Title: Decommissioning of Neonatal Beds at Ealing Hospital and the re-commissioning of equivalent bed numbers in North West London	**Originator:** Will Huxter Regional Director of Specialised Commissioning, NHS England (London)
Paper published Friday 22nd May 2015 in advance of the public meeting scheduled for Monday 1st June 2015	

1. Executive summary

This paper has been developed following the decision taken by Ealing CCG on the timing of the changes to maternity services at Ealing Hospital made on 20th May 2015.

As a consequence of the above decision, the Regional Director for NHS England, London Region is now asked to consider decommissioning 10 special care cots at Ealing and support the re-provision of 12.6 cots reflecting the pattern of redistributed maternity work from Ealing to other acute sites in North West London.

The rationale for these proposed changes and detailed timing is included in the supporting documentation at **Appendix A**. Ealing CCG Governing Body took its decision to set a date for the completion of the transition of these services. The CCG does so on behalf of the other seven CCGs in NW London following formal delegation of authority for decision making in this matter.

NHS England aims to reconfigure the special care cots which are aligned to the maternity service at Ealing in order to ensure that neonatal services in North West London remain fit for purpose.

2. Rationale for closing neonatal services at Ealing.

The decision regarding the reconfiguration of maternity services at Ealing Hospital was taken by a joint committee of Primary Care Trusts ('JCPCT') in February 2013. The decision was reviewed by the Independent Reconfiguration Panel, which reported back to the Secretary of State for Health. The Secretary of State endorsed the plans fully in a statement to Parliament made in October 2013.

The Case for The Transition of Maternity Services from the Ealing Hospital Site presented to the JCPCT outlined the drivers for change as:

- An increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics to reduce maternal mortality and outcomes which could be achieved by consolidating obstetric services into a smaller number of units.

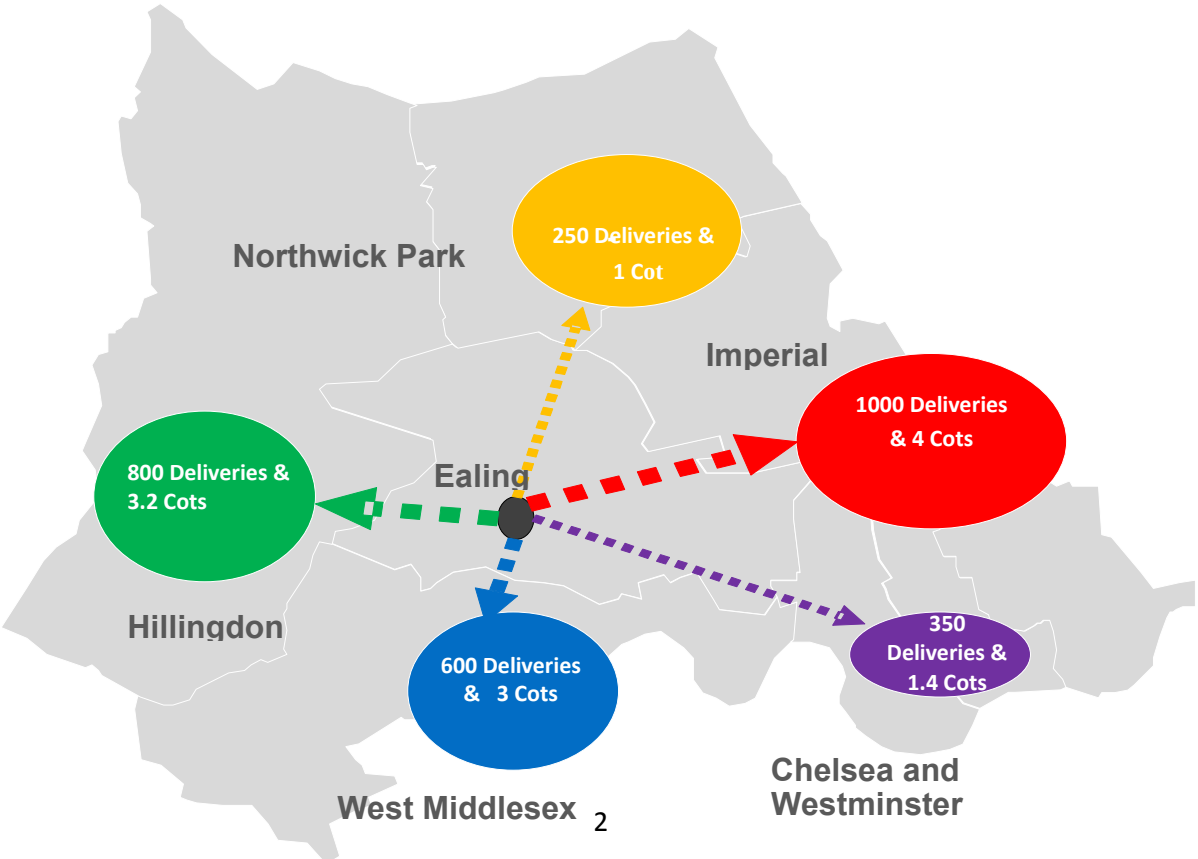
The key decision for the Ealing CCG Governing Body was the timescale by which the closure of maternity services should take place, given the decline in maternity bookings at the Ealing site, the shortfall in consultant presence on labour ward and difficulties in maintaining clinical staffing.

At its meeting on the 20th May Ealing CCG's Governing Body agreed to complete the transition of the Ealing maternity on 1st July 2015. Due to service interdependencies the special care cots at Ealing should now be considered for closure to the same timescale. This will allow re-provision of the cots at those sites receiving increases in maternity bookings.

NHS England commissions neonatal care services, and the Regional Director for NHS England London is responsible for the decision on closure in line with NHS England's scheme of delegation. Based on average occupancy levels Ealing is commissioned to provide 10 utilised special care cots: activity is largely defined as babies that require additional care delivered by a neonatal service but not extending beyond *short term* high dependency or intensive care.

Ealing provides only short term stabilisation prior to transfer; those babies who require longer term high dependency and intensive care are ordinarily transferred to either a local neonatal unit or neonatal intensive care unit and the proposed changes therefore have minimal impact on care at this intensity.

The process for determining demand for special care following the closure at Ealing hospital is set out at **Appendix A**. The map below summarises the proposed redistribution of maternity referrals and special care cots.



Supporting Documentation - Appendix A

1. Bed Capacity Requirements and Predicted Patient Flows – Maternity and Special Care

1a. Maternity flows in the event of an Ealing Hospital maternity closure (CCG Commissioned Pathway)

There were 2500 births in Ealing in 2013/14.

The current forecast delivery numbers are 2468 however to offer further flexibility the Shaping A Healthier Future (SAHF) programme is planning capacity for a maximum of 3000 births per annum; this is despite a continued decline in the birth rate since 2011/12.

Extensive modelling to refine delivery forecasts and the likely patterning of these among the remaining maternity services has been undertaken. Six scenarios exploring the likely distribution of women were considered and weighted based on their likely impact in determining patient flows.

As this is a CCG commissioned pathway, the assumptions relating to maternity referrals have been tested by NHS England through its assurance role. They are based on Royal College of Obstetricians and Gynaecologists and Royal College of Midwives recommendations and benchmarking against units of similar sizes. The SAHF programme has completed extensive stress testing and has confirmed that the hospitals in North West London have sufficient capacity to manage all allocations of Ealing's deliveries.

Likely predicted flow to each site is being supported by the distribution of maternity referrals through:-

- The development of community midwifery boundaries for the whole of NW London
- The implementation of a centralised Maternity Booking Service (MBS).

The latter has been established to redirect referrals from hospitals where women can't be scheduled according to their first choice for capacity reasons. The programme has confirmed demonstrable improvements in the number of women booked to their second and third choices over recent months.

1b. Adjusting neonatal critical care (NHS England Commissioned Activity) to align with predicted maternity flows

Aligning with the likely distribution of maternal bookings 12.6 special care cots are now planned across NW London. Although NHS England commissions this service on occupied cot days (rather than cots) this is an increase to the average number of cots utilised at Ealing and gives some 'head room' for demand above three year average volumes. The distribution across the five receiving Trusts is as follows:

Provider	Ealing Birth Numbers split by expected future flows	Ealing Cot numbers based on occupied days at 80% occupancy	Special Care Cots Planned across NW London	3 Year Average cot numbers based on occupied days at 80% occupancy
C&W	350		1.4	38.4
Hillingdon	800		3.2	14.4
Imperial	1000		4	40.1
Northwick Park	250		1	22.7
West Middlesex	600		3	14.1
Ealing		10.3		10.3
Total	3000		12.6	139.9

**This is additional to the SAHF programme but subject to conclusion of negotiations around a separate capital build
*Physical space available for cot number, but cot and staffing will need to be commissioned

NHS England has confirmed the timescales for cot capacity as follows:

- Chelsea and Westminster (1.4 cots) being absorbed within the existing footprint. The Trust has agreed capital funding for a wider expansion of their neonatal unit which is being considered as part of the West Middlesex acquisition.
- West Middlesex (3 cots) have expanded the neonatal unit and work to do so is complete.
- Imperial (4 cots) have expanded the neonatal unit and building work is on track to be completed by the end of May.
- Hillingdon (3.2 cots) have not required any adjustment in physical space to manage the additional special care cots but a refurbishment of the maternity unit is due to complete on the 19th June.
- Northwick Park (1 cot) is being absorbed within the existing footprint of the neonatal unit.

Bed occupancy rates will be monitored post transfer to ensure that 80% optimum levels are reviewed both in NW and across the whole of London.

2. Staff alignment with special care cot capacity

2a. Nurse staffing

Special care babies are primarily cared for by neonatal nurses and their transfer from Ealing is necessary to ensure that the cots can be commissioned elsewhere.

The neonatal nursing staff at Ealing hospital have been offered first choice of redeployment options. A recruitment and retention package which includes bonus payments, an education bursary and discretionary funding to manage any change in social circumstances arising as a consequence of their transfer to another unit have also been agreed.

Whilst there are clearly issues pertaining to nurse vacancies in NW London as can be seen by the level of neonatal nurse vacancies across the receiving sites: these are pre-existing and will not be compounded by the Ealing transfer. The North West London neonatal network, as well as individual Trusts will continue to address nurse recruitment in order to deliver the nursing ratios outlined within the national neonatal service specification.

Provider - A	Birth Numbers - B	Existing Vacancies - C	Required from Ealing - D	Allocated (Current) - F	Variation
C&W	350	31.6	0	1	+1
Imperial	1000	8	4	2	-2
Northwick Park	250	11.4	2	2	0
Hillingdon	800	1.3	2.6	1	-1.6
West Middlesex	600	0.3	4	4	0
Total	**3000**	**52.6**	**12.6**	**10**	**-2.6**

A national commissioning derogation is in place at present due to a persistent shortfall of neonatal nurses nationally. Progress to improve the ratio of staffing to cots remains an NHS England priority with work being co-ordinated via the national Clinical Reference Group. It is unlikely that this will be resolved during 2015/16.

The recruitment to all vacant posts outlined here will be monitored as part of the on-going assurance process.

2b. Consultant staffing

Whilst there is only one Consultant with a special interest in neonatology at Ealing receiving sites confirmed that special care activity could be managed by their existing Consultant groups. It should be noted that a separate Consultant rota for neonates and paediatrics is being established at Hillingdon and West Middlesex hospitals.

2c. Trust middle grades

The decision to postpone the paediatric transition has resulted in a potential neonatal workforce gap at Hillingdon Hospital and West Middlesex. This is because both hospitals will receive additional neonatal activity without a commensurate increase in their compliment of paediatric trainees, who will now remain at Ealing Hospital until June 2016. To bridge this gap, NW London CCGs have agreed to part-fund the appointment of neonatal locum consultants at both sites for a period of one year and both Trusts have confirmed that this will enable them to staff their neonatal service appropriately in the absence of trainees from Ealing.

3. Managing Surge

3a. Neonatal Critical Care Occupancy

Neonatal critical care is not usually subject to seasonal surges in activity. The provision of high dependency and intensive care beds has not changed and cots are used flexibly across the three levels of care.

The Department of Health Toolkit for High Quality Neonatal Services indicates that planned capacity should not exceed 80% and occupancy will be monitored:

- as part of the NW SAHF Dashboard
- across London by the Neonatal Operational Delivery Network enabling commissioners to review this quality metric against a service which is commissioned on occupied bed days

3b. Capacity to commission additional bed days if flow predictions prove inaccurate

There is further physical space to extend the cot base at Imperial and West Middlesex – see paragraph 1b above.

The maternity booking system will provide information to allow the tracking of booking numbers in order that the NW London network can plan ahead against neonatal capacity requirements.

3C. Opportunities to make more effective use of neonatal care cots

A number of opportunities exist for making more effective use of neonatal beds.

NW London is developing a sector wide model for transitional care which aims to avoid separating babies from their mothers. Midwifery led units and transitional care beds on the postnatal wards have been developed and work is in progress to consider the management of transitional care level babies more appropriately on post natal units.

Additionally CQUINs (where applicable) and QIPP initiatives have been commissioned, supported by the neonatal networks; a proposal to support the appropriate discharge of babies between 34 and 36 weeks gestation through community neonatal nursing support will achieve better utilization of beds and delivery significant quality benefits for families.

4. <u>Stakeholder Engagement</u>

In developing plans to decommission the neo-natal cots at Ealing, NHS England, Specialised Commissioning has engaged with key clinicians to ensure that the cot configuration proposed by the SAHF programme is robust. Network wide operational policies and clinical guidelines to support in-utero and ex-utero transfer of babies requiring enhanced care remain in place.

The Neonatal Transfer Service (NTS) has confirmed that there will be no material impact in transporting babies and in fact a favourable benefit will occur a) with one less referring unit and b) all babies except those at West Middlesex will receive care in units with high dependency and intensive care resource. London Ambulance Service provides peripheral support to the NTS service and similarly no change is anticipated.

4a. Clinical Senate

The London Clinical Senate established a review team comprising an experienced group of clinicians, including Clinical Directors from the Maternity and Children's Strategic Clinical Networks, and members of the Clinical Senate's patient and public voice. The review team considered a range of documentation provided by the SAHF Programme and members talked to clinicians leading the implementation work. The whole team met with the Lead Medical Director for the SAHF Programme. The Senate report and recommendations was published in February 2015.

In summary, the review team found no material issues that altered the case for change presented in 2013, they considered the models for neonatal care to be appropriate and in line with the NICE guidance, the Five Year Forward View and in line with national definitions.

The review team advised strongly that maternity services including neonatology at Ealing Hospital should move in line with the proposed date as ongoing uncertainty presents alternative risks in terms of maternal bookings and staff retention.

4b. Provider and Neonatal Network Engagement

The governance for the transition of maternity, neonatal, gynaecology and paediatrics is set within the context of the wider SAHF programme governance including:

- Shaping a Healthier Future Implementation Programme Board
- Shaping a Healthier Future Clinical Board
- Maternity and Neonatal & paediatrics Delivery Board
- NW London Maternity Network and Paediatric Clinical Implementation Groups
- Emergency and Urgent Care Clinical Implementation Group
- Patient and Public Representative Group
- Travel Advisory Group

Proposals have also been discussed at the NW London Neonatal Network meetings.

5. Enacting the Commissioning Change: Contract Variation

NHS England has informed Providers through the negotiations for 2015/16 that a contract variation to support the redistribution of neonatal activity across the units in London will be actioned via in year Contract Variations commencing Quarter 2.

6. Risk Management and Go Live

Operational check point meetings have been established fortnightly and the London Neonatal Network Manager will attend along with Dr Tyszczuk, NWL Neonatal Network Clinical Director.

- Existing nursing vacancies to be reviewed as a high priority by the NWL Neonatal Network and as part of the work being done nationally to deliver the service specification standards.
- It will be imperative that as Go Live occurs, the operational resilience planning group ensure robust communication between the antenatal and neonatal service. There will need to be confirmation that busy periods are being anticipated particularly if a high risk woman or multiple births are expected.
- The forward view of maternity bookings will be shared with the London Neonatal Network in order that any unplanned fluctuations in bookings or the acuity of women can be managed including any which may impact other sectors, are shared in good time.
- In-utero and Ex-utero transfer rates should be monitored.

More widely:

- The Clinical Senate review indicated that further work is required to ensure that transitional care is satisfactory. Work undertaken by the national CRG to establish a national definition and pricing model for varying levels of neonatal care (including TC) will support this once published.

- NHS England has developed with the London ODN a QIPP proposal to ensure babies 34 to 36 weeks gestation are discharged appropriately from hospital. This is aligned to community nursing proposals and the scheme will need to be fully embedded so the likely benefits in cot utilisation are realised as this SAHF programme goes live.