

A newborn baby lying in a hospital bed, wearing a white diaper and a grey foot warmer. The baby has a nasal cannula and a pulse oximeter on their foot. The background is a blurred hospital room.

Improving Neonatal care across Mid and South Essex

Discussion session – 15 July 2024

Plan for today's session

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

 **Excellent**  **Compassionate**  **Respectful**

One team working together for excellent patient care

Definitions

Special Care Baby Unit (SCU) (*formerly known as a Level 1 unit*) – 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.

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

Neonatal Intensive Care Unit (NICU) (*formerly known as a level 3 unit*) – provides care for babies born below 27 weeks' gestation, <800g or those requiring the most complex 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.

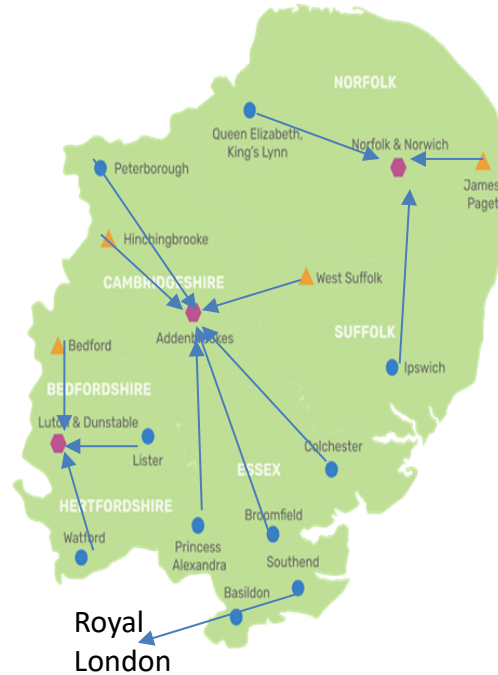
Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year. This is a minimum requirement to maintain expertise.

Services providing ongoing high dependency care should be expected to have higher levels of activity and **all 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 clusters in EOE
 - Royal London
 - Basildon
 - Southend
 - Norfolk & Norwich
 - James Paget
 - QE Kings Lynn
 - Ipswich
 - Luton
 - Watford
 - Lister
 - Bedford
 - Addenbrookes
 - Colchester
 - Broomfield
 - Princess Alexandra
 - 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

 **Excellent**  **Compassionate**  **Respectful**

One team working together for excellent patient care

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	Local Neonatal Units only – all babies needing ongoing Intensive Care 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 labour and were between 27 and 32 weeks' pregnant. This is at most 0.5% of all births during this year as not all women delivered during this admission. This percentage though is likely to be lower than if 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 were believed to be in labour and were less than 27 weeks' pregnant – this is the service model, 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

** QIS = Qualified in Specialty – additional Neonatal nursing qualification

Ranking indicates comparative need for LNU – Green = greatest need, Red = comparative lowest need.

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 today.

Option 1 – do nothing – Retain 3 Local Neonatal units

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

Option 2 – Redesignate one unit as Special Care Unit

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

Option 2a – Redesignate Basildon as a Special Care Unit

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

Option 2b – Redesignate Broomfield as a Special Care unit

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

Option 2c – Redesignate Southend as a Special Care unit

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

Option 3 – Create a Neonatal Intensive Care unit in Essex

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

What do we do next?

 **Excellent**  **Compassionate**  **Respectful**

One team working together for excellent patient care

Next steps

- Do we have a shortlist of options / preferred option?
- What further work needs to be done?
- What further approvals do we need?

A newborn baby lying in a hospital bed, wearing a white diaper with a blue and yellow pattern. The baby has a nasal cannula and a pulse oximeter on their foot. Medical equipment and wires are visible in the background.

Thank you for your contributions