Local Neonatal Unit Designation – St Richards, Chichester

Thames Valley and Wessex ODN Neonatal

Western Sussex Neonatal Services, part of University Hospitals Sussex (UHSx)

Communications and Engagement

Version number: 1

First published:

Updated: (only if this is applicable)

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1 Contents

1 Introduction

This communications and engagement strategy outlines how NHS England Specialised Commissioning, in collaboration with University Hospitals Sussex, plans to inform and involve stakeholders, patients and local people in proposed changes to neonatal services at St. Richard's Hospital in Chichester which is part of University Hospitals Sussex NHS Foundation Trust (UHSx)

NHS England is working with partners in developing proposals.

2 Background

Neonatal critical care forms a key element of the NHS maternity service, providing part of the service available for all women and their new-born babies in the birthing room and during the early postnatal period. Neonatal critical care also provides an emergency service and ongoing support for babies and their families when a baby is born very prematurely, becomes sick or develops a medical problem. All levels of neonatal care are commissioned by NHS England Specialised Services.

Care is provided in three types of neonatal unit:

- **Neonatal intensive care unit (NICU)** - is for the very smallest, sickest babies with complex needs or who are born under 27 weeks gestation or less than 800g weight
- **Local neonatal unit (LNU)** - is for babies needing short-term intensive care. Generally, those born after 27 weeks gestation or less than 1.5kg weight
- **Special care unit (SCU)** - for babies who need continuous monitoring of their breathing or heart rate, treatment for jaundice and convalescence from other care. Generally, for babies born after 32 weeks gestation and who are over 1.5kg in weight.

The Thames Valley and Wessex operational delivery network (TVW ODN) is one of 10 networks of hospitals that work together to deliver neonatal care across the country.

The network works with Local Maternity and Neonatal Systems (LMNSs) to deliver safe expert care as close to the patient's home as possible. However, in some circumstances, babies with particular clinical needs will require transfer of care from the local team to a Neonatal Intensive Care Unit (NICU) elsewhere in the network, so appropriate expert care can be provided. There are three NICUs in the network shown in blue on the map below.

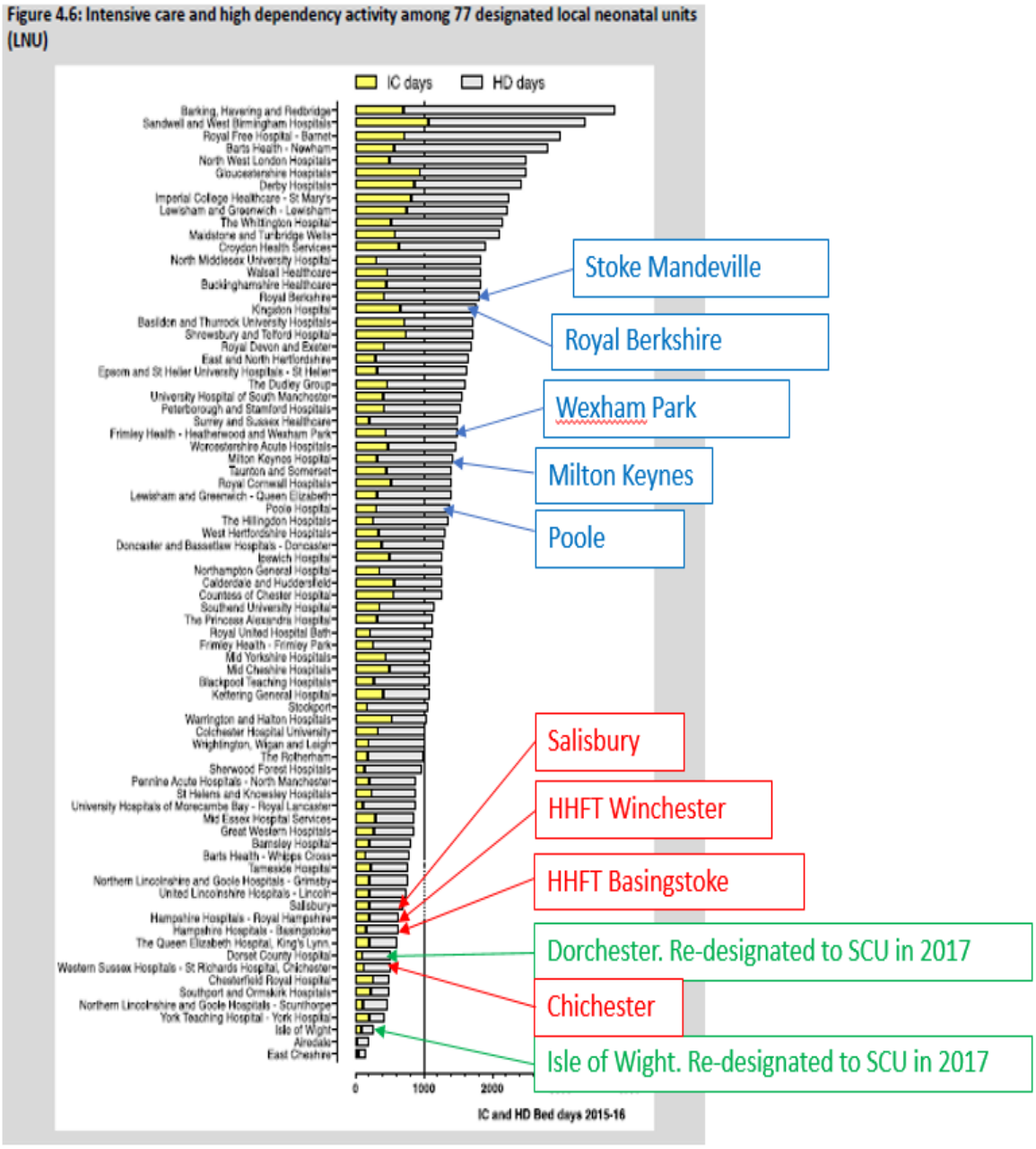
Key – blue indicates a Neonatal Intensive Care Unit (NICU)
Blue* indicates NICU with surgical services
Amber indicates LNU and SCBU

Babies from Western Sussex with the most complex neonatal care needs are routinely cared for at the Neonatal Intensive Care Unit at the Queen Alexandra Hospital in Portsmouth. Where possible, mothers who are expected to have complex deliveries are booked to deliver at Portsmouth. There is also a well-established specialist 24-hour transport service to safely transfer babies born with complex needs or those born at less than 27 weeks, to this unit.

The neonatal unit at St Richard's hospital in Chichester is currently designated as an LNU. However, its activity levels fall far below national minimum recommended levels for LNUs

Benchmarking TV & Wessex LNU activity with LNUs in England

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

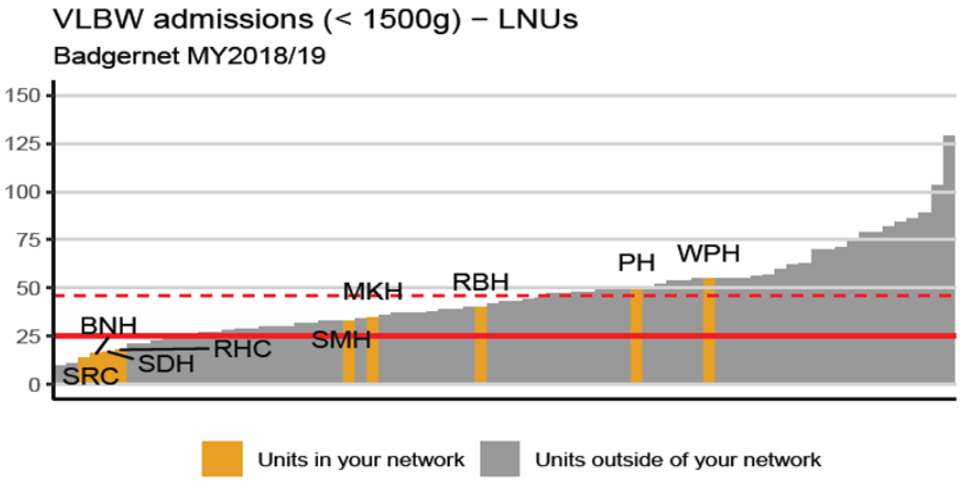


2.1 Neonatal Critical Care Review 2019

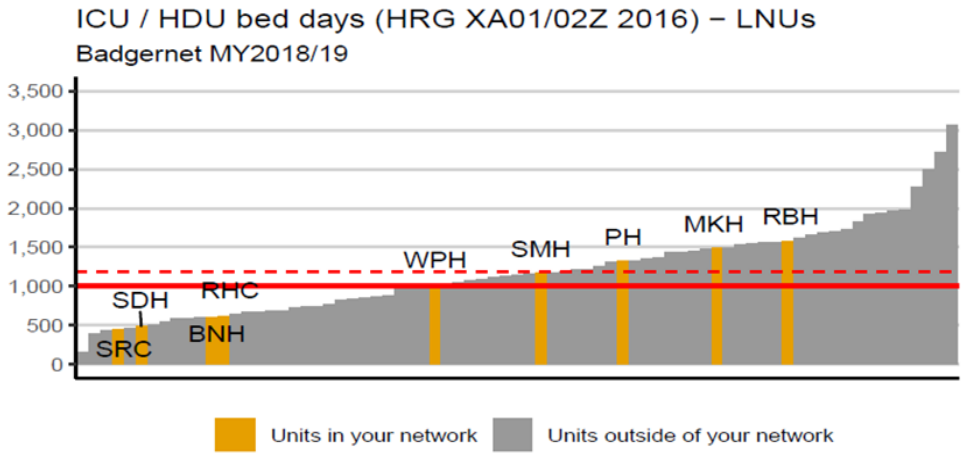
The latest guidance from the British Association of Perinatal Medicine[1] (BAPM) sets out that LNUs should admit more than 25 infants at under 1500g admission weight each year. Between the years 2018-2020 the average number of babies under 1500g admitted to St Richards has been 16. The graph below is from the

[1] BAPM Optimal Arrangements for Local Neonatal Units in the UK

GIRFT review shows that St Richards (SRC) admits very few very low weight babies compared with other LNUs across the country



NHS England's guidance[2] on implementing the findings of the BAPM review states Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year to maintain expertise and should work towards becoming services that provide at least 1000 combined Intensive Care/High Dependency days. Between years 2018-2020 the average number of combined Intensive Care and High Dependency days a year at St Richards has been 430. The graph below is from the GIRFT review shows that St Richards (SRC) provides very little high dependency and above care in a year compared to other LNUs.



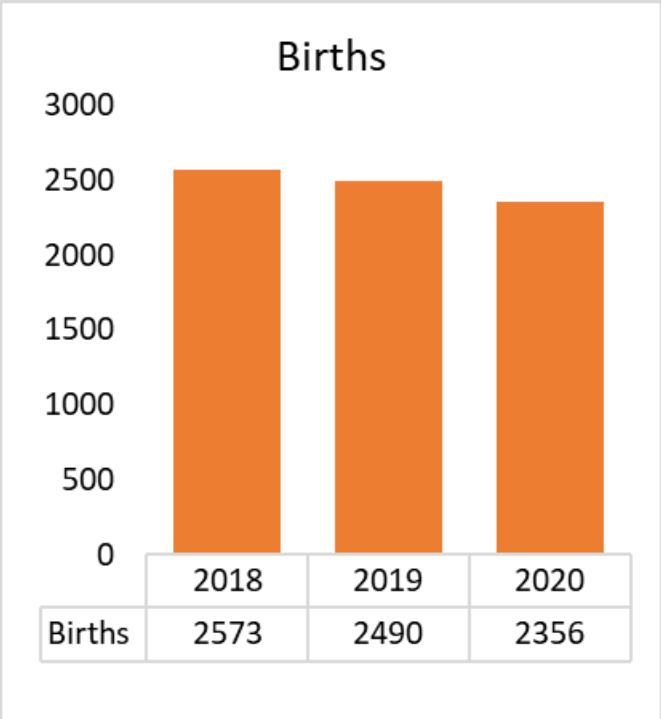
[2] Implementing the Recommendations of the Neonatal Critical Care Transformation Review

The low number of very low weight babies, admitted to the unit, and low provision of intensive and high dependency care means it is difficult to ensure staff see enough babies needing short term intensive care to ensure their skills are maintained at the optimal level.

In line with British Association of Perinatal Medicine advice it is, therefore, proposed to make the St. Richard's service a Special Care Unit.

This would mean that the group of mothers booked to deliver their babies at Portsmouth Hospitals University Hospitals NHS Trust will be expanded to include those likely to deliver between 27 and 31.6 weeks. This change in criteria, based on the numbers from previous years, has been modelled to affect around 18 mothers and 9 babies a year. The difference in numbers between mothers and babies is that a general rule of thumb twice the number of women likely to deliver will be transferred than actually do deliver, as most women will return to deliver in their booking unit. This number has been reducing over the last few years due to new medical options in delaying premature delivery.

2.1.1 Current activity at St Richards



Births at St Richards are on a consistent downward trajectory. This is not expected to change.

3 Approach

3.1 Legal and policy context

The legal context for this document is the duty to involve the public (section 13Q) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

The section 13Q duty is aimed at ensuring that NHS England acts fairly in making plans, proposals, and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

Public involvement in commissioning is about offering people ways to voice their needs and wishes, and to influence plans, proposals, and decisions about their NHS services. Patients and the public can often identify innovative, effective, and efficient ways of designing and delivering services if given the opportunity to provide meaningful and constructive input.

There are four tests that must be met before there can be any major changes to NHS Services:
1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

In line with this guidance, it is proposed to undertake the communications and engagement programme as follows:

1) Desk research of existing feedback from:
   - Sussex Local Maternity and Neonatal System
   - Sussex Maternity Voices Partnerships
   - Users of the specialist transport service SONeT
   - Surveys conducted with the Sussex People's Panel
   - Research undertaken by Healthwatch

2) Engagement with potential service users

3) Engagement with West Sussex Clinical Executive

4) Engagement with staff working within the service at St. Richard's and at Portsmouth

5) Engagement with stakeholders including:

- Healthwatch
- Health Overview and Scrutiny
- Sussex and East Surrey Local Maternity Services Liaison Committee
- Maternity Voices Partnerships
- Bliss (the charity which supports babies born premature and sick) and its Netmums Forum
- SANDS (the stillborn and neonatal death charity)
- Western Sussex Hospital charity

3.2 Working in partnership

The work will be co-ordinated through Specialised Commissioning NHSE/I South East Team and the Neonatal Redesignation Steering group which comprises University Sussex Hospitals NHS Trust and Portsmouth Hospitals NHS Trusts (including the ambulance service), the SONeT new-born baby transport service, Sussex ICS, Hampshire Isle of Wight ICS and NHS England.

3.3 Engagement

- Principles: We are committed to: Engaging and involving the public, stakeholders, and partners to find out what matters most to people, being open and transparent throughout the engagement process

- To provide a clear explanation about the option that has been developed with the aims of:

    - ensuring understanding of the reasons for the change
    - enabling commissioners and the service providers to understand issues for patients, public and key stakeholders with a view to ensuring the final model has taken these into account

3.4 Format

This will be provided but not limited to newsletters, virtual and face to face engagement events, electronic communication and more.

3.5 Channels

3.5.1.1 Specific drop in events at ante-natal clinics

These events will give people an opportunity to hear about the proposals, discuss their views and have the opportunity to talk with those involved in the programme – particularly, but not exclusively, clinical leaders.

3.5.1.2 Working closely with the community and voluntary sector

The community and voluntary sector (CVS) have wide ranging communications networks. We will aim to work with the CVS through events they host directly with their clients to get their views – this often works well with harder to reach groups.

3.5.1.3 Collaboration with CCGs, Trusts and Healthwatch to make use of existing engagement channels

Wide engagement will be taking place to ensure existing information channels are utilised.

3.5.1.4 Online opportunities to respond to the engagement

Details of the engagement will be made available on the NHS England consultation hub. This is the central online resource for all NHS England consultation and engagement projects. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback.

3.5.1.5 **Engage with staff**

NHS staff will be engaged, with briefings organised at their place of work, including senior trust staff. Staff are key influencers of patient views and are also members of the public who use local health services and are members of the community, so briefings will focus on the case for change as a whole, not just their role as employees.

3.5.1.6 Engage with Influencers

West Sussex Voice
Children's Centres
SANDS (Stillbirth and neonatal death charity)
Hospital charity

3.5.1.7 Robust media approach

There will be a responsive, agile, and robust media handling plan including proactive briefing about the proposals. There are agreed media sharing protocols in existence.

3.5.1.8 Multi-channel communications

People get their information from a variety of different sources. Social media and websites together with other existing communications mechanisms such as newsletters will be used building on what worked in the LMS engagement. This includes the UHSx NHSFT Facebook Pages linked to maternity, neonatal and Netmums together with the Maternity Voices partnership social media platforms

3.5.1.9 Materials in appropriate formats

NHS England has an Accessible Information Standard which sets out expectations for communications for those with disabilities (see Section 5).

Our Equality Impact Assessment does not indicate a need for translation into languages other than English.

3.5.2 Key messages

There will be a core narrative and a set of key messages around the proposals themselves, using terms that will be applied consistently across all materials.

3.5.2.1 Overarching messages

We will develop services which are:

- High quality with excellent outcomes for patients
- Developed in line with the best available evidence to increase the chance of the best start in life for these babies
- Can be sustained, despite future challenges; and
- Offer a good patient/carer experience

3.5.2.2 Core Narrative Key Messages

- A key to the success of the service is the return of babies' home (when they are fit to do so) or transfer back to their local hospital for further support/treatment as soon as possible
- There is an existing service in place for Women who are less than 30 weeks gestation to travel from West Sussex to Portsmouth for to deliver babies
- Transport arrangements for emergency (24/7) admission for pregnant women is in place and will continue to be available
- The SONeT specialist service which transports pre-term and very sick babies is well established and highly rated by mothers and families
- This is about the most appropriate place of care for mothers and pre-term babies to support their clinical needs

3.5.2.3 Supporting messages

- Our aim is to provide safe, high quality services
- No change is not an option

3.6 Timeline

3.6.1.1 Key dates

Pre-consultation	Live-engagement	Analysis and reporting	Implementation
March	**April-Ma**	**Summer**	**Autumn**
Development of communications and engagement strategy	Engagement launch	Responses analysed	Implementation – communication and engagement to be provided by NHSE in conjunction with providers
Plan and schedule engagement opportunities	Events held		
Stakeholder briefings	Media briefing	Stakeholder and media briefings	

3.6.1.2 Events schedule including attendance at Health Overview and Scrutiny:

Date	Event	Time / Location	Attendees
2022	Brief HASC Chair and Healthwatch		

Additional engagement events to be added

3.7 Analysis and reporting

During this phase all feedback will be analysed. A report will also be written following the agreed approvals process and signed off.

4 Risks and Issues

All proposals to change hospital services inevitably face some challenges that are not specific to the proposals in question or the area in which they are taking place. These include:

- Emphasis among local people and opinion-formers on importance of local services

- ICS proposals for service change
- Fear of loss of local services
- Fear that local hospital will become unsustainable
- Concern about travel with families away from extended family for help and emotional support
- Fear of travelling longer distances leading to safety risks
- Local people and politicians equating services in local hospital with status of the area

NHS England's responsibility is to put forward a service proposal which will give the best possible outcomes for pre-term and very sick babies. Any engagement will inevitably generate questions and interest - this is to be expected. What is important is the approach that is applied to engagement and making sure it is as robust as possible, following due process.

The level of public scrutiny applied to any public engagement should not be underestimated. Legal challenges are likely to relate to communications and engagement activities.

Challenge often comes from a programme's lack of involvement opportunities for the public at the earliest possible stage. It will be important to demonstrate with clear evidence how this has been achieved.

Communications Risk	**Mitigation**
We are unable to secure effective clinical engagement, leading to lack of support for proposals	Local lead clinicians are involved in the review. Broader clinical expertise has been used to support the local clinicians using nationally agreed clinical guidance. Clinical leaders to provide visible, public support.
Inaccurate information causes undue concern among patients/public/stakeholders	All communication to be open and transparent and shared at the earliest opportunity allowing for clarity and consistency of the message. All co-dependencies to be identified and any possible impacts to be discussed and shared with stakeholders. All communications from stakeholders to be coordinated to ensure consistent clear messages.
Inadequate information causes undue concern among patients/public/stakeholders	Ensure the issues most likely to excite local opinion – money, transport and emergency care are adequately covered within the engagement document Ensure the document addresses how sustainability and capacity are being addressed

The review causes anxiety which impacts on current services and/or ability to engage effectively	The process to be open and transparent. Clear communications to be agreed and shared across key stakeholders. Key stakeholders identified and communicated with as early as possible. Equality impact assessment will identify groups with characteristics which are impacted by the service/service change. A mix of approaches will be used to ensure a range of voices are heard.
The public and/or local authorities contest service change either through judicial review or through referral to the Secretary of State by health overview and scrutiny committees.	Learning from the Independent Reconfiguration Panel to be adopted as best practice within the communications and engagement process: • community and stakeholder engagement • equalities impact assessment and careful analysis of particularly affected groups to ensure the right methods are used to engage • adequate attention given to the responses during and after the consultation including maintaining a thorough evidence log of all communications and engagement activities.

4.1 Section 1: Equality analysis

Evidence
What evidence have you considered? NHS England now has an accessible information standard which needs to be considered/adhered to in the engagement https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf
Age Mothers under 20 or over 35 have a slightly higher risk of pre-term labour. Teenage pregnancy has more than halved over the last 10 years. The highest number of births in Sussex are across the age categories 25-29 and 30-34. Admissions to neonatal care services at the hospital are amongst the lowest in the country. The infant mortality rate remains well below the national rate (3.0 per 1,000 live births compared with 3.9 nationally) and the area has fewer low birth weight babies than the national average This proposal will have a positive impact for children under 1 month of age (babies). Ensuring access to and delivery of care that is evidence based under the requirements of Implementing NCCR 'Better Newborn Care' (2019).
Disability The re-design of neonatal services will affect women and their families in West Sussex. This includes those with a disability. Disability in West Sussex increases with age and is less prevalent in women of child-bearing age. There has been little research into the experience of maternity care for women with a disability. However, a study undertaken in 2013* indicates women with physical and mental disabilities are more likely to have a preterm birth than the general population. **Women with disability: the experience of maternity care during pregnancy, labour birth and the postnatal period Maggie Redshaw[1] Reem Malouf[1], Haiyan Gao[1] and Ron Gray[1]*
Gender reassignment (including transgender) No impact
Marriage and civil partnership No impact
Pregnancy and maternity The infant mortality rate in Western Sussex remains well below the national rate (3.0 per 1,000 live births compared with 3.9 nationally), with fewer low birth weight babies than the national rate. The focus of the neonatal service re-designation is on babies who are born sick or pre-term. In the latest JSNA: • 2.1% of term babies weighed less than 2500g a lower figure than the England rate (2.8%). • 7.3% of all babies (live and still births) had birthweights under 2.5kg in line with the national rate • 1.3% of all babies were of a very low birthweight (<1500g), again similar to the national rate • The multiple birth rate was 17.9 (152 multiple births), similar to the England rate of 15.9.

- For a small number of women (approximately 18 a year) access to perinatal and postnatal care will be affected as there will be a slight increase in numbers travelling to Portsmouth to give birth. Evidence indicates improved outcomes as a result of transfer in utero.

Race
89% of the population in West Sussex are white Caucasian. Little research is available about pre-term births by ethnicity. A ONS survey of mortality rates for babies of low birth weight across the UK showed a decrease across most racial groups between 2007 and 2013 with the exception of Bangladeshi and Black Caribbean babies where the rates had increased. Outcomes for all pre-term babies regardless of ethnicity should be improved with a reduction in clinical risk and an increase in patient safety.

Religion or belief
The proposed re-design will not directly impact those with religious beliefs. However, services do need to consider religious beliefs that impact on maternity care delivery.

Sex No impact

Sexual orientation No impact

Carers We will engage with parents to understand the impact of the proposals.

Other identified groups.
West Sussex ranks 129th of 151 upper tier authorities (1 being most deprived,151 being least deprived). The county remains one of the least deprived areas in the country although there are pockets of deprivation which are amongst the most deprived in the country.

Smoking and obesity are lifestyle risk factors associated with the potential for having a pre-term baby. West Sussex has a lower percentage of women who smoke at the time of delivery compared with other parts of the country. Over 60% of adults are estimated to be overweight or obese.

A review by Ofcom indicates that socio economic deprivation influences access to ICT which can itself be a form of social exclusion.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Sharing of this document with Council for Voluntary Services; Healthwatch; Health Overview and Scrutiny; MSLC; LMS; Maternity Voices

5 Associated documentation

NHS England Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning

ppp-policy-statement .pdf

Planning, assuring, and delivering service change for patients

plan-ass-deliv-serv-c hge.pdf

Accessible Information Standard

access-info-spec-fin. pdf

Independent Reconfiguration Panel (2010) *Learning from Reviews*

Learning_from_Revie ws3_PDF.pdf

6 Appendix I. Key Audiences

It is important to identify key audiences and assess them according to the level of interest they have in the issue and their influence on developments. This will enable the messages developed below to be tailored to each specific audience and will also allow judgements to be made on the amount of effort to devote to each audience. Following are the key audiences we will need to engage with.

- **Patient and public representative groups** - this includes:
  - Active or recent service users
  - MSLC/ Maternity Voices Partnerships
  - Healthwatch
  - Patient panels or health networks run by CCGs/trusts
  - Hospital – patient experience groups
  - VCS organisations interested in maternity and neonatal services e.g. Bliss
  - CCG patient reference groups
  - Patient support groups
  - Health and wellbeing boards
  - PPGs
  - Seldom heard groups such as LD partnerships, MH service users, prisoner, BAME communities
  - Faith groups

- **GPs and GP commissioners** - this includes:
  - Hampshire and Isle of Wight and Sussex ICSs
  - Representatives of GP practices across the ICS membership
  - Any GPs with a particular interest in neonatal issues
  - Neighbouring ICSs

- **Staff**:
  - Multi-disciplinary teams at St. Richards and Portsmouth
  - SONeT

- **Council representatives** - these include:
  - Council scrutiny committee
  - Health cabinet members

- **MPs** - comprising:
  - All members of parliament in the affected area

- **Campaign groups** - comprising:
  - Any existing campaigns relating to health services in the affected areas

- **Media** - this includes:
    - Local and regional broadcast media, routinely
    - Local print and online media, routinely

Any national or trade media that expresses an interest

7 Appendix II. Engagement Questions

When thinking about neonatal services what is important to you? (rank in order of importance)

- Patient safety
- Expertise/right number of staff
- Increased positive clinical outcomes for babies
- Services based at a hospital which is near to home
- Transport to get to the neonatal unit
- Visiting opportunities for family
- Accommodation for family
- Space so that parents can bond with, feed, and provide parental care

When thinking about the proposals for changes Do you?

- Understand the need for change
- Feel confident your views will be listened to