

# St Richards Neonatal Services South East Region

NHS England and NHS Improvement



# Neonatal care services



Neonatal critical care is a specialised service commissioned by NHS England and NHS Improvement. It provides an emergency service and ongoing support when a baby is born very prematurely, becomes sick or develops a medical problem.

Neonatal care is provided in Neonatal Units across England in three different types of neonatal units

- Neonatal Intensive Care Unit - NICU
- Local Neonatal Unit - LNU
- Special Care Units - SCU

NICU provides care for the whole range of neonatal care. They are staffed to care for the sickest and most immature babies

➤ Less than 27 weeks of gestation or birthweight < 800 gms , multiples < 28 weeks

LNU provides care for babies

➤ From 27 weeks gestation or > 800 gms , multiples > 28 week multiples

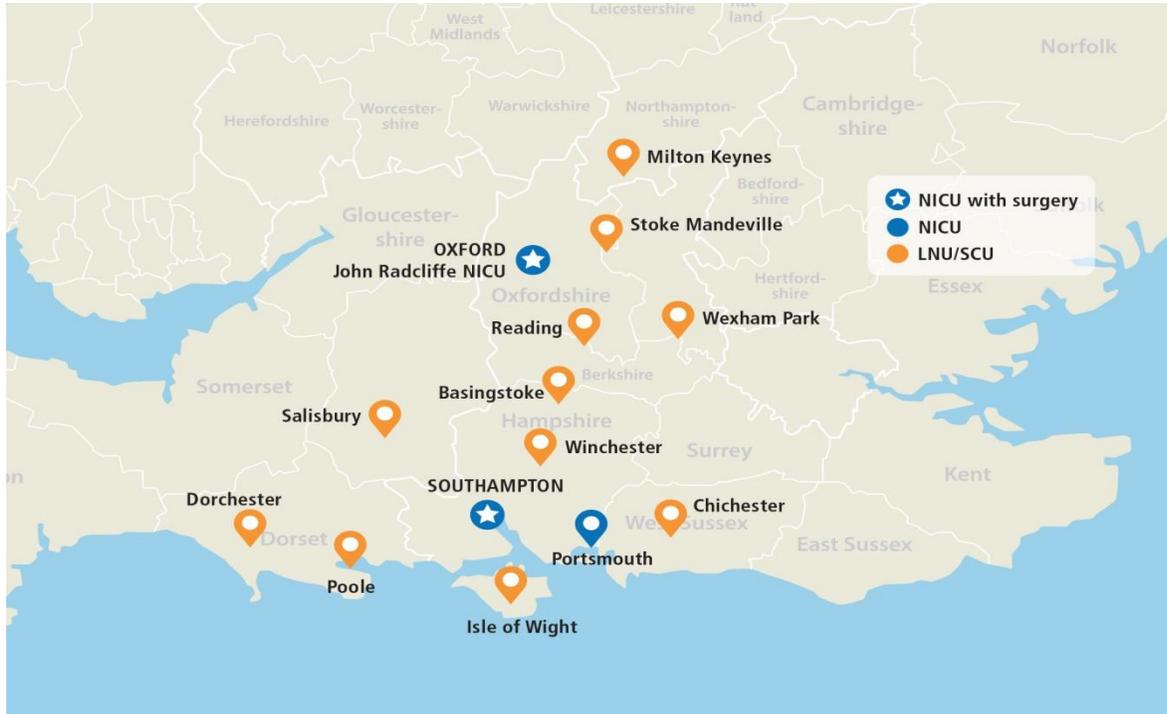
➤ Short term intensive care where necessary

SCU provide local care for special care babies

➤ 32 weeks and > 1000gms

2 ➤ Short term high dependency care

# Thames Valley & Wessex Neonatal Units



Buckinghamshire Healthcare NHS TRUST	Stoke Mandeville Hospital	LNU
Frimley Health Foundation NHS Trust	Wexham Park Hospital	LNU
Milton Keynes University Hospitals Foundation Trust	Milton Keynes Hospital	LNU
Oxford University Hospitals Foundation Trust	John Radcliffe Hospital Oxford	NICU Surgery care
Royal Berkshire NHS Foundation Trust	Royal Berkshire Reading	LNU
Dorset County Hospital NHS Foundation Trust	Dorchester	SCU
Hampshire Hospitals NHS Foundation Trust	Basingstoke & North Hampshire Hospital Basingstoke	LNU
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital Winchester	LNU
Isle of Wight NHS Trust	St Mary's Hospital IOW	SCU
University Hospitals Dorset Foundation Trust	Poole Hospital	LNU
Portsmouth Hospitals University NHS Trust	Queen Alexandra Hospital Portsmouth	NICU
Salisbury NHS Foundation Trust	Salisbury	LNU
University Hospital Southampton NHS Foundation Trust	Princess Anne Hospital Southampton	NICU Surgery & Cardiac care
Western Sussex Hospitals NHS Foundation Trust	St Richards Hospital Chichester	LNU

# National Local Neonatal Unit standards

Staff need a regular caseload of babies to ensure they maintain their skills and expertise to care for them. There are a several standards that Local Neonatal Units are required to meet.

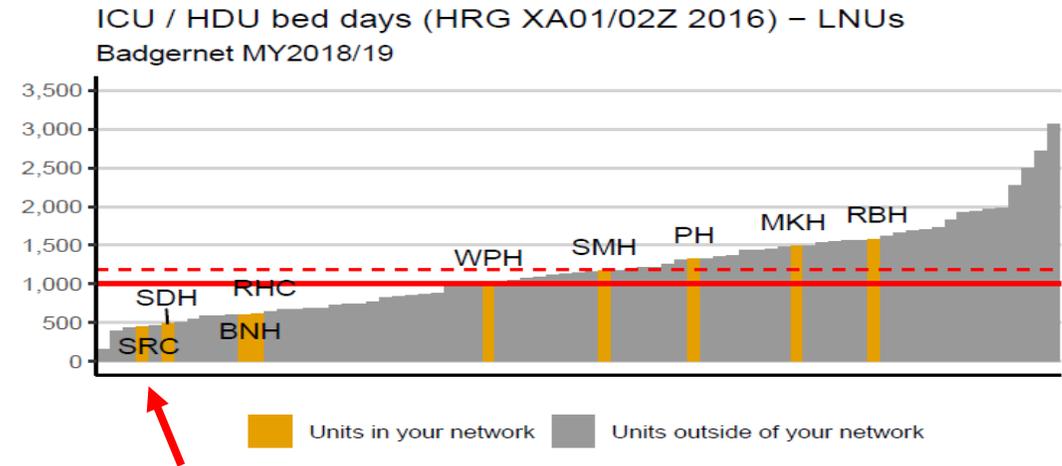
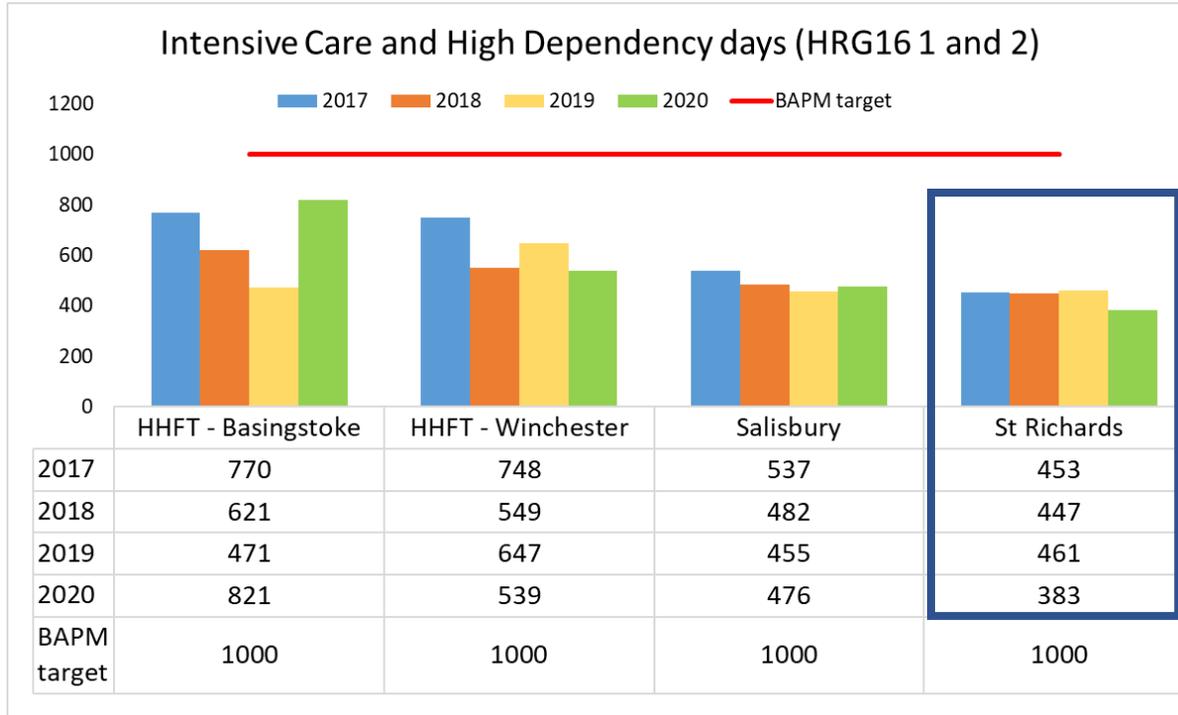
Recommendations of the Neonatal Critical Care Review states that Local Neonatal Units should aim to undertake a **minimum of 500 days of combined intensive and high dependency care per year**. This is a minimum requirement to maintain expertise.

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. Smaller services would be designated as Special Care Services.

BAPM Optimal arrangements for LNUs and SCUs (2018) states that LNU: **should admit at least 25 Very Low Birth Weight babies per year and should undertake > 365 RCDs per year** and SCUs should admit up to 25 VLBW babies per year

# Number Intensive care or High dependency days

**NCCR :** - LNUs should have a minimum of 1000 days intensive and high dependency care (HRG16 1 and 2)



## ODN ANALYSIS

Care days coded to HRG16 1 or 2

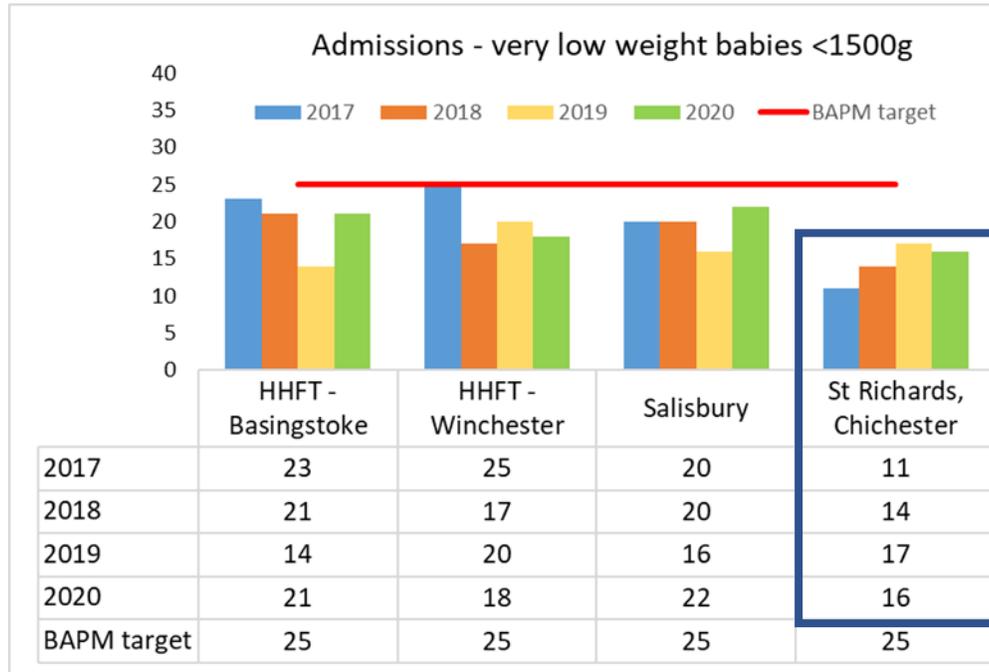
## GIRFT ANALYSIS

Benchmarks all LNUs in country for 2018/19

# Numbers low birthweight babies

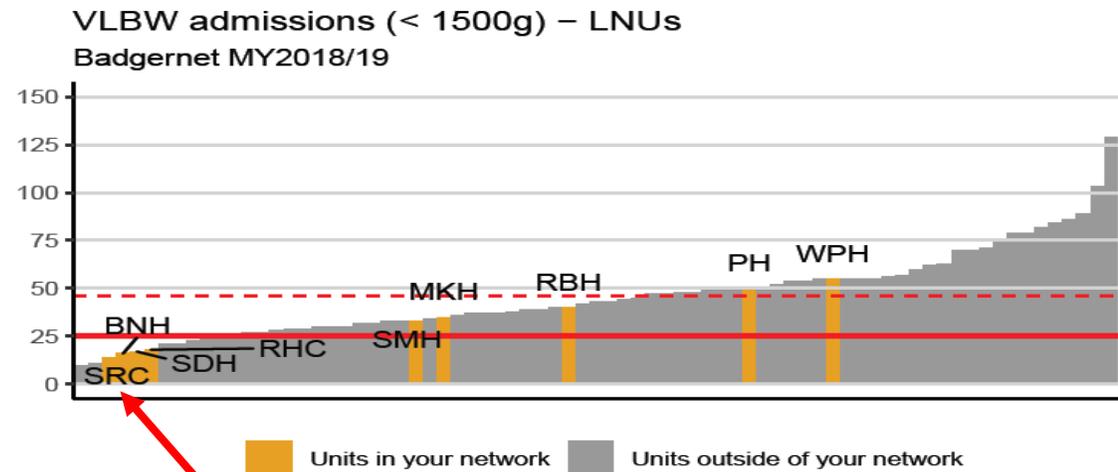
## BAPM Optimal arrangements for Local Neonatal Units and Special Care Units: November 2018

- LNUS should have throughput of at least 25 VLBW (less than 1500g) per year



### ODN ANALYSIS

Includes all birth admissions = 1st episodes where birthweight <1500  
 Plus 2nd and subsequent episodes where admission weight <1500.  
 Have only counted one admission per unit per baby  
 Have excluded admissions where baby >14 days old on admission and birthweight same as admission weight

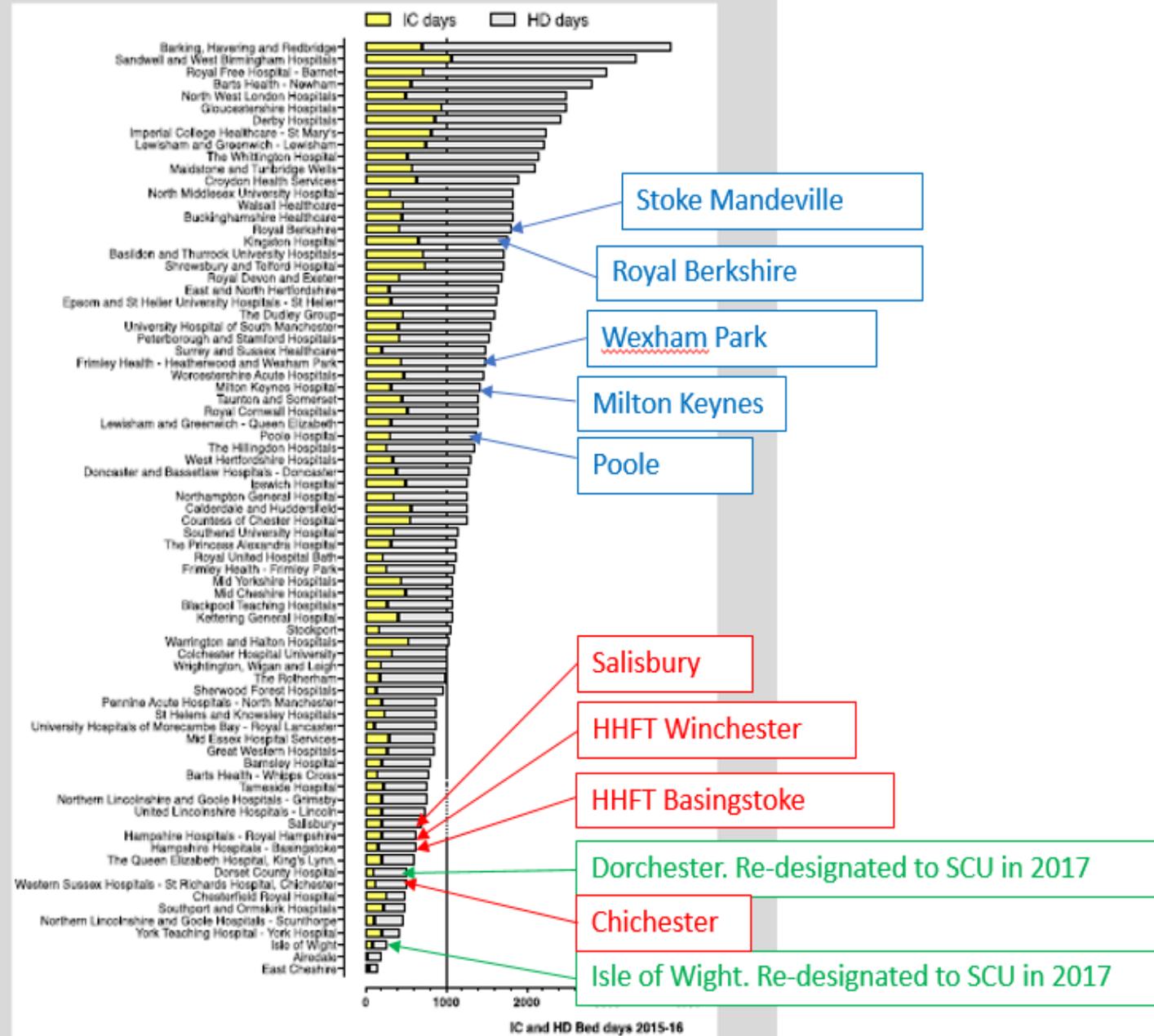


### GIRFT ANALYSIS

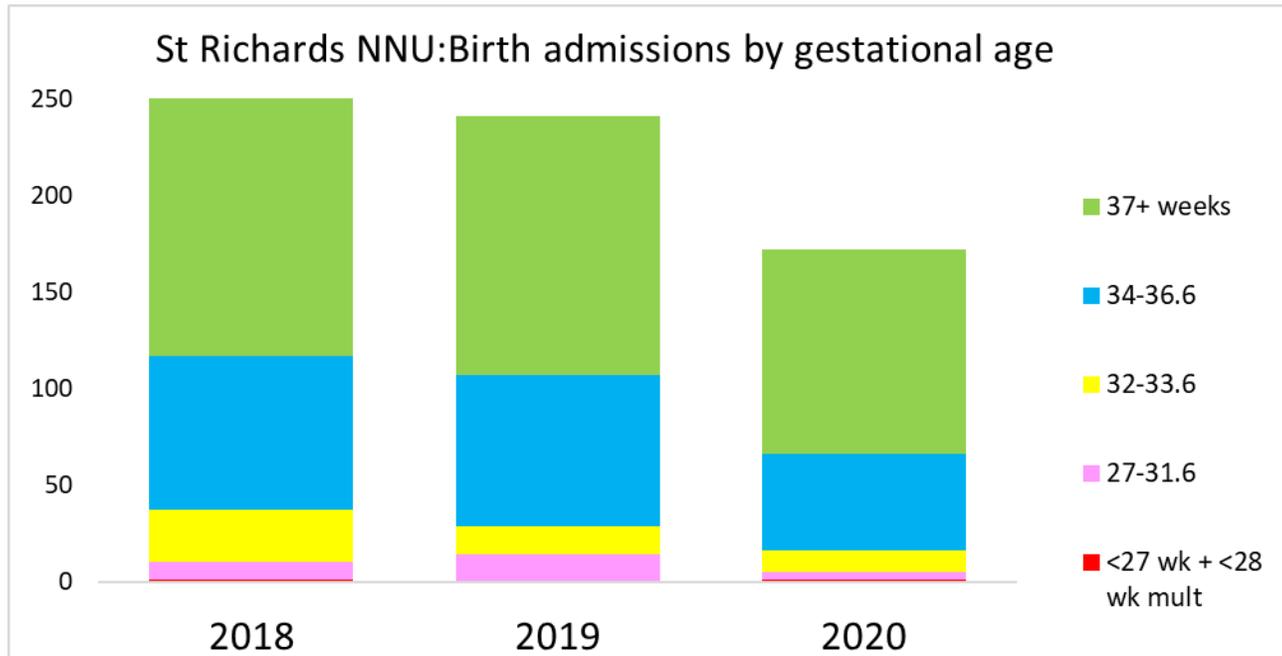
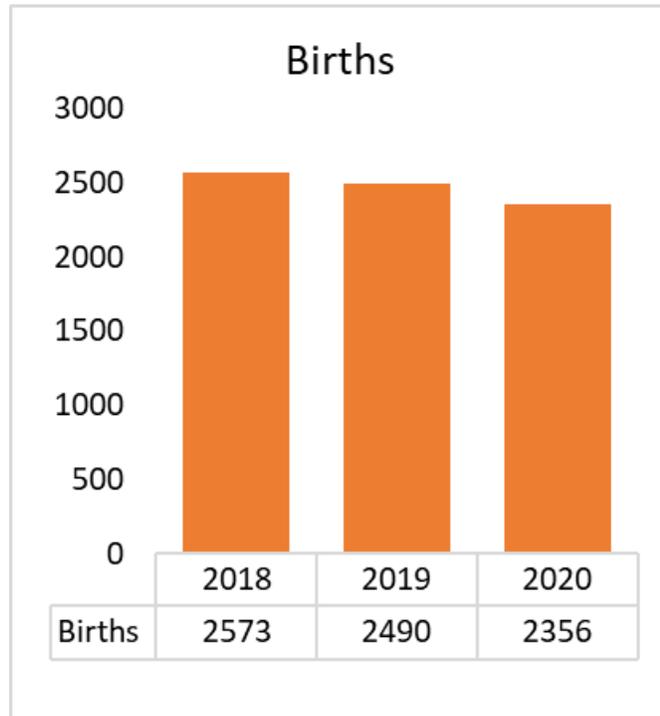
Benchmarks all LNUs in country for 2018/19

# Comparing Thames Valley & Wessex LNU activity with LNUs in England

Figure 4.6: Intensive care and high dependency activity among 77 designated local neonatal units (LNU)



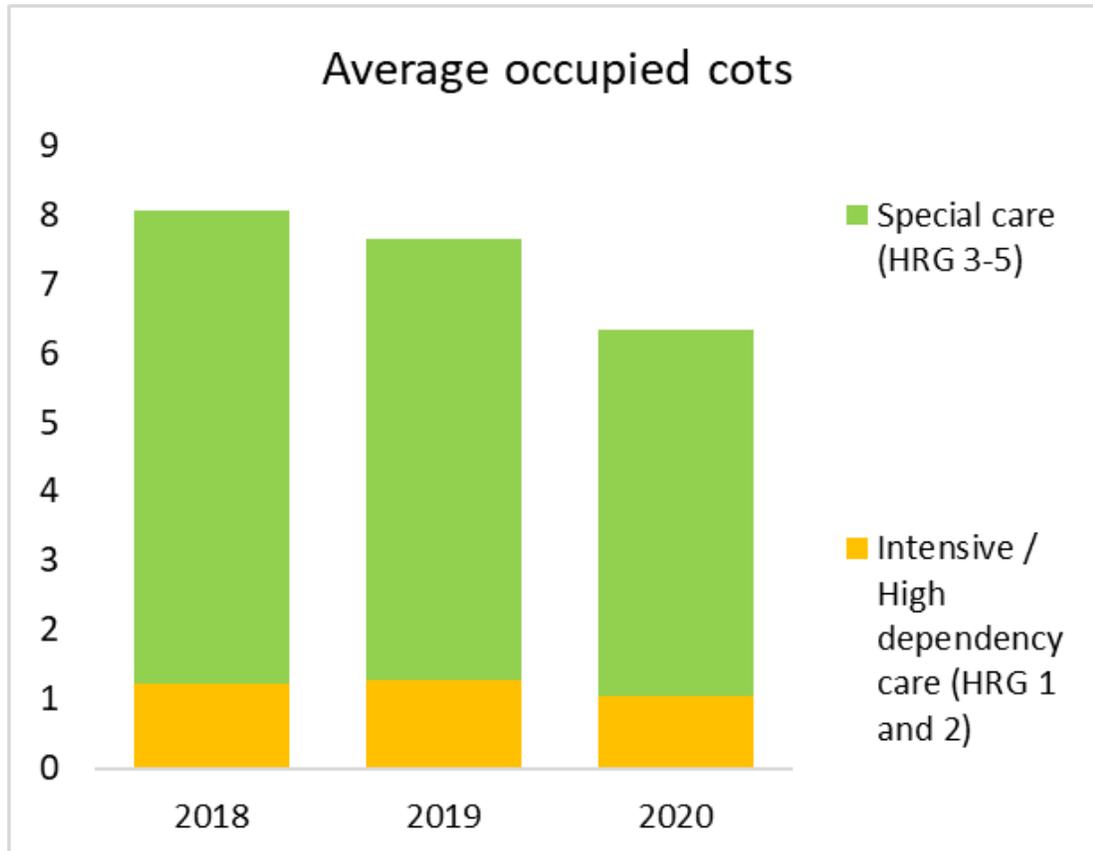
# Current activity at St Richards: births



This shows summary yearly activity at St Richards.

- **Average 9.0 birth admissions 27-31.6 weeks across 3 years. Only 4 in 2020.**

# Current activity St Richards: cots



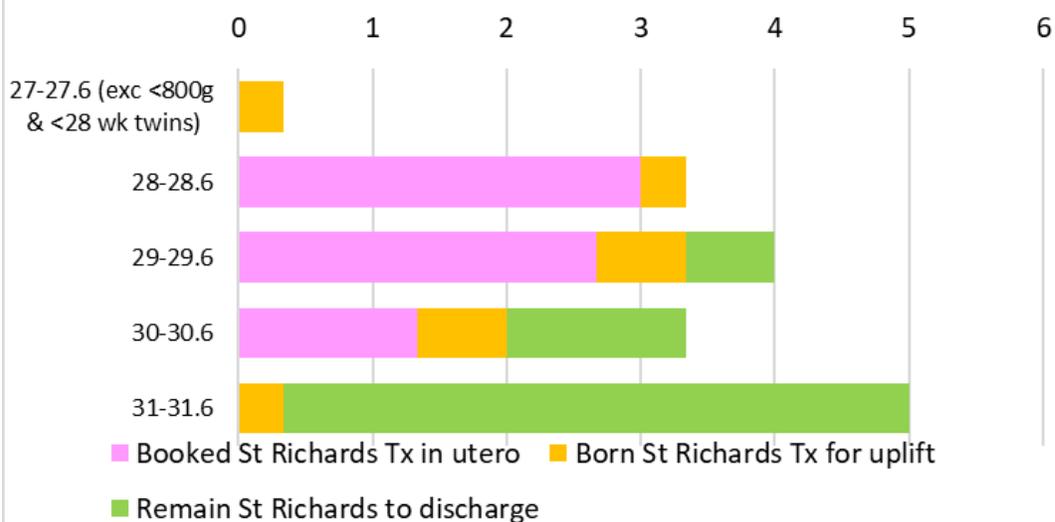
Current cots St Richards: 10 declared cots  
3 Intensive C/High Dependency care and 9 special care.

Average occupancy for 2020 is 53%

6 Transitional Care Cots

# Activity for very preterm babies 27 – 31.6 weeks

Average number babies booked or delivered at St Richards by gestation and destination



	Average babies per year booked OR born at St Richards	Booked St Richards, Transferred in utero to maternity unit with NIC	Average babies per year born at St Richards	Born St Richards, transferred out ex utero for uplift	Born St Richards, remain St Richards NNU
27-27.6 (exc <800g & <28 wk twins)	0.3	0.0	0.3	0.3	0.0
28-28.6	3.3	3.0	0.3	0.3	0.0
29-29.6	4.0	2.7	1.3	0.7	0.7
30-30.6	3.3	1.3	2.0	0.7	1.3
31-31.6	5.0	0.0	5.0	0.3	4.7
Total	16.0	7.0	9.0	2.3	6.7

Data is for 1<sup>st</sup> episode admissions for 3 years 2018-2020. Numbers are average per year.

Numbers are small  
Significant proportion of 27-31.6 week babies already born elsewhere or transferred for uplift

# Potential modelled impact of redesignation

Analysis of data from 2018-2020

**Maternity Impact :** Modelling suggests 9.0 fewer births per year (out of total 2350 births). Estimated 2-3 mothers transferred for in utero birth.

**Neonatal Impact :** Reduction of 9 neonatal admissions for babies <32 weeks and a reduction of 6.7 babies <32 weeks per year with all care at St Richards (of 220 admissions). Will also be an increase in babies  $\geq 32$  weeks who will need to be transferred to a higher level of care. Our experience with St Marys and Dorchester suggest these numbers are very small and most babies can be supported to stay on SCU.

**Review of activity change :** Based on postcode of GP practice for mother suggests that 77% of activity would go to Queen Alexandra Hospital Portsmouth and 18% to Royal Surrey County Hospital, 5% to University Hospitals Sussex and elsewhere.

# Summary

- Modelling has been developed based on the best available evidence and recommendations
- Busier services with staff with higher exposure to sicker babies have better outcomes
- By redesignating St Richards to a SCU it ensures the sickest and most immature babies can get the specialist care they need, whilst still maintaining services for most babies who needs special care, closer to home
- Redesignation ensures babies are in the most appropriate place to support their clinical needs
- All units working closely as a network will offer good families a good experience and continuity of care
- A key to success of the service is the safe return of babies home or transfer back to St Richards for further ongoing support or treatment as soon as possible