice, babies would be repatriated back to Southend Hospital when clinically suitable for care provision locally prior to discharge. Pathways are already in place to support these transfers between sites, and these will be reviewed and strengthened, including transfers of some women *to* Southend site for delivery when LNU care is not anticipated to safely manage maternity capacity, ahead of the proposed redesignation through a clinical reference group.

4.8 Future implications for neonatal service provision

There is a need to review the provision of neonatal services at Basildon and Broomfield hospitals to ensure there is not a negative impact on the service delivery pathways because of this change. The data and modelling of the cot requirements suggests that the other two LNUs have the capacity to support the change. Please see tables 3 and 4 below which demonstrate sufficient capacity based on 2023 activity, which already includes babies transferred due to the temporary cap on gestation. This will be reviewed regularly as per yearly business planning and bed modelling cycles.

Table 3 – cot provision, Basildon Hospital

Level of care	Current	Average Occupancy 2023
Intensive Care (HRG1)	3	40%
High Dependency (HRG2)	5	81%
Special Care (HRG3)	11	46%
Total	**19**	**55%**

Table 4 – cot provision, Broomfield Hospital

Level of care	Current	Average Occupancy 2023
Intensive Care (HRG1)	2	36%
High Dependency (HRG2)	4	69%
Special Care (HRG3)	10	62%
Total	**16**	**64%**

As well as using the Transitional Care service to provide care for neonates while they stay resident with their mothers, there will be further opportunities for future service development through the implementation of a neonatal outreach service which would help to reduce the number of admissions into the neonatal unit and support babies to be cared for with their mothers either within maternity services or at home. This is a service development that would require funding and is separate to this case.

4.9 Intended outcomes

Improved patient safety

One of the drivers for the reconfiguration, after the excess capacity not being required, is the lack of consultant cover for the paediatric assessment unit and the paediatric emergency pathways at Southend Hospital; these are currently being covered by locum and agency, which is not a sustainable or cost-effective solution. The cot reconfiguration will reduce activity within the neonatal unit and provide direct clinical cover for the paediatric emergency pathways, thereby helping to maintain safety of children and young people and increasing opportunities for clinical engagement within this area. This would be an appropriate local care pathway for the local population and initial conversations with the East of England Neonatal Operational Delivery Network (ODN) suggest it would be an appropriate use of the MSEFT neonatal service provision.

A reduction in the number of cots will allow for additional spacing in between the cots which will improve compliance towards the NHS standards thereby providing mitigation and reducing risk within the clinical area. It will also support with the availability of medical gas supply as there are currently 12 spaces available with services in place with less investment required to bring the service up to specification.

Improving workforce and culture

There is considerable evidence that team working within organisations leads to improvement in safety as well as productivity. Neonatal staff work in a stressful environment and effective team working is key to delivering high quality care. Effective communication of threats to patient safety is an increasing challenge in the multispecialty shift-based workplace (BAPM 2022).

Multi-professional shared learning within an organisation is important in maintaining professional performance and skills. It promotes team culture and optimised human factors and can help to ensure a common understanding and set of values and goals. Perinatal services should have a culture that supports education and training, with regular training opportunities for all staff both at the bedside and in the classroom (BAPM 2022).

Whilst there is minimal direct impact to the requirements of cover for the nursing workforce, these changes would allow development of nursing and allied health professional training and career development into advanced practice roles with potential for a whole career pathway from band 3 to 8B within neonatal services across the three sites.

Trust vision and strategic objectives

This proposal supports the Trust's aim for high quality local services and opportunities for our staff as described above. It also supports the 2023/24 strategic objectives by ensuring that our care is delivered by skilled and empowered staff, providing enough of the right capacity to treat all our patients, and improving value in all we do.

4.10 Stakeholder engagement

A significant number of stakeholders have been engaged in the development of this proposal and are involved in the ultimate approval of this proposal. Stakeholders include:

- The Neonatal Operational Delivery Network (ODN) has been fully supportive of the gestation cap and understand the need for change within in the services. They are supportive of the Trust proposal for neonatal configuration and have been involved in discussions to date.

- The Local Maternity and Neonatal System (LMNS) Board, including the ICB, is sighted on the temporary gestation cap which its Neonatal sub-group has been supportive of. Support for this proposal was given at the LMNS Board on 30 January 2024.
- The Maternity and Neonatal Voices Partnership (MNVP) – discussions have been undertaken to provide awareness and an opportunity to raise concerns. No concerns have been raised to date and once the final proposal is agreed, further engagement will be undertaken.
- All Health Overview and Scrutiny Committee (or equivalent) Chairs have been written to outlining the proposal with the offer of attending a meeting for the matter to be discussed.
- All Healthwatch Chief Executives have been written to outlining the proposal.
- Senior staff within Neonatal services at Southend have been engaged for their views on redesignation. Staff have concluded that this is an inevitable change which they support and are now keen to expedite to ensure clarity of the service model.
- As a senior leadership team, the impact on maternity services has been considered and the team were consulted on when the restrictions were placed temporarily in 2022. Support for progressing this as a permanent change was gained at the Care Group 5 Board on 3 January 2024.
- East of England Ambulance Service and PaNDR are aware of the existing temporary cap and are able to support transfers as required.

4.11 Risks for delivery

A Steering Group has been established to oversee this proposed change with suitable clinical membership. A Clinical Reference Group has been established to feed into the Steering Group, focussed on ensuring safe clinical pathways are in place. These governance arrangements are designed to mitigate the potential delivery risks and a draft risk log has been put in place.

The changes to the medical workforce rosters require a full establishment of substantive consultants. Successful recruitment was undertaken in late November 2023 with two existing locum consultants appointed substantively and two external appointees who start in mid-March and early May. Job planning changes are also required to support the roster changes subject to consultation with the affected staff.

Discussions with the Deanery have also been completed and they have no concerns about the training impact as all trainees are on paediatric rather than neonatal rotations.

4.12 Estimated costs

There are no anticipated costs to this change. Workforce costs will be regularly reviewed during and after implementation to identify opportunities to reduce locum and agency spend and to provide an opportunity for improving value. Any delay in implementation increases the financial burden on MSEFT and consequently Mid and South Essex Integrated Care Board.

Total non-pay costs across mid and south Essex are not expected to be impacted as the service provision will switch between sites. Budgets may therefore need to be realigned to match the revised model. Similarly, there is no anticipated impact on income.

If the proposal to reduce to 12 cots is agreed, the service will be compliant with medical air, oxygen and suction points as there is enough already installed in the unit for 12 cots which helps mitigate the risk within the unit. There will still need to be a review of electrical socket capacity reviewed which is currently mitigated through semi-permanent options.

4.13 Recommendation

The Southend People Scrutiny Committee is asked to approve the redesignation of the Southend Neonatal unit as a level 1 SCBU as described and proposed in this paper with effect from 1 April 2024.

4.14 References

NHS England and NHS Improvement (2019) *Implementing the Recommendations of the Neonatal Critical Care Transformation Review* available at: https://www.england.nhs.uk/wp-content/uploads/2019/12/Implementing-theRecommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf

British Association of Perinatal Medicine (2022) *The British Association of Perinatal Medicine*

Service and Quality Standards for Provision of Neonatal Care in the UK available at:

https://www.bapm.org/resources/service-and-quality-standards-for-provision-of-neonatal-care-in-the-uk

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Southend Hospital neonatal unit- script for staff to gather feedback from families

Staff member: Hello, this is [name] calling from the neonatal unit at Southend Hospital. Am I speaking with [name of family]?

Family: Yes, this is [name of family].

Staff member: Great, thank you for taking my call today. I hope you're doing well. I'm contacting you as your baby has been supported on our neonatal units and we want to hear your experience.

In the last year we made a temporary change to the neonatal designation and we were temporarily transferring pregnant mums with babies due to be born between 27 to 32 weeks gestation to specialised neonatal units in other areas, like Basildon and Broomfield.

We would like to hear your feedback about how you've found the transfer process and care you and your baby received. This will help us to plan the transition of our neonatal unit at Southend Hospital to a special care unit.

I wanted to ask if you would be willing to be contacted by our Patient Experience Team to participate in a survey regarding your experience with the neonatal unit?

Family: Yes, we'd be happy to participate in the survey.

Staff member: Fantastic. I'll make a note of that. Alternatively, if you have any immediate concerns or if you prefer to discuss your feedback over the phone, I'm here to listen and assist you.

Family: may provide extra feedback

Staff member: You're welcome. Please don't hesitate to reach out if you need anything else. Thank you for taking the time to speak with me today.

Family: Thank you, goodbye.

Telephone script for families not accepting patient experience team contact

Family: Actually, we prefer not to be contacted for the survey.

Staff member: That's completely understandable. If you don't mind, would you be open to answering a few questions over the phone about your experience? This way, we can still gather your insights without the need for a formal survey.

Family: Yes, we're happy to answer some questions over the phone.

Staff member: Great, I appreciate that. Firstly, can you share any specific challenges you faced during the transfer process, and how did our team support you through it?

Family: [Answer]

Staff member: Thank you for sharing that. It's valuable information. Additionally, were there aspects of your experience that stood out as particularly positive or supportive?

Family: [Answer]

Staff Member: That's wonderful to hear. Lastly, is there anything you believe we could improve on in the future, based on your experience?

Family: [Answer]

Staff member: Thank you for providing your thoughts. We truly appreciate your time and openness. If you ever have more thoughts or concerns, please feel free to reach out. Thank you for taking the time to speak with me today.

Family: Thank you, goodbye.

Southend Hospital neonatal unit - Questionnaire

What do you think about these proposals?

What information would you need if you needed to be transferred for safer care?

If pregnant or just had a baby:

Did your midwife speak to you about the possibility that you may need to be transferred to a higher level of care if your baby was born or due to be very early?

Is there anything else you'd like us to know?

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Improving Neonatal care across Mid and South Essex

Excellent Compassionate Respectful

One team working together for excellent patient care

1. Neonatal Care Networks
2. Describing the current position across MSE
3. What are the options and their pros and cons?
4. What do we do next?

Neonatal Care

Definitions

Special Care Baby Unit (SCBU) (formerly known as a Level 1 unit)

special care or short-term high dependency care.

Local Neonatal Unit (LNU) (formerly known as a Level 2 unit)

weeks (which includes short-term intensive care where necessary) and may receive babies 27-29 weeks who require high dependency care.

Neonatal Intensive Care Unit (NICU) (formerly known as a level 3 unit)

interventions.

How Neonatal Care Networks operate

Neonatal care is provided through networks.

Within networks there are clusters which support provision of care for the most vulnerable within the NICU. Where a NICU within cluster is unavailable other collocated units will be found.

Minimum levels of activity have been identified through BAPM (British Association of Perinatal Medicine) to support unit designation.

Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year. This is a minimum requirement to maintain expertise.

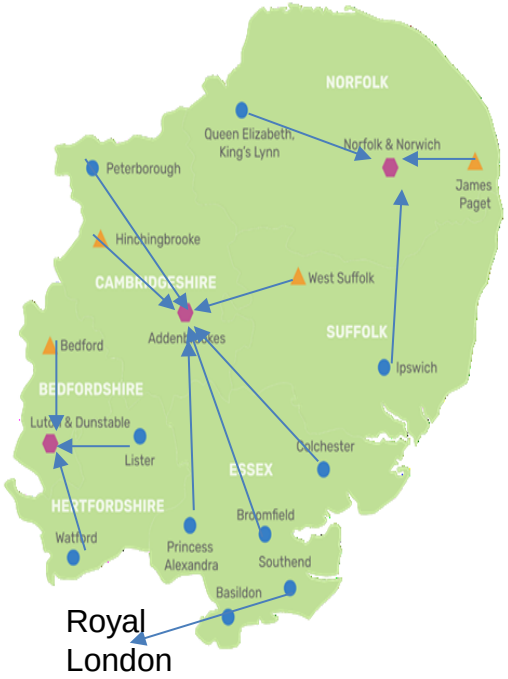
Services providing ongoing high dependency care should be expected to have higher levels of activity andall should work towards becoming services that provide at least 1000 combined Intensive Care / High Dependency days in the long term.

All LNUs should admit >25 infants <1500gms

East of England ODN

4 clustersin EOE

- Royal London
  - Basildon
  - Southend
- Norfolk & Norwich
  - James Paget
  - QE Kings Lynn
  - Ipswich
- Luton
  - Watford
  - Lister
  - Bedford
- Addenbrookes
  - Colchester
  - Broomfield
  - Princess Alexanc
  - Peterborough
  - West Suffolk
  - Hinchingbrooke



Each cluster has:

NICU
LNU
SCU

Care is provided across the different units to ensure adequate flow to support maintenance of expertise.

Describing the current position

Current provision within MSE and Essex

Site	Provision
Basildon	Local Neonatal Unit
Broomfield	Local Neonatal Unit
Southend	Local Neonatal Unit (but effectively operating as a Special Care Unit since Jan 2023)
Rest of Essex	are transferred out of county

Current cot capacity and utilisation

Cots	Basildon	Broomfield	Southend	MSE
Intensive Care	3	2	2	7
High Dependency	5	4	3	12
Special Care	11	10	11	32
Total	19	16	16	51

2023 occupancy	Basildon	Broomfield	Southend	MSE
Intensive Care	40%	36%	19%	33%
High Dependency	81%	69%	66%	73%
Special care	46%	62%	38%	48%
Total	55%	64%	41%	52%

Issues / Challenges

Excess Intensive Care and Special Care capacity

- Requires specialist staff which are difficult to recruit or need training
- Opportunity cost of staffing this excess capacity rather than areas of need

The Southend neonatal unit does not meet the NHS standards for neonatal delivery related to cot space and size, medical gas supply and electrical capacity and supply.

MSE financial position

- Need to reduce rather than increase costs
- Limited capital investment available to address estates issues

Current pre-term infant pathway at Southend

Since January 2023, babies delivered before 32 weeks of pregnancy at Southend have been transferred to another hospital for Neonatal care.

During 2023, 14 women were transferred to another hospital as they were believed to be in labou

not all women delivered during this admission. This percentage though is likely to be lower than i this pathway was made permanent as different plans may be made antenatally for women / birthing people at high risk of delivery before 32 weeks.

The families impacted were grateful for the care received but were happier when their baby could be moved back closer to home in Southend.

Also in 2023, 18 women / birthing people were transferred to a hospital outside of Essex as they

regardless of the pre-term infant pathway.

Opportunities

Consolidation of Intensive and High dependency care capacity
- Improved quality due to increased volume in fewer places
- Financial benefit

Re-investment of some/all medical and nursing time in other services
- Paediatric Assessment Unit
- Outpatient clinics
- Neonatal outreach care at home

Facts and Figures

Indicator	Basildon	Broomfield	Southend
Annual Maternities	3800	4500	3500
Deprivation*	5.23 / 15.2%	7.15 / 9.7%	6.75 / 12.9%
Estate infrastructure	No/Minor issues	No/Minor issues	Insufficient gases, electrics and cot space
Safety concerns	None	None	Will need re-skilling if LNU again
Medical staffing gaps	None / unrelated	No PAU cover	No PAU cover
Nursing staffing gaps	Just at 70% QIS**	Below 70% QIS**	Just at 70% QIS**
Outpatient waiting time	60 weeks	30 weeks	43 weeks

* Deprivation indicator = Index of Multiple Deprivation 2019 and % under 16s living in relative low-income families

What are the options and their pros and cons?

What have we previously proposed?

In late 2023 we proposed that the Southend LNU was redesignated as a SCBU.

This was supported by:

- MSEFT Board and relevant sub-committees
- Local Maternity and Neonatal System
- Neonatal ODN

The East of England Specialised Services Joint Commissioning Committee asked for more engagement with external stakeholders and so the proposal was sent to the Southend, Thurrock and Essex Health Overview Scrutiny Committees (HOSC) or equivalent for their review.

The Essex HOSC approved the proposal.

The Southend People Committee did not approve the proposal, hence our review of options toda

	Pro?	Con?	Comment
Annual Maternities			
Deprivation			
Quality impact			
Estate infrastructure			
Staffing gaps			
Outpatient waiting time			
Financial impact			

	Pro?	Con?	Comment
Annual Maternities			
Deprivation			
Quality impact			
Estate infrastructure			
Staffing gaps			
Outpatient waiting time			
Financial impact			

	Pro?	Con?	Comment
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Deprivation			
Quality impact			
Estate infrastructure			
Staffing gaps			
Outpatient waiting time			
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	Pro?	Con?	Comment
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Outpatient waiting time			
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	Pro?	Con?	Comment
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Estate infrastructure			
Staffing gaps			
Outpatient waiting time			
Financial impact			

	Pro?	Con?	Comment
Annual Maternities			
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Quality impact			
Estate infrastructure			
Staffing gaps			
Outpatient waiting time			
Financial impact			

What do we do next?

Next steps

Do we have a shortlist of options / preferred option?

What further work needs to be done?

What further approvals do we need?

Thank you for your contributions

Join us on Tuesday 17 September at 1pm to 2pm in the Foyer of the Education Centre at Southend Hospital

We will be discussing our plans for neonatal services and to improving waiting times for children and young people.

Come and hear more and tell us what you think.

Address:
Education Centre Foyer
Southend University Hospital
Prittlewell Chase, Westcliff-on-Sea,
Essex, SS0 0RY

Join us on Tuesday 17 September at 6pm to 7pm on Microsoft Teams

We will be discussing our plans for neonatal services and to improving waiting times for children and young people.

Come and hear more and tell us what you think.

Joining instructions:

Use the QR Code to join the meeting.

Hi All

Many thanks to all those who attended our afternoon session on 15 July to review our options for improving Neonatal care across MSE. The session was really constructive and I think helped us to conclude the service model that we would like to implement. The table below represents a summary of our views on each of the options discussed.

Option	Maternities	Deprivation	Quality	Estates	Staffing	Outpatients	Money	Overall
1. Do Nothing	Y	Y	N	N	N	N	N	N
2. Redesignate one unit as SCBU	Y	-	-	-	Y	Y	Y	Y
2a. Redesignate Basildon	N	N	-	N	N	Y	N	N
2b. Redesignate Broomfield	N	Y	N	N	-	-	-	N
2c. Redesignate Southend	Y	-	-	Y	-	Y	Y	Y
3. Create a level 3 NICU	N	Y	N	N	N	N	N	N

Redesignation of the Southend Unit remains the preferred option with the following additions to the model:

- Implement neonatal outreach care (at home) in at least the Southend area, ideally across all MSE sites
- Work with the nursing team to develop extended roles and development opportunities

We need to progress to an approved decision and implementation as soon as possible due to the ongoing impact this is having on staff morale, uncertainty for women and birthing people, and the deskilling of staff.

This proposal will go back to the Southend People Overview and Scrutiny Committee for their review and specific engagement work will be done with women and birthing people in the Southend area. The proposal is already approved by the LMNS Board and Essex HOSC but we will share an update with them. The NHSE East of England Specialised Services Joint Commissioning Committee will also be updated post the Southend POSC.

Many thanks again for your help with further developing this proposal.

Thanks
Nicki

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Mid and South Essex Integrated Care System

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Mid and South Essex

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Chief Executive
Mid and South Essex NHS Foundation Trust

(via email only)

1st October 2024

Dear Matthew

Re: Redesignation of the Southend Neonatal Unit (NNU) to a level 1 facility

I thought it would be helpful to clarify the expectations from the ICB and the regional specialised commissioning team concerning the redesignation of the NNU at Southend Hospital. The NNU at Southend was temporarily changed to level 1 status due to staffing levels, quality concerns, and the impact on the provision of paediatric services at Southend Hospital. We understand that the Trust now wishes to make these changes permanent. As such, your team approached the Health Overview and Scrutiny Committee (HOSC) in March 2024 as part of the process. At the time, they did not feel sufficient information was provided concerning the patient voice, engagement with wider stakeholders, and general adherence to due process.

The ICB Chief Nurse (Dr Giles Thorpe) and I have discussed this with the Managing Director of Specialised Commissioning for East of England (Dr Lynelle Hales). As you are aware, the ICB and the Specialised commissioning team are supportive of the change and feel the rationale is sensible and clinically sound. Dr Hales has confirmed that a robust engagement piece with key stakeholders is all that is required and *not* a formal consultation process. This has been confirmed with NHS England.

Following on from this, a member of the regional specialised commissioning team has already reached out to your team at Southend Hospital, and within the Women and Children's Division, to support them as they navigate through the HOSC process / People Scrutiny Committee again. Giles and I would be happy to support you with this, including any representation at the ICB Clinical Congress, which is akin to the regional Clinical Senate at a system level. This can provide the clinical scrutiny required for the engagement process.

I hope this clarifies matters for your team.

Yours sincerely

Dr Matthew Sweeting
Executive Medical Director (MSEICB)
SRO for Specialised Commissioning Mid and South Essex ICB

Cc: Di Sarkar, Christine Blanshard, Niki Eves, Dr Lynelle Hales, Tom Abell, Claire Hankey