



The Northern Neonatal Network
An Operational Delivery Network
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Dr Sundeep Harigopal,
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Patrick Garner
Programme Manager
Path to Excellence
South Tyneside and Sunderland Healthcare Group
By email: patrck.garner@nhs.net

25, May, 2017

Dear Patrick,

Re: Northern Neonatal Network feedback to Path to excellence Phase 1a obstetrics and paediatrics proposals

Thank you for attending the Northern England Neonatal Network Board meeting on 22 May, 2017 and for the insightful presentation on the Phase 1a Path to Excellence proposals in relation to acute obstetrics and paediatric services.

The network is clearly most interested in the direct impact of the proposals on the Special Care Baby Units (SCBU) at both South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH) and any potential implications for wider neonatal services. After listening to the presentation and reviewing the draft pre-consultation business case and underpinning clinical service review reports, I am pleased to be able to be in a position to provide a network view on the proposed changes.

The network fully accepts the case for change in relation to acute maternity and paediatric services across South Tyneside and Sunderland as a result of workforce pressures that clearly cannot be sustained within current service arrangements. The Path to Excellence programme has rightly acknowledged the clinical interdependencies across obstetrics, paediatrics and SCBU and, as such, we fully support the change to SCBU that the maternity and paediatrics' proposals necessitate.

As a network we would anticipate clinical quality benefits from bringing SCBU services together. Concentrating care enables more babies to be born on single sites therefore enables expertise to develop and with improved staffing we would expect clinical outcomes to improve. Equally, this

should enable more prompt care for the most poorly infants requiring care at the SRH Neonatal Intensive Care (NIC) by removing the need for SCBU-to-NICU transfers between the two hospitals.

The proposals do not appear to present any additional workload pressures or risks to the broader neonatal network across Northern England as the workload will be transferred from STDH to SRH. However it is imperative that capacity and staffing at SRH are taken in to account. The proposals are also cognisant of the previous Royal College of Paediatric and Child Health Neonatal review (July, 2015) that recommended infants of greater than 26 weeks gestation be cared for at SRH. While this review did not specifically look at SCBU services, it will be important for any additional capacity – namely the potential step-down to SCBU services – to be incorporated into future capacity planning.

Capacity and demand analysis of previous SCBU activity at both STDH and SRH undertaken by the network suggests that current SRH SCBU capacity is likely to be sufficient to absorb the additional annual STDH activity. This would create an opportunity to retain existing funding levels to support staffing reinvestment and increase the amount of time that cots are staffed to British Association of Perinatal Medicine standards, something that the network would always encourage. Clearly, further discussion with NHS England's Cumbria and North East Specialised Commissioners would be required to determine if this would be appropriate and achievable.

The network is happy to continue to work with the Path to Excellence programme to further test capacity planning, including understanding peak demand periods, to ensure the most robust service arrangements prior to any final decision being made.

However current capacity at SRH will only be sufficient on the proviso that occupancy is around 80% and sufficient workforce is available to enable cots to be safely opened and fully staffed. While the proposals assume that the current South Tyneside SCBU staffing establishment will transfer to SRH, the network would encourage caution around this assumption. The existing neonatal system is not without its own workforce pressures and, while positive inroads have been made into recruitment at SRH recently, no change is immune to natural staff losses as individuals may choose to take up employment elsewhere.

The workforce challenges are not insurmountable however and the programme's decision-making and implementation timeline allows sufficient time to enable a clear staff recruitment and retention plan to take effect. The network would therefore advise appropriate early workforce planning to ensure appropriate staff numbers are in place to support optimal SCBU capacity for the South Tyneside and Sunderland health system

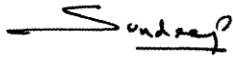
The network would also highlight the following considerations for the programme as it progresses its change proposals:

- Ensuring that clear pathways are put in place, particularly if the freestanding MLU at STDH option (maternity option 1) is pursued, to ensure robust mechanisms of ensuring paediatric medical care for any babies delivered at the MLU who become unwell
- Ensuring that the impact on the North East neonatal transport service is fully considered
- Ensuring that staff are fully engaged in the service change process and that they understand the reasons for change, feel part of the process and are able to inform the development of the change proposal
- Harnessing relevant learning from similar service changes affecting SCBU, such as those in Northallerton and Middlesbrough

Finally, on behalf of the network, I would like to thank you for giving the network the opportunity to review and comment on the proposals. The proposals represent well-thought out plans that are intended to address evident workforce pressures but which, importantly, are likely to deliver clinical quality improvements across the clinical specialities, including SCBU.

The network would be happy to work with the programme to offer any further support and advice required as the proposals are further developed.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sundeep' with a stylized flourish.

**Dr Sundeep Harigopal,
Consultant Neonatologist,
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CC: Peter Dixon, Senior Service Specialist, Specialised Commissioning, NHS England – North (North East & Cumbria)