

Update on Expansion of Neonatal Capacity at Nottingham University Hospitals NHS Trust

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

September 2022

1 Purpose of the report

The purpose of this report is two-fold. As well as providing an update to the Nottingham Health and Adult Social Care Scrutiny Committee about the targeted engagement undertaken by the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to the Maternity and Neonatal Redesign (MNR) programme, it also advises of some changes that have needed to be made to the programme’s approach and scope.

2 Background

An initial briefing was provided to the Committee in November 2021 on the planned expansion of neonatal capacity at Nottingham University Hospitals (NUH) through the MNR programme (see appendix 1). The MNR proposes an expansion of the Neonatal capacity at the Queen’s Medical Campus (QMC), taking the number of cots from 17 to 38 as set out below. The number of intensive care and high dependency cots at the City Hospital would be reduced, and it would be redesignated as a Local Neonatal Unit (LNU). This would reduce transfers between sites for specialised imaging, surgical care or other sub-specialty input.

Cot Type	Current			Proposed		
	QMC	City	Total	QMC	City	Total
Intensive Care	6	6	12	13	2	15
High Dependency	5	6	11	12	2	14
Special Care	6	12	18	13	12	25
TOTAL	17	24	41	38 (+21 from current)	16 (-8 from current)	54

The MNR programme is underpinned by a detailed workforce plan developed with clinicians at NUH to ensure the necessary recruitment is carried out ahead of the additional cots becoming operational.

The case for change follows the National Neonatal Critical Care Transformation Review (NCCR), published in December 2019. One of the recommendations of that review was that Neonatal Services should have enough capacity to provide all neonatal care for at least 95% babies requiring admission for neonatal intensive care, and born to women booked for delivery within the local network area.

The Nottingham Neonatal Service does not currently have the capacity needed to fulfil its service specification and provide intensive care for all Nottingham-booked and North Hub East Midlands Network Operational Delivery Network (EMN ODN) babies who require it. For example, between April 2019 and April 2020, 116 babies could not be accommodated in Nottingham, and had to be sent to units where there were available cots, sometimes beyond the East Midlands. During that period, babies were sent to Burnley, Luton, Scunthorpe, Bradford and Birmingham.

The proposal to increase neonatal capacity in Nottingham in the short term needs to be seen in the context of the ambition of the New Hospital Programme (Tomorrow’s NUH) which – amongst other developments – proposes delivering all Neonatal services from a single site by the end of the decade.

The clinical case shows beyond doubt that prolonging the current situation until such time as the larger scheme is delivered, is not a realistic option, given the potential poorer outcomes for babies in the network resulting from insufficient Neonatal capacity in Nottingham, combined with the issues related to the resulting patient experience for families.

The programme represents a major quality improvement for a small number of pre-term babies and their families. The benefits to these families are significant, but numerically this development represents an adjustment to clinical pathways rather than major service redesign. The Committee was asked at the time of the initial briefing in November 2021 to approve a targeted engagement approach, rather than public consultation needing to be undertaken. The Committee supported the targeted engagement approach, and requested that the findings from that engagement be reported back.

3 Programme Update

The original MNR proposal set out a three-phased approach to the neonatal expansion. The benefit of this was that the Neonatal service could continue to operate in situ throughout the duration of the construction process, thereby minimising disruption. However, as subsequent more detailed planning progressed, it quickly became apparent that the phased approach would not be viable for two reasons:

1. The proximity of the construction work to the neonatal babies would result in noise levels that could adversely impact their development
2. It would not be possible to isolate the Mains gas supply in East Block at QMC

Significant work has been carried out at NUH to develop an alternative and clinically safe plan to temporarily move the Neonatal service to a different location at the QMC while the expansion work is carried out.

The original timeline set out in the November 2021 briefing paper anticipated completion of the programme by the end of 2023. The revised approach would see the enabling works starting in March 2023, the main construction starting in August 2023 and completion by the end of 2024.

4 Programme change of scope

The original MNR plans also included redevelopment of the two obstetric theatres (which are adjacent to the Neonatal unit at QMC), since only one of which is currently full size. This improvement work would take both theatres out of use for a period of nine months, requiring alternative theatre space to be made available.

Unfortunately, it has not been possible to identify appropriate alternative theatre provision within a suitably close proximity to labour suite. Given the current challenges with staffing within maternity services, having to transfer women to main theatres could not be supported for that length of time on the grounds of clinical safety.

NUH is seeking to identify alternative space to enable this work to be carried out at a later date outside of the MNR programme, acknowledging that it is needed ahead of the long term plan for Tomorrow's NUH.

5 Summary of targeted engagement

Nottingham and Nottinghamshire ICB engaged with community groups, women and families, health and social care professionals and the wider public, both within Nottingham and Nottinghamshire and

also bordering counties where families may access Neonatal services, to understand people's views and experiences.

A range of approaches was used by the engagement team to gather feedback, including online surveys for patients and citizens, and for staff, webinars for patients and citizens and conversations with community groups (both in person and virtual).

Engagement feedback from both families and staff around the plans to expand the neonatal facilities at QMC has been broadly positive. Families fed back that their experience of neonatal care was good at both QMC and City Hospital, but that there are things that could be improved with the environment. The expansion plans will see a significant increase in space around each of the cots on the unit, and adjustments to the cot numbers at City Hospital will result in additional space around each of those cots also, so families and staff will experience a greatly improved environment to work in and care for their babies at both sites.

A significant number of comments received during the engagement concerned staffing numbers, and the need to ensure the extended facility could be appropriately staffed with the right levels of experience and expertise in both maternity and neonatal services. As noted above, a detailed workforce plan is being put together as part of the MNR. It sets out a phased approach to recruitment and training to ensure all staff are familiar with the new operational environment and the changes to clinical pathways.

As outlined in section 3 above, more in-depth planning for the programme showed that the original phased approach to construction would not be possible, and a complete move of the Neonatal service at QMC would be required on a temporary basis while the work was carried out. The relocation of the service will impact other areas, particularly Paediatric Surgery, as the service will need to be moved into the Paediatric Surgical Unit. Some of the feedback from staff during the engagement requested that an alternative home be found for the service during this period.

Considerable work has been carried out at NUH with all affected clinical colleagues to establish a safe and clinically appropriate plan to move the Neonatal Service for the duration of the expansion work that does not cause any loss of activity, and the move into the Paediatric Surgical Unit is the best option. The Trust will create additional capacity through its Ambulatory Care Unit to support increased paediatric surgical activity.

The full engagement report is attached in appendix 2

6 Recommendations

That the Health and Adult Social Care Scrutiny Committee:

1. Consider and comment on the information provided
2. Note the positive feedback the final engagement report from Nottingham and Nottinghamshire ICB, which is attached as appendix 2 of this report.

Appendix 1 – Previous Paper (November 2021)

Nottingham City Council Scrutiny Committee

1. Overview and Summary of Proposal

Nottingham University Hospitals are proposing to access NHS capital funds to increase the number of neonatal cots at the Queens Medical Centre (QMC) from 17 to 38. It is planned that this development is completed by 2023.

Current Neonatal Configuration in Nottingham

At the QMC campus there are currently 17 cots (11 Intensive care/high dependency and six special care) along with six transitional care cots on the postnatal ward (C29) which are co-located with maternity services on B Floor of the East Block. Clinically adjacent to and supporting the Neonatal service is specialised paediatric surgery within Nottingham Children’s Hospital and the other paediatric tertiary specialists.

At the City Hospital campus, there are 24 cots (12 Intensive care/high dependency, 12 special care) along with six transitional care cots. The Neonatal Unit is co-located with maternity services in the maternity building. There are no other children’s inpatient services at the City Hospital, and there is limited access to specialised radiology. Babies requiring specialised imaging, surgical care or other sub-speciality input are currently transferred from the City to the QMC campus. From April 2019 to April 2020, there were 147 transfers between sites.

In the same period, 116 babies could not be accommodated on either Nottingham sites and had to be transferred to other units, not just in the East Midlands, but much further afield. Destinations for these babies in 2019 included Burnley, Luton, Scunthorpe, Bradford and Birmingham.

Total Additional Neonatal Cots required

In order to address all of the Neonatal capacity issues identified and meet future demand the following additional cots are required at the QMC:

- Activity sent out of network = 6 Cots
- Reducing the QMC Neonatal Unit occupancy to 80% = 5 cots
- Activity that could no longer take place at the City Hospital Neonatal Unit if it is re-designated as a Local Neonatal Unit = 10

This is a total of 21 additional cots increasing the total number at the QMC from 17 to 38. The overall impact is shown in the table below including the reduction at City and the overall increase for the system.

Cot Type	Current			Proposed (Change)		
	QMC	City	Total	QMC	City	Total
Intensive Care	6	6	12	13 (+7)	2 (-4)	15 (+3)
High Dependency	5	6	11	12 (+7)	2 (-4)	14 (+3)
Special Care	6	12	18	13 (+7)	12 (-)	25 (+7)
TOTAL	17	24	41	38 (+21)	16 (-8)	54 (+13)

2. National Context

National Neonatal Critical Care Transformation Review

The National Neonatal Critical Care Transformation Review (NCCR) was published in December 2019. It was structured across 5 key work areas; Capacity, Workforce, Pricing, Education and Models of Care.

The aim of the Review was to make recommendations that will support the delivery of high quality, safe, sustainable and equitable models of neonatal care across England. The proposal to expand neonatal capacity in Nottingham responds to the findings of this national review as follows:

Mortality

- Local Maternity Networks (LMNs) must ensure that, where possible, all women at less than 27 weeks gestation are able to give birth in centres with a Neonatal Intensive Care Unit (NICU)
- LMNs and Operational Delivery Networks (ODNs) should aim to ensure that at least 85% of all births at 23-26 weeks' gestation are in a maternity service with an on-site NICU

Neonatal Care Capacity

- Neonatal services should have the capacity to provide all neonatal care for at least 95% of babies requiring admission for neonatal intensive care, and born to women booked for delivery within the network (i.e. the target of 95% was set to allow for the occasional woman who gives birth whilst on holiday or visiting the area)
- Neonatal services should not operate above 80% occupancy averaged over the year
- Babies requiring neonatal services should receive that care from a unit with the appropriate level of care as close as possible to the family home

The Nottingham Neonatal Service does not currently have the capacity to fulfil its service specification and provide intensive care for all Nottingham-booked and North Hub East Midlands Network (EMN) ODN babies who require it. The Neonatal Unit at the QMC usually operates at a level that is on average greater than 95% occupancy far exceeding the 80% average occupancy prescribed.

Neonatal Unit Designation:

- All neonatal units designated as NICUs must provide more than 2,000 intensive care days per year.

The proposal to increase neonatal capacity in Nottingham in the short term needs to be seen in the context of the ambition of the New Hospital's Programme (Tomorrow's NUH) when – amongst other developments – it is proposed that Neonatal Services will be delivered on a single site. The clinical case shows beyond doubt that prolonging the current situation until such time as the larger scheme is delivered, is not a realistic option, given the mortality and morbidity impacts of not having sufficient Neonatal capacity in Nottingham, combined with the issues related to patient (and families') experience as described above.

The Neonatal service is small numerically in terms of patients, but is regionally commissioned, and the current capacity shortfalls have significant long term detrimental impacts on the babies, not just in the immediate period of care, but also going forward into childhood and indeed full maturity.

3. The Local Case for Change - Why is this Investment and Change Needed?

There are four key drivers for change for this proposal:

1. Insufficient capacity within the Nottingham Neonatal Service to meet local demand resulting in babies being sent out of network for their care. This has a serious impact on mortality and morbidity as highlighted in the December 2020 Getting it Right First Time (GIRFT) Report.
2. The need to respond to the NNCR Report and in particular the requirement for NICUs to provide more than 2,000 critical care cots days per year.
3. The environment and space available on the Neonatal unit at the QMC is not fit for purpose, leading to increased risk of cross-infection and mortality.
4. Insufficient obstetric theatre space with only one full sized obstetric theatre.

The NHS Outcomes Framework 2019/20 includes the following domains specific to Maternity and Neonatal Services:

- Preventing babies from dying prematurely
- Ensuring that people have a positive experience of care (women's experience of maternity services)
- Treating and caring for people in a safe environment and protecting them from avoidable harm

This proposal aligns with the NHS Outcomes Framework 2019/20 by creating a larger, neonatal intensive care service at QMC campus, supported by Special Care Baby Unit at City campus, which will improve outcomes for pre-term infants in terms of mortality, as the number of babies needing to be transferred out of area will be significantly reduce. Prematurity and congenital abnormalities are the single largest causes of deaths among babies less than one year in age. Also, the proposal aims to improve families' experience of neonatal intensive care by ensuring they are cared for in a safe suitable environment, again aligning to the NHS Outcomes Framework.

The Getting It Right First Time (GIRFT) report identified serious concerns in the EMN ODN as follows:

- Major capacity issues in the three NICUs (two in Nottingham and one in Leicester) are causing excess deaths and poorer quality of care for babies in the EMN ODN.
- The proportion of high-risk babies (extremely premature babies and babies requiring intensive care) dying in local neonatal units and special care baby units in the first week of life is more than twice the national average and is higher than any other network.
- The mortality rates in the NICUs in EMN ODN are low/ average (i.e. NICU performance is not an issue)
- Critically unwell babies are not being transferred from Local Neonatal Units (LNUs) and Special Care Units (SCUs), due to lack of capacity in the NICUs

The GIRFT report also cited serious concerns regarding capacity at Nottingham, including that the capacity gap is the greatest in any NICU nationally. Local data from NUH shows that:

- Occupancy levels across all cot types at the QMC are the highest in the country at nearly 100%. Combined special and transitional care cots at the QMC are insufficient for the number of live births (lowest decile) and special care occupancy is consequently well above recommended levels at nearly 125%.
- Total cot occupancy at City is just under the recommended 80% with special care cot occupancy greater than 80%.
- Capacity transfers for non-clinical reasons are five times higher than the NICU average for the QMC, and in the upper quartile
- Both hospitals are in the lowest performing decile in relation to the percentage of pre-term infants born in the NICU
- There are significant numbers of 'out born' babies who need to be transferred back into the NICU having received care out of network

Patient/Family Experience

Whilst the clinical benefits to the families of neonates in terms of the significant reduction in the risk of pre-term babies being transferred out of Nottingham (as well as the improved environment in the new, expanded unit) are clear, there are other practical considerations in relation to access, travel and car parking.

Commissioners will work closely with NUH to ensure that for those families who will in future be able to access this expanded local NICU capacity, access and travel concerns are addressed during in-patient and subsequent family visiting periods. We will also analyse feedback from families who have used the current service, some of whom will have seen first-hand the shortfall in resource, and the consequence of having neonatal care provided far from home.

4. Conclusions

This is a major quality improvement for a small number of pre-term babies and their families. The expansion of neonatal intensive care cots at QMC campus will reduce significantly the number of babies needing to be transferred to other hospitals, and the realignment of neonatal care between City and QMC will provide better resources – numbers of staff, expertise, equipment and physical space – for those patients. By way of context the total births at NUH per annum is circa 8500, albeit that this key clinical development will only apply to approximately 250 babies. The benefits to these families are significant but numerically this development represents an adjustment to a clinical pathway rather than a major service redesign.

Commissioners will work alongside NUH to engage widely with citizens who will access services at both QMC and City to ensure that the development meets user requirements.

The proposed targeted engagement approach comprises three main strands:

1. Review of existing patient experience data. Working with NUH and the CCG Quality team,

available patient experience data covering the period of April 2019 to date will be collated and analysed, with a focus on understanding both positive and negative experiences of individuals who have accessed Neonatal services at both QMC and City. Existing research/engagement publications in this area will also be scoped and reviewed to provide a broad evidence base for change.

2. Engagement with patients. This will be focused on previous/current service use, the proposed change and asking for feedback. Methods will include an online survey and/or paper survey, which will include questions about previous/current use of the service, what went well, and what could be improved. There will also be the opportunity to take part in focus groups and workshops to allow patients to provide detailed information about their experiences. Working in partnership with NUH, the Nottingham and Nottinghamshire Maternity Voices Partnership, the CCG's Patient and Public Engagement Committee, Healthwatch Nottingham and Nottinghamshire and other relevant community groups (including organisations such as Zephyr's) will ensure that the voices of those who may be disproportionately impacted are heard, and that the engagement exercise reaches the right people.
3. Ongoing patient and public assurance. The survey, its responses and a "You Said, We Did" summary will be published on the CCG website and disseminated through partners engagement channels.

Commissioners and providers are keen to proceed expeditiously to access the capital funding available to support this major development for Nottingham and Nottinghamshire

To this end, the CCG wishes to consult with the Health Scrutiny Committee on this proposal, and in parallel, approval is requested from the Health Scrutiny Committee to proceed with a targeted engagement approach (rather than public consultation), the findings of which will be reported back as required. The consideration of the decision to proceed with this work is imminent and therefore a formal response to this request is required before 25 November 2021.

Lucy Dadge
Chief Commissioning Officer
NHS Nottingham and Nottinghamshire CCG

Appendix 2

Maternity and Neonatal Redesign Engagement Report
July 2022

NHS Nottingham and Nottinghamshire Integrated Care
Board

Table of Contents:

EXECUTIVE SUMMARY	11
BACKGROUND.....	12
AIM AND OBJECTIVES	13
ENGAGEMENT METHODS.....	14
FINDINGS.....	14
SURVEY DEMOGRAPHICS	14
FEEDBACK FROM COMMUNITY AND REPRESENTATIVE GROUPS.....	17
APPENDICES – COPY OF PUBLIC AND STAFF SURVEYS	19

7 Executive Summary

Background

Nottingham University Hospitals (NUH) have prepared an outline business case to secure £29.6m capital funding to invest in neonatal and maternity services at their sites including Queens Medical Centre (QMC) and Nottingham City Hospital. In particular the scheme will:

- Provide sufficient capacity for those network babies who are currently sent out of network for their treatment due to capacity constraints (an average of 116 per year based on 2018-2020) to be cared for within the Nottingham Neonatal Service
- Ensure that the QMC Unit achieves the required 2,000+ Critical Care (level 1) cot days per year as required by the NCCR with babies predicted to need intensive care being delivered and cared for at the QMC in future rather than the City Hospital
- Provide sufficient capacity to allow the QMC Neonatal Unit to operate at the national standard 80% occupancy rate from the extremely high levels currently achieved.

The proposed change to neonatal and maternity services seeks £29.6m capital funding for investment in Neonatal and Maternity services at the Queens Medical Centre (QMC). This scheme will provide an increase in 21 Neonatal cots (from 17 to 38) and 8 additional Maternity beds, enabling the Trust to provide sufficient capacity to meet the requirements of the Neonatal Critical Care Review (NCCR) and the recent Getting It Right First Time (GIRFT) report.

The proposals were shared by Nottingham and Nottinghamshire Clinical Commissioning Group (now known as NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as NHS Nottingham and Nottinghamshire) with the Nottingham City Council Adult Health and Social Care Committee and Nottinghamshire County Council Health Scrutiny Committee in November 2021. It was agreed that targeted engagement would be appropriate to support the planned service moves, especially given the plans for formal public consultation around the longer-term proposals under Tomorrow's NUH, that would incorporate the vision for maternity and neonatal services.

Tomorrow's NUH is Nottingham University Hospitals NHS Trust's programme to create a modern, fit for purpose hospital estate that will allow the most effective and efficient patient care whenever needed. The vision through the Tomorrow's NUH clinical model is that all Women's and Children's Services would be consolidated on a single hospital site (QMC). This long-term strategy for Women's and Children's Services is also reflected in the ICS Community and Clinical Services Strategy. These proposals will be subject to public consultation (date to be confirmed) and the plans within this proposal around neonatal and maternity services are consistent with that vision whilst not pre-empting the outcome of consultation.

NHS Nottingham and Nottinghamshire have engaged with community groups, women and families, health and social care professionals and the wider public to understand views and experiences of neonatal services within Nottingham and Nottinghamshire County and also bordering Counties where families may access the sites. The insights generated will inform the development of the proposal outlined above.

Methods

Engagement work commenced on the 27 June 2022 and concluded on the 28 July 2022.

The Engagement Team used various approaches to gather feedback including: -

- An online survey (a total of 138 surveys were completed by members of the public and 30 surveys completed by staff members)

- A webinars for members of the public. This session was recorded and shared on the organisation's YouTube channel.
- The Engagement team attended forums in Newark and Sherwood and groups in Mansfield who were meeting either virtually or in a community socially distanced setting to gather face to face feedback.
- A total of around 20 parent views and opinions were recorded via face to face meetings

Findings

What did members of the public say?

1. Patients and Families explained that their current experiences at NUH Maternity Services were positive
2. The expansion of the facilities would be excellent and provide the care and support needed to babies at a local level
3. Extending and improving current services and minimising families being transferred further away from their home for neonatal care would be excellent and welcomed
4. Patients and Families said that sufficient space needs to be available on sites to provide better experiences whilst visiting maternity and neonatal services

What did members of staff say?

1. Overall staff members working at the Maternity services were supportive of the planned redesign of the maternity and neonatal facilities
2. Comments and feedback received noted the need around staffing levels and retention and recruitment of staff together with sufficient training of staff
3. Feedback from staff raised concerns around the use of children's surgical operating theatres

Conclusion and recommendations

Conclusions:

Throughout our engagement activity a key theme emerging from all the engagement carried out was the extension of the facility would be welcomed to ensure that there is minimal impact on families and also allowing the capacity of the neonatal service to extent to meet the capacity of demand as and when requires. Comments and feedback also recommended that the facilities should be staffed appropriately with the right levels of experience and expertise, both in maternity and neonatal services, and a sustainable workforce plan to ensure this would be needed.

Recommendations:

1. Develop a sufficient and retainable workforce plan of staff currently employed together with consideration of training needs of staff
2. Ensure there is adequate and safe space around cots in the neonatal unit ensuring easier access for staff to provide care, for families to feed babies
3. To continue to promote clear communications between staff, women and families with consistent messages in order to keep people informed of the changes and updates of the programme of work

Background

NHS Nottingham and Nottinghamshire undertook a piece of engagement work with community groups, women and families, health and social care professionals and the wider public to understand views and experiences of neonatal services within Nottingham/Nottinghamshire. The insights generated will

inform the development of the future provision. The engagement work commenced on the 27 June 2022 and concluded on the 28 July 2022.

As part of the capital planning and prioritisation exercise for 2021/22 the Trust has received an initial allocation of £5m to support the Full Business Case (FBC) development and enabling works for this programme. The enabling works will ensure those services currently located within the development zone immediately adjacent to the QMC Neonatal Unit are relocated. This includes Clinic 3, some Fertility Services and a small number of Gynaecology outpatient clinics.

The reconfiguration will lead to the re-categorisation of the QMC as a Tertiary Neonatal intensive Care Unit (NICU) and the City Hospital to a Local Neonatal Unit (LNU).

The main driver for this development is the provision of safe neonatal care for the population of Nottinghamshire, which cannot be guaranteed in a “do-nothing” scenario, given the limitations of the current cot capacity. Tomorrow’s NUH will provide a long term solution, but the timescales are too protracted for the pre-term babies requiring care in the meantime.

National standards set out in the [Neonatal Critical Care Review](#) (NCCR), published at the end of 2019, dictate that to retain status as a Tertiary NICU, a unit must provide at least 2,000 intensive care cot days per year. QMC just about achieves this level of activity at the moment, but the City Hospital does not. Under the MNR plans, the QMC would be secure in retaining its Tertiary NICU status, and the City Hospital facility would be re-categorised as a Local Neonatal Unit (LNU) i.e. babies could be supported in intensive care at City for up to 48 hours, but would then need to be transferred to the QMC for longer term care if required.

The plans would create at the QMC one large unit focused on NICU babies and one medium sized unit with 4 special care cots to allow babies to be treated up to 48 hours in an intensive care unit.

A report was presented to City and County Health Scrutiny Committees (HSC) in November 2021 who welcomed the report informing them of detailed consideration of the neonatal services. Recommendations from the HSC was to work with Healthwatch Nottingham and Nottinghamshire to carry out a targeted piece of engagement work to understand current experience of the services provided and ascertain feedback of the improvements proposed.

8 Aim and Objectives

The overarching aim of this engagement work was to understand current experiences of service users and staff, noting improvements needed to be made thus informing commissioners and NUH.

This can be broken down into the following objectives:

- To provide patients, members of the public and carers with the opportunity to state what the neonatal and maternity services mean to them and how they want to access care
- To provide Primary Care staff and providers with an opportunity to feedback on the Maternity and Neonatal Redesign Programme
- To provide patients, members of the public and carers an opportunity to feedback their views
- To understand service users’ experience of maternity and neonatal services, particularly those experiencing health inequalities
- To work in partnership with Healthwatch Nottingham to ensure we reach our communities, specifically our underserved and ethnic communities and provide opportunities for them to provide feedback

9 Engagement Methods

NHS Nottingham and Nottinghamshire are committed to actively engaging and listening to the views of service users and carers within the community. The key communications and engagement activities that took place included:

- Extensive stakeholder mapping to ensure feedback was sought from those in boundary Counties
- Providing information about the MNR programme to patients, members of the public and carers, including via service providers, community and voluntary sector (CVS) organisations, ethnic and diverse community groups, local authorities (including district councils), NHS Trusts (including Institute of Mental Health at Nottingham University), charities, local community groups and Healthwatch including the Maternity Voice Partnership
- Making materials available in alternative formats upon request
- Social media promotion and information available on Websites
- Information cascaded through local CVS, Council and system partner newsletters and bulletins and social media opportunities

Engagement was undertaken as follows:

- A survey which ran from 27 June 2022 up to including the 17 July 2022. In total 138 responses were received from the public survey with 30 responses received from the staff survey
- Posters were produced and placed in prominent places across the Trust to encourage staff and the public to provide feedback. Information was available in alternative formats and languages as requested. Internally, the survey link was promoted through a range of channels such as newsletters and social media groups. An outline of responses and graphics of the results and comments received are outlined below
- Webinars were also run by NHS Nottingham and Nottinghamshire ICB, supported by NUH clinical and operational colleagues.
- Specific Community Meetings – Homestart Group Sessions in Newark, BABES Group at Mansfield Children’s Centre
- Attendance at Best Start, Newark and Sherwood Forum to share information with key partners
- Meetings with key groups – Maternity Voice Partnership and Nottingham Women’s Centre
- Information was shared via system partners newsletters and social media platforms

10 Findings

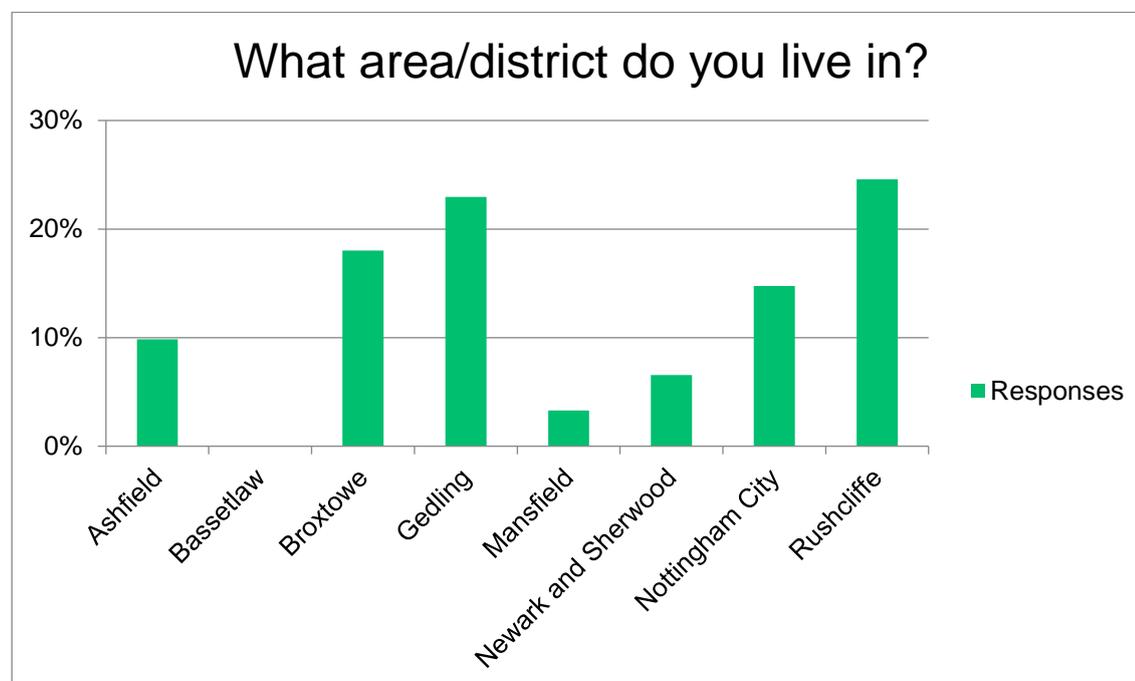
11

A total of 138 respondents completed the public survey, with the majority of these being of White ethnicity 68 people (92%). Members of the public who completed the survey were supportive of the planned redesign of the neonatal facilities, with 65 people (80%) supporting the proposals, and only 1 person (1%) opposing. Comments from parents included themes specifically around current services highlighting smaller units with poor support.

11.1 Survey Demographics

Regarding demographic information from respondents obtained, a number of people from other backgrounds took part including 1 person from each group (1%) Gypsy or Traveler, Mixed White and

Asian, Mixed White and Black African, Mixed White Caribbean and other Asian background. The age range for this survey was from 18 – 54 with majority of ages being between 25 – 34 45 people (58%). The graph below shows the different areas of the County where respondents lived, with the lowest uptake in Mansfield 2 people (3%) but the highest being Rushcliffe 15 people (24%) and Gedling 14 people (22%).



A thematic analysis was conducted for the survey results. The main themes are highlighted within the report. Further information is also available on our website at: [Home - NHS Nottingham and Nottinghamshire ICB](#). Updates and progress of the redesign programme will be available in due course on our websites.

Responses from members of the public

35 of the 138 respondents (45%) had remained at Nottingham University Hospitals with their babies to receive care, and 3 of the respondents (7%) had experienced being transferred with their baby from Nottingham to an alternative hospital.

The overall response from members of the public was positive about the care received, however, some negative comments were received.

The data also suggested that resources such as space, parking and parent accommodation could be improved. Further concerns were raised about the importance of preventing the need for families to be transferred or separated during their care. There was also skepticism about the extent to which personal choice was an option for the families using the service.

Below are comments obtained from parents using the service, confirming the perceived need for increased capacity and improved facilities in terms of benefits, improvements and concerns.

Benefits

There were clear main themes from respondents around more space, more beds and more staff present for parents and their babies which would benefit service users resulting in less transfers and improvement on mental health wellbeing for families.

*'A better environment for the babies, less risk to babies from cross infection.
A better environment for families.'*

People felt that the facilities at NUH are not fit for purpose with some suggestions for improvements including more space for breastfeeding, bigger sized birthing pools and more parental accommodation.

'It's a stressful and confusing time for parents, so having the space to move would help with easing stress.'

Concerns and Improvements

Whilst the redesign proposal of an increase in the number of cots on the unit was welcomed, this caused concerns for many women completing the survey around staffing and the training of recruited staff and potential increased difficulty in accessing specialist nurses on the unit. Respondents expressed the need of increasing workforce. Concerns were also raised around the location and choice of where to deliver their babies together with access to parking.

'I am in a slight support, as along with the expansion, you need to hire appropriately too. Great to expand, lots of benefits like more space for women who are having a prolonged labour or for emergencies, but you need to provide adequate care staff to match it '.

Responses from members of staff

There was a total of 30 survey responses from members of staff, with a split across Queens Medical Centre 16 (53%), Nottingham City 5 (17%) and 9 staff members working across both sites 9 (30%). Overall, 21 respondents (72%) of the staff were supportive of the planned redesign and 6 members of staff (20%) who opposed the plans outlined.

The respondents from the staff survey shared their views and comments with location, resources and plans to improvement facilities and for workforce capacity highlighted to be areas of concern. A further suggestion that was noted and considered included the use of alternative locations whilst work is undertaken.

Staff were asked what they felt were the main benefits of the redesign for families and their babies as well as staff.

The majority of respondents were supportive of the proposals, with a high level of comments noting that this would not only create a better working environment, but also a better environment for patients and families. Staff felt that the proposed MNR Programme would improve patient experience, quality of care and the overall patient pathway.

Comments also reflected that this would allow an opportunity for better training and practice for staff members, improved communication and better retention of staff who are currently employed and would also lead to having a workplan in place to recruit to the unit.

The charts below show the staff view of the benefits and concerns in relation to the MNR programme, with patient care and workforce (particularly around recruitment) being the main areas of concern.

The main benefits identified by staff were the improvement of environment for women and families and the quality of care that can be provided if facilities are improved at both sites. The increase of cot facilities will also allow more women and families to be treated in the area rather than transferring to alternative locations. The increased facility would allow increased staff capacity at the sites and allowing training opportunities for new members of staff therefore increasing staff retention.

Staff members gave detailed responses about how they felt the MNR programme could affect patient care and safety. Concerns were noted around the current workforce. Comments were received reflecting some families may not want to attend the Queen's Medical Centre (QMC) for specialist treatment and due consideration to be taken into account around patient choice.

Concerns were also raised about the impact on other facilities at the Trust whilst work was undertaken, specifically the disruption to children's surgical pathways and children's operating theatre during the redesign period.

*'Staffing levels are concerning especially if the buildings are extended'
'Office space needs to be considered across all roles including administration'*

Staff responses highlighted points around impact on services together with managing waiting lists for surgical procedures. Additional comments from staff around workforce included:

*'Added pressure and increased workload'
'Changes would benefit neonatal team, but disrupt surgical services'
'Staff support and wellbeing is essential to improve morale'*

Further feedback from staff highlighted concerns around the rotation of staff across both sites along with challenges that new ward layouts would bring.

All staff were asked a further question of other considerations or comments they would like to highlight regarding the proposed redesign of neonatal and maternity services at NUH.

Concerns were noted around surgical services resulting in possible delays during the redesign work and increase of waiting lists. Staff were also concerned about support they will receive following the change with wellbeing and opportunities to be involved in decision making.

Suggestions were made for the need to increase antenatal beds within B26 and labour suite as well as increasing theatre space and a quiet room for families. As previously stated, further comments were made around the increased pressure on QMC staff.

12 Feedback from Community and Representative Groups

- 12.1 As part of the targeted engagement activity, NHS Nottingham and Nottinghamshire engagement team members attend a number of community groups. The feedback obtained was mainly positive of their experiences in accessing neonatal care across both NHS Trusts in Nottingham and Nottinghamshire with staff being committed, caring and supportive.
- 12.2 Feedback was also received around how and when communications relating to their care are received and how this is not always patient facing and can include jargon which is not helpful and sometimes can be confusing for women, families, and carers.

Acknowledgements

Thank you to all participants who took the time to complete the survey and to all who attended the webinars to provide your feedback and experience and sharing your stories with us. Thank you to the community groups who allowed us to attend your specific sessions and to those who shared the information on any social media platforms.

13 Appendices – Survey Questions

14 Staff Survey

What is this survey all about?

Through the Maternity and Neonatal Redesign Programme, we are seeking to gain approval for £29.6m funding to redevelop and expand our neonatal and maternity facilities in order to provide an additional 21 cots at the QMC, taking our total to 38. We will also be upgrading the obstetrics theatres so that they are both full sized, and both able to accommodate more complex deliveries.

As the main Neonatal Intensive Care Unit (NICU) for the north hub of the East Midlands Neonatal Operational Delivery Network, NUH provides specialist neonatal care for premature babies from across the wider region.

At the moment, more than 100 premature babies are transferred out of area each year because NUH does not have sufficient cot capacity. Not only does this cause distress for families who have to travel longer distances but results in poorer outcomes for these very vulnerable babies. The neonatal facilities at the QMC are cramped, creating a poor environment for staff and families.

Two recent reports underline the importance of the planned expansion as an immediate priority for the Trust. The first is the Neonatal Critical Care Review (NCCR), published at the end of 2019, which sets out national standards for how many babies a NICU should support each year, and the second is the Getting It Right First Time (GIRFT) report, which highlights poorer outcomes for babies who have to be transferred to other hospitals some distance away.

The planned expansion will create a larger NICU which would include intensive, high dependency and special care cots at the QMC. The Neonatal service at the City Hospital will become a 'Local Neonatal Unit' (LNU), where babies can be supported in intensive care for up to 48 hours, before being transferred to the QMC for longer term care if needed. In future, where it becomes clear during a woman's pregnancy that her baby is likely to need care in the NICU, she could be directed to give birth at the QMC rather than at the City Hospital.

While in the longer term, our vision through Tomorrow's NUH is to bring all women's and children's services together onto the QMC site in a brand-new, purpose-built Family Care hospital, the urgency for more neonatal cots at the QMC means that we need to expand the current facilities now and cannot wait for the 2030 timeline of Tomorrow's NUH.

Enabling works (including the relocation of Clinic 3 and the Fertility clinics) will start from September 2022, and the main construction work is planned to start in February 2023 and will take up to 18 months to complete. During this time, the Neonatal service at the QMC will temporarily decant.

As part of a programme of targeted external engagement, we are seeking feedback from families who have recent experience of using NUH maternity and neonatal services, and from relevant community organisations, so that we can make sure that their needs continue to be met and they have a positive experience of care through this period and beyond. We also want to seek the views of our staff to ensure the neonatal and maternity expansion runs as smoothly as possible for everyone involved.

As well as completing the survey, you can also leave feedback in one of the two MNR hub rooms (at

City and QMC) or contact a member of the MNR programme team. More information is available on the MNR intranet page.

1. Are you completing this survey as:

- As a member of the nursing and midwifery staff
- A member of medical staff
- A member of allied health professionals staff
- A member of staff within support functions
- A member of administrative and clerical staff
- Other (please specify)

2. What is your role? Please leave blank if you would rather not say

3. Where are you usually based?

- Queens Medical Centre (QMC)
Nottingham City
- Hospital Work across both sites
- Other (please specify)

4. To what extent do you support the planned redesign of the Neonatal facilities at the Queen's Medical Centre?

- Strongly Support
- Support
- Neither support or oppose
- Strongly oppose

Please add any additional comments

5. What do you see as the main benefits of the redesign for families and their babies?

6. What do you see as the main benefits of the redesign for staff?

7. Do you have any comments about the proposed redesign and how they will affect patient care? If yes, please state below.

8. Do you have any comments about the proposed redesign in terms of how they will affect the workforce? If so, please state below.

9. Are there any other considerations or comments you would like to make around the proposed redesign to Neonatal and maternity services at NUH?

10. Do you have any further concerns? If so, please state these below

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

11. What is your gender?

- Man
- Women
- Non binary
- Prefer not to say
- Other (please specify

12. Is your gender the same as you sex registered at birth?

- Yes
- No
- Prefer not to say

13. Which age band do you fall into?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

14. Which race/ethnicity best describes you? (Please only choose one)

- Arab
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Pakistani
- Black/Black British – African
- Black/Black British - Caribbean
- Chinese
- Gypsy or Traveller
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Other Asian Background
- Other Black background
- Other ethnic background
- White
- White – Irish
- Prefer not to say

15. Do you have an impairment, health condition or learning difference that has a substantial or long-Term impact on your ability to carry out day to day activities?

No known impairment

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Blind or have a visual impairment if uncorrected by glasses

Deaf or have a hearing impairment

A mental health difficulty such as depression schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

An impairment health condition or learning different that is not listed above

16. Are you a carer providing unpaid support to a family member partner or friend who needs help because of their illness, frailty, disability and mental health problem or an addition

- Yes
- No
- Prefer not to say

17. What district do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood
- Nottingham City
- Rushcliffe
- Other please specify

18. Are you currently pregnant or receiving maternity Care?

- Yes
- No

Patient/Public/Family Survey

What is this survey all about?

Nottingham and Nottinghamshire NHS Integrated Care Board (ICB) is working with Nottingham University Hospitals NHS Trust (NUH) to redevelop and expand the neonatal unit and maternity theatre facilities at the Queen's Medical Centre (QMC), providing 21 additional cots (taking the total from 17 to 38), and expanding the smaller of the two theatres so that both are full size in line with national standards.

NUH is the main neonatal intensive care unit (NICU) in this part of the East Midlands, and currently provides care for premature babies and their families at both the QMC Hospital and the City Hospital sites.

At the moment, more than 100 premature babies are transferred each year to other hospitals in the East Midlands, or sometimes further afield, because there are not enough cots available at NUH to look after them. Not only does this cause distress for families who have to travel longer

distances but transferring very poorly and vulnerable babies can carry some risk. The current neonatal facility at the QMC is very cramped with limited capacity, creating a poor working environment for staff and insufficient space around the existing cots.

The planned expansion would create a larger NICU which would include intensive, high dependency and special care cots at the QMC. The Neonatal service at the City Hospital would become what is known as a 'Local Neonatal Unit' (LNU), where babies could be supported in intensive care for up to 48 hours, before being transferred to the QMC for longer term care if needed. In future, where it becomes clear during a woman's pregnancy that her baby is likely to need care in the NICU, she could be directed to give birth at the QMC rather than at the City Hospital.

We are now asking for feedback from families and members of the public who have recently used NUH maternity and neonatal services, and from relevant community organisations, so that we can make sure that the redesign work is carried out in such a way that families continue to have a positive experience of care during this period and beyond.

As part of our programme of targeted engagement, we are also carrying out focus groups and online question and answer sessions, as well as attending some community group meetings. We would welcome the opportunity to gather feedback from individuals through telephone interviews. If you would like to arrange a conversation, or request attendance at a group session, please contact the Engagement Team by emailing nnccg.engagement@nhs.net or by calling Katie Swinburn on 07385 360071.

This survey is also available in alternative formats and languages upon request, so please do contact Katie Swinburn on 07385 360071.

1. How are you responding to this survey? (Please tick all that apply)

- As a member of the public
- As a current or recent user of maternity and/or neonatal (newborn baby) services
- As a representative of a community organisation (please state below)
- Prefer not to say
- Other (please specify)

2. Have you or a member of your immediate family used Nottingham University Hospitals' maternity services in the last three years?

- Yes
- No
- Prefer not to say

3. How would you rate your experience of Nottingham University Hospitals' maternity services?

- Very Positive

- Positive
- Neutral
- Negative
- Very negative
- Other (please specify)

4. Have you or a member of your immediate family used Nottingham University Hospitals' neonatal services in the last three years?

- Yes
- No
- Prefer not to say

5. How would you rate your experience of Nottingham University Hospitals' neonatal services?

- Very positive
- Positive
- Neutral
- Very negative
- Negative
- Other (please specify)

Please add any comments in the box below

6. During your care, were you or your baby transferred from Nottingham to an alternative hospital?

- Yes
- No
- If yes, please expand on your answer (eg were you transferred because of the lack of cots available)

7. To what extent do you support the planned redesign of the Neonatal facilities at the Queen's Medical Centre?

- Strongly support
- Slightly support
- Neither support or not Slightly
- oppose

If you would like to add any comments please do so below.

8. What benefits or improvements do you think the proposed redesign would bring?

9. If you have any concerns about the proposed redesign, what are they?

10. Are there any other comments you would like to make around the proposed redesign to the Neonatal and maternity services at Nottingham University Hospitals?

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

11. What is your gender?

- Man
- Women
- Non binary
- Prefer not to say
- Other

12. Is your gender the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

13. Which age band do you fall into?

18-24
25-34

35-44
45-54

55-64
65+

14. Which race/ethnicity best describes you? (Please only choose one)

- Arab
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Pakistani
- Black/Black British – African
- Black/Black British - Caribbean
- Chinese
- Gypsy or Traveller
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Other Asian Background
- Other Black background
- Other ethnic background
- White
- White – Irish
- Prefer not to say
-

15. Do you have an impairment, health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities?

No known impairment

Blind or have a visual impairment if uncorrected by glasses

A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Deaf or have a hearing impairment

A mental health difficulty such as depression schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

An impairment health condition or learning different that is not listed above

16. Are you a carer providing unpaid support to a family member partner or friend who needs help because of their illness, frailty, disability and mental health problem or an addiction

- Yes
- No
- Prefer not to say

17. What district do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood

- Nottingham City
- Rushcliffe
- Other please specify

18. Are you currently pregnant or receiving maternity Care?

- Yes
- No