Southend-on-Sea City Council

Agenda Item No.

Report from Mid and South Essex NHS Foundation Trust
To
Southend People Overview and Scrutiny Committee
On
29 October 2024

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Southend Neonatal Unit designation

Part 1 (Public Agenda Item)

1. Purpose of Report

This document outlines the clinical case for change for paediatric reconfiguration to provide safe, sustainable workforce model and clinical pathways at Southend.

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 the MSE geography 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 31/01/24 where the outcome was for referral to the HOSCs.

The proposal was supported at the Essex HOSC on 07/03/24 but rejected in its current format at the Southend POSC on 12/03/24. The written request from the POSC received on 12/08/24 due to the election period was as follows:

- *To pause the proposal to redesignate the status of the neonatal unit at Southend Hospital from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU).*
- *To secure the investment required to address the safety issues as soon as possible.*
- *To provide a report to either the Southend People Scrutiny Committee or to the Southend and Essex Joint Health Overview and Scrutiny Committee, detailing further information regarding the modelling of other sites for the proposed downgrade as well as improved data analysis, feedback from external partners such as EEAST and local authorities.*
- *To provide full details and parameters of their proposed consultation with patients, staff, and other key stakeholders across the Mid and South Essex footprint regarding the proposed changes.*
- *To provide data on the budgetary impact of this proposal on Southend Hospital and across the Trust.*

- *To provide information on what has been considered in terms of staffing ratios, recruitment, retention, staff satisfaction in Southend and the outcome of these investigations in addition to any details on a Southend focussed recruitment drive.*
- *To arrange a site visit for members of the People Scrutiny Committee/Joint HOSC to speak with staff and patients across the Southend and Basildon sites.*

This paper aims to respond to these points in the relevant sections of this document and enable the amended proposal to be supported.

2. EXECUTIVE SUMMARY

All Neonatal units across MSE are classified as level 2 LNUs. The demand across the MSE geography 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 can provide to the Children's Emergency Department and Paediatric Assessment Unit (PAU). 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 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 to describe the low level of impact this had on women/people booked for Maternity care at Southend or on the other MSE sites in terms of absorbing these patients.

3. Background

Meetings where content has been previously discussed Previous version of this paper:

- MSEFT Trust Board 25/01/24 – supported.
- Local Maternity and Neonatal System Board 30/01/24 – supported.
- East of England Specialist Services Joint Commissioning Committee 31/01/24 – requested referral to HOSCs.
- Essex Health Overview Policy and Scrutiny Committee 07/03/24 – supported.
- Southend People Scrutiny Committee 12/03/24 – rejected.

Neonatal units are classified as follows:

- Level 1 Special Care Baby Unit (SCBU) – provides local care for babies born at 32 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.

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. Proposal

Southend is currently classified as a level 2 Local Neonatal Unit (LNU). As a Special Care Baby Unit (SCBU) Southend 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. 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

Level of care	Current	Average Occupancy 2023	Proposed	Variance
Intensive Care (HRG1)	2	19%	1	-1
High Dependency (HRG2)	3	66%	2	-1
Special Care (HRG3)	11	38%	8	-3
Total	**16**	**41%**	**12**	**-5**

The proposal is to redesignate the Neonatal Unit at Southend Hospital as a level 1 SCBU from 1 February 2025 or as soon as is practicable after this date.

The SCBU will retain one intensive care cot for stabilisation prior to transfer out and two high dependency cots for babies requiring additional care but still meeting the SCBU definition. The cot definition is related to the staffing ratio rather than the physical cot. Therefore, 4 SC cots could operate as 2 HD cots or 1 ITU cot as 2 HDU cots. This enables flexibility as required to meet the level and type of demand at that time.

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 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 BAPM-compliant staffing levels and consequent service safety.
- After 20 years with very few reported serious incidents (SIs), there had been six at Southend 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 Women and Children's risk register and mitigations are in place, however recent infection outbreaks identified that cot spacing was one of the contributing factors to the outbreak. The investment that would be required to bring the unit up to the required standard has been quoted as circa £1.6m.

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 uses the workforce skills whilst providing the right care in the right place for babies and their families.

The consultant job plans at Southend have historically not provided direct clinical care and oversight for the paediatric assessment unit or the paediatric emergency pathways; these have been covered by high-cost agency consultants. Reducing attending activity on a neonatal unit helps support the provision of direct clinical care for the paediatric emergency pathways thereby improving quality and safety within these services in a sustainable and lower-cost way.

Options appraisal

The information above made Southend the obvious choice for the unit to redesignate as level 1. In March 2024, our paper outlined the indicators used to assess and ultimately support that decision as follows:

Indicator	**Basildon**	**Broomfield**	**Southend**
Annual Maternities	*3800*	*4500*	*3500*
Indices of deprivation (2019)	*100*	*253*	*110*
Estate infrastructure	*New build*	*Meets standards*	*Does not meet standards and requires significant investment*
Safety concerns	*No concerns*	*No concerns*	*Concerns raised*
Staffing gaps	*No gaps*	*Unrelated gap*	*PAU/ED gaps*
Outpatient waiting time for referred children @ Jan 24	*50w*	*38w*	*56w*

Following presentation at the HOSC, this work was refreshed at a session held on 15 July 2024 to which some POSC members were invited along with Councillors from other Local Authorities, LMNS members and the MNVP, to review the modelling regarding all sites.

The options reviewed were:

- Retain 3 LNUs
- Redesignate Basildon as a Special Care Unit
- Redesignate Broomfield as a Special Care Unit
- Redesignate Southend as a Special Care Unit
- Create a Neonatal Intensive Care unit in Essex.

The analysis of the options was as follows:

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

Y = positive N = negative - = neither/both

The conclusion from this group remains that we propose the redesignation of the Southend unit as a Special Care Unit and plan to include the following:

- 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.

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 (1 consultant has indicated that they would like to continue working at a local neonatal unit level and 5 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 early 2025 to support the timeframe for the consultation and any job planning changes required.

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 MSE so transferred to another Trust – not be impacted by this change).
- 2 women were transferred for maternal reasons unrelated to neonatal care.
- 3 were transferred due to lack of neonatal unit capacity/staffing.
- 3 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 MSE site or Trust as they were between 27 and 31 weeks pregnant – *this is the cohort directly impacted by the substantiation of this change.*
    - 5 of these women were transferred to another MSE site and 3 went on to deliver at this attendance. Their babies were initially cared for within the other MSE site and then transferred back to Southend neonatal unit when meeting the criteria.
    - 9 of these women were transferred outside of MSE, from which 4 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 MSE.
- 12 babies were treated at Basildon or Broomfield that would otherwise have been repatriated (post ITU care) or stayed at Southend (for HDU 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, 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 MSE site. This is estimated to be at most 1-2% which equates to a maximum of 70 women/people.

Implications operationally and on clinical pathways

The main impact of the change is for babies born between 27- and 32-weeks' gestation who will need to be transferred to Basildon or Broomfield Hospital. 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 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 MSE if 27-weeks plus or to a tertiary unit if under 27 weeks. There will be 1 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 used to support the transfer of women up to 32-weeks' gestation from Southend to enable delivery at Basildon/Broomfield sites where there will be LNU support. Geographically this equates to a 14-mile journey, approximately 27 mins in a car or quicker with emergency ambulance transport. Where possible and through parental choice, babies would be repatriated back to Southend 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.

While the transfer of either a premature baby or pregnant person in labour will always carry a level of risk, this is a very well-established method of care delivered in networks across the country. In Jersey for example, any pregnant people going into labour before 30 weeks are flown to Southampton or Portsmouth or their baby is flown there if already delivered.

Future Implications for Neonatal Service Provision

There is a need to review the provision of neonatal services at Basildon and Broomfield sites 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 is reviewed regularly as per yearly business planning and bed modelling cycles.

Table 3 – cot provision, Basildon

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

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 utilising the Transitional Care service to provide care for neonates while they stay resident with their mothers, we are hoping to implement 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.

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; these have historically been 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).

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 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.

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.
- Both the ICB and Specialised Commissioning team at NHSE are supportive of this proposal subject to robust engagement and do not require formal consultation.
- The Maternity and Neonatal Voices Partnership (MNVP) have been included in discussions to provide awareness and an opportunity to raise concerns. No concerns have been raised and they have proposed contacts for further engagement.
- 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. The Southend Healthwatch have conducted a survey of local residents.
- 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 (Women and Children's) Board on 3 January 2024.
- East of England Ambulance Service (EEAST) and PaNDR are aware of the existing temporary cap and continue to be able to support transfers as required.
- Further details of the engagement work undertaken are described in Appendix A.

Risks for delivery:

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

Job planning changes are 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.

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. The delay in implementation increases the financial burden on MSEFT and consequently MSEICB. There are some savings:

Redesignating Southend as a Special Care Unit would reduce the staffing required there by:

- 0.5 consultants
- 4 nurses
- 4 nursery nurses

Providing an outreach service for Southend only would change the net staffing required to:

- 0.5 consultant
- 1.2 nurses
- 2.5 nursery nurses

The consultant reduction partially offsets the increase in consultant cover for the Paediatric Assessment Unit.

The nursing and nursery nursing reduction will contribute towards the creation of outreach services for Basildon and Broomfield when combined with a small reduction in Special Care cots on those sites. In total, this leads to a saving of 2.76wte nurses and an increase of 0.5wte nursery nurses.

Total non-pay costs across MSE 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 11 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 11 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.

RESPONSE TO HOSC QUESTIONS NOT COVERED ELSEWHERE

1. *To pause the proposal to redesignate the status of the neonatal unit at Southend Hospital from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU).*

   Status quo has remained since the POSC meeting on 12 March 2024.

2. *To secure the investment required to address the safety issues as soon as possible.*

   The safety issues are mitigated daily by the volume of babies requiring care on the unit. The capital investment required is circa £1.6m. The Trust is unable to allocate this level of investment for these improvements without reducing investment in other schemes which pose a much more significant risk.

6. *To provide information on what has been considered in terms of staffing ratios, recruitment, retention, staff satisfaction in Southend and the outcome of these investigations in addition to any details on a Southend focussed recruitment drive.*

   Staffing ratios for Neonatal care are dictated by the British Association of Perinatal Medicine standards which ensure safe care for babies based on their level of dependency as follows:

   - Intensive care requires 1 nurse per baby.
   - High dependency care requires 1 nurse per two babies.
   - Special care requires 1 nurse per four babies.

   There are additional requirements regarding the intended level of occupancy to ensure there is always a cot when needed, a supernumerary nurse in charge and other support staff.

   Due to its geographical location and lack of High Cost Area Supplement for pay, recruiting staff in Southend is more challenging than the other sites in MSEFT. This applies across all services and is not unique to neonatal care. What is unique though is the lower availability of staff who are qualified in neonatal care and so individuals can effectively choose where they want to work. Slightly reducing the number of nurses required in the Neonatal service at Southend while offering a more attractive role including both transitional and outreach care and more nurse delivered care helps to address the challenge of recruiting experienced and qualified nurses.

7. *To arrange a site visit for members of the People Scrutiny Committee/Joint HOSC to speak with staff and patients across the Southend and Basildon sites.*

We have not actioned this mainly for reasons related to infection control. Babies on our Neonatal units are very vulnerable, and infection can cause serious harm. Video tours are available on our website at: Premature and sick babies (Neonatal) (mse.nhs.uk) and the patient voice is represented in our engagement document. Staff representatives from all Neonatal units were present at the event on 15 July 2024.

5. Outcome

The Southend People Overview and 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 February 2025.

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

6. Corporate Implications

6.1 People Implications

The implications on all areas have been considered. Those on which it may have an adverse impact are:

- Workforce – change in medical job plans and sub-speciality impact for medical, nursing, and other professional staff.

These are offset by significant positive changes.

6.2 Equalities and Diversity Implications

- Increased travel for a small number of families for a short period of time – therefore impact on equality and diversity, patients and carers and green agenda.

These are offset by significant positive changes.

7. Appendices

Appendix A – Engagement report on Southend Neonatal Unit changes

Background

The purpose of this paper is to provide an overview of the engagement undertaken around 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). A pilot of this model was commenced in January 2023, of the 3,500 births at Southend, only 14 births were moved in utero to another Level 2 unit in mid and south Essex. 18 babies born before 27 weeks were transferred out of area, as is the pathway for very premature babies.

This proposal has been through and supported at the relevant MSEFT governance 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.

Key messages

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.

The proposal has been through and supported at the relevant Trust governance process and Committees. It has also been supported at the Mid and South Essex Local Maternity and Neonatal System Board. We have worked closely with our ICB colleagues and clinicians to find the best way forward to support our system in managing the relatively small number of babies who need neonatal level 2 care across mid and south Essex.

The paper setting out the proposals was taken to all Health Overview and Scrutiny Committees in March 2024. The Southend committee in March 2024, had some concerns which they expressed at the meeting and then outlined in an email to us in August 2024. We are addressing these concerns and will take responses to their October 2024 committee for final ratification.

Essex and Thurrock committees did not have any concerns. See document 1.

Impact of Election Period

Public engagement had to pause during the local election period and the general election. Since that time Southend People Scrutiny Committee (POSC) has changed and there is a different chair. We had to restart the conversation and review previous models of care, taking on board some of the concerns raised in March by the Southend POSC.

Engagement to date

In March 2024, we conducted a telephone survey with the 14 families who were transferred before birth to Basildon as their baby was due to be born between 27 and 32 Weeks. We gave families a chance to tell us how they felt about being moved and asked what we could do better. Six families wanted to give feedback. See documents 2 and 3.

Snapshot of answers.

“We were informed by numerous staff members that our local hospital wasn’t able to look after our baby initially when they were born because they weren’t “specialised enough” therefore we felt anxious returning to what was being called a “downgraded” NICU because without a doubt, we wanted our baby to have the best care. “ March 2024

“The communication regarding my post-natal care was confusing and difficult to understand. The transfer hospital felt my care (for example checking my wound, follow up bloods) should be carried out by my local hospital however, they explained my care was now transferred. Therefore, this process was not smooth or clear and we spent lots of time contacting both teams trying to access the required support.” March 2024

“I can understand why this would be the best way forward, I just want people to open about this at the start so we can prepare for that eventuality.” September 2024

A key theme that came out of that engagement, was a need for more information and communication about the decision to transfer. Women and birthing people felt they would have benefited from a single point of contact at the maternity unit they were being moved to, so they would have more confidence in asking questions about their own and their baby’s care. Continuity of care when babies are transferred back to their local hospital was also an issue. The Trust will consider how we improve this process and support families more closely.

March 2024 – Attendance at HOSCs and POSC where feedback and questions were taken. We learnt a lot from this process and had some early helpful suggestions from Southend, which we have considered in reviewing our options.

15 July 2024 – **Formal Options Appraisal** meeting at Southend Hospital, once we were able to restart engagement post-election. We were able to go through all the options and permutations with clinical experts, Representatives from Southend’s POSC, including portfolio

holder for Health, Cllr Maxine Sadzer, Thurrock POSC chair, Healthwatch Southend (who also sit on Southend POSC and HWBB), LMNS and East of England Operational Delivery Network colleagues, as well as online representations from the new maternity and neonatal advocate for the ICB. 15 people attended and an obvious option became clear. During that discussion, representatives from Healthwatch and Southend POSC advised that the final proposal should come to the POSC meeting for review once more. See documents 4, 5 and 6.

3 September 2024 – Thurrock POSC, following on from the 15 July meeting, it was made clear the impact on paediatric services if we could not reskill and redirect our staff to where need was greatest. We took a paper to discuss reducing paediatric waiting times, particularly for Basildon Hospital and how the NICU plans for Southend fit directly into the solution to improve waiting times for children and young people across mid and south Essex.

Further engagement

On 10 September 2024, we hosted two events, one in person in Southend and one online event aimed specifically at pregnant mothers and recently birthed mothers. We advertised through Maternal and Neonatal Voices Partnership, Southend Antenatal clinics, and midwives. Turnout was very low, suggesting that the issue was not of concern to pregnant women and birthing people.

There were two midwives at the face-to-face event, and one person online. Once the pathway was made clear, the person online, representing their pregnant daughter, was happy with the arrangements. She suggested they would be comfortable being moved to somewhere with a higher level of care if their baby needed it if it was communicated well in advance if that was a possibility.

Next steps

Attendance at the ICB's Executive where we have received approval for the proposal to progress. See document 7.

We will then attend Southend POSC, to seek final approval to further develop our plans.

There will be a further engagement event in October, where the Trust is attending the Shoeburyness Cake Club on 24 October to try and attract more feedback. This is a drop-in support group for new parents and is likely to be the demographic most impacted by the decision.
We will use the feedback to support the final service specification and operating model so it would be focused on individual needs, the safest possible service and highest quality care.

Documents

1	2	3	4	5	6	7
MSEFT Southend P NICU paper, March	Southend neonat unit script for staff.	Southend neonat unit engagement q	NICU options presentation for 24	Neonatal engagement 17.09	Review of NICU options - outcome	Letter to Matthe Hopkins from Ma