

Subject: Update on Neonatal Services

Summary statement:

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby. Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

1. Summary

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2. Background

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

In 2019/20 Airedale NHS Foundation Trust made a temporary change, in agreement with NHS England and the Yorkshire and Humber Operational Delivery Network, to its neonatal service due to staffing pressures.

This meant that the unit at Airedale NHS Foundation Trust started operating as a Special Care Unit (SCU) instead of as Local Neonatal Unit (LNU), with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford Teaching Hospitals Trust) for delivery of their premature baby.

The Trust has asked that NHS England (NHSE) approve the formalisation of this arrangement, and in 2022/2023 NHS England Specialised Commissioners notified both North Yorkshire Overview and Scrutiny Committee and Bradford Overview and Scrutiny Committee of the temporary service change, as well as the request to formalise the arrangement.

Before NHSE can approve the formalisation of the change to the neonatal pathway, the Trust is required to provide further information and assurance about the impact of the change on babies and their families, and on the wider population.

The Trust and NHSE would like to seek the views and support of Overview and Scrutiny for making this change permanent by presenting:

- Information about the service change
- Information about the impact on Babies, Families, and Services

The information set out in this report is an updated position following our

communication from June 2023.

3. Report issues

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

There are three levels of units:

- Neonatal Intensive Care Units, for complex care (for example from 22 weeks gestation)
- Local Neonatal Units, for high dependency care (for example from 27 weeks gestation)
- Special Care Unit, for initial and short term care (for example from 31 weeks gestation)

The table below sets out the sites where the different levels of neonatal units are provided in Yorkshire and Humber as part of a networked arrangement:

| Neonatal Intensive Care Units | Local Neonatal Units | Special Care Units |
|---------------------------------------|--|---------------------------------------|
| Braford Hull Leeds Sheffield | Airedale Barnsley Calderdale Doncaster Grimsby Mid Yorks Scunthorpe Rotherham York | Bassetlaw Harrogate Scarborough |

Yorkshire and Humber Neonatal Network help to manage patient flow across the network, balancing capacity and demand, ensuring services meet the needs of patients. The network comprises neonatal services including 4 Neonatal Intensive Care Units (NICU), 9 Local Neonatal Units (LNUs) and 3 Special Care Units (SCUs). There are also 3 neonatal surgery units and Embrace – the Yorkshire and Humber Neonatal Critical Care Transfer service.

These units work together as a network to deliver local care pathways, with the capacity and resources to care for the babies of women who live within the network area. Babies requiring the highest levels of care are concentrated

in relatively few specialist centres, and it is the networks' role to develop coordinated patient pathways across neonatal units and supporting transport services.

Wherever possible the network ensures appropriate level of care for babies as close to home as possible. The network also advises on any reconfiguration of services across the network area in line with the recommendations of the Neonatal Critical Care Review.

The consultant paediatric team at Airedale covers both the neonatal and paediatric service. The number of consultants fell during 2019/20 resulting in significant staffing and recruitment challenges. To mitigate this staffing risk across both paediatric and neonatal services the Local Neonatal Unit (LNU) at Airedale temporarily changed to a Special Care Unit (SCU). This was to ensure that elective and emergency paediatric services could be fully maintained at Airedale. The medical staffing challenges within the Airedale Paediatric team have now significantly improved.

During this time Airedale neonatal service has worked closely with counterparts at Bradford Teaching Hospitals NHS Foundation Trust. Babies who are between 27 and 31 weeks gestation, who may previously have been delivered at Airedale, have been delivered at an alternative hospital with an appropriate onsite neonatal unit (in most cases Bradford).

Airedale is a small Local Neonatal Unit, with a low volume of high dependency care activity. If Airedale NHS Foundation Trust were operating as a Local Neonatal Unit it would not meet the clinical standards on the volume of activity required for a Local Neonatal Unit to look after high dependency babies. There is good evidence that units with higher activity have better outcomes. Ultimately, this change will ensure the highest quality of care for premature babies across the region.

Although Airedale will no longer routinely provide high dependency care of babies between 26-31 weeks gestation, if required, the unit will still provide initial and short term care for these babies, in limited circumstances.

Currently all premature babies born from 22 to 27 weeks gestation are currently cared for in Neonatal Intensive Care Units (NICUs) at Bradford, Hull, Leeds or Sheffield. This means families from across the region (including Airedale) already travel for this highly specialist care. In these circumstances facilities are available to support families eg accommodation, car parking support, food provisions etc...

After changes to the 27 week pathway at Airedale babies who are between 27 and 32 weeks gestation would be delivered elsewhere (most likely Bradford) then, when appropriate to do so, are transferred back to Airedale for ongoing care. This is likely to impact approximately 24 families per year.

An EQIA was completed by the Trust. This covers Duty of Quality, Patient Experience, Patient Safety, Clinical Effectiveness, Prevention, Productivity

and Innovation, Resourcing, Resource Impact, People Experience, and Equality, Diversity and Inclusion. No significant risks were identified. This is attached as Appendix A.

A travel impact has also been considered. As this is a networked service, families already travel to access specialist care. For the majority of families, there will be limited impact. Most will now travel to Bradford to receive high dependency neonatal care. North Yorkshire / Craven families will experience the most impact in terms of travelling further to access care (these families account for an estimated 20 per cent of Airedale activity).

Patient engagement has seen 34 families who experienced the change in pathway approached with the opportunity to provide feedback. Only three responses were returned with positive comments received regarding care, informed about the care provided, information provision and discharge planning. Opportunities to learn have been highlighted from patient experience around providing some additional support families from admission to discharge from the service. Further patient focus group activity is planned for families (to include Craven and North Yorkshire parents) to secure wider input on the patient experience and any suggestions that can be taken forward to improve the neonatal pathway.

The change to the Airedale Neonatal pathway is being progressed in discussion with system partners including:

- Bradford Teaching Hospitals Trust
- Yorkshire and Humber Neonatal Network
- The Yorkshire and Humber Local Maternity and Neonatal System
- NHS England Specialised Commissioners (North East and Yorkshire)
- West Yorkshire Integrated Care Board (via the Joint Committee arrangements with Specialised Commissioning)

4. Recommendations

Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care unit, but no longer provides high dependency care as a local neonatal unit.

Further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services.

Although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely.

6. **Background documents**

The attached EQIA from Airedale Trust (Appendix A) is available as a background document.

Information about the national NHS England Neonatal Critical Care Review can be found here:

[NHS England » Implementing the Recommendations of the Neonatal Critical Care Transformation Review](#)

7. **Not for publication documents**

Due to the small numbers of patients and area specific information, the travel impact assessment is not for publication.