

SCBU  
South Tyneside NHS Trust  
Harton Lane  
South Shields  
Tyne and Wear  
NE34 0PL  
5.9.17

Dear Roger

Please find enclosed a copy of our letter to Mr. Bremner detailing our concerns about the Path to Excellence consultation process in regard to the removal of a SCBU service in South Tyneside. As you are aware we are currently producing a counter proposal for the retention of a remodelled service for the local population and this will be submitted in due course.

Yours sincerely

SCBU Staff

Cc     Mr K Bremner  
       Dr S Wahid  
       Cllr. N Wright  
       Cllr. R Dix  
       Cllr. I Malcolm  
       Dr D Hambleton  
       Mr D Gallagher  
       Emma Lewell-Buck MP  
       Stephen Hepburn MP  
       Ms G Taylor  
       Mrs M Langley

Special Care Baby Unit  
South Tyneside NHS Trust  
Harton Lane  
South Shields  
Tyne & Wear  
NE34 0PL.

5<sup>th</sup> September 2017.

To Whom it may concern,

We are writing with regards to the 'path to excellence' maternity service review in South Tyneside and in particular closure of Special Care Baby Unit.

The word transparency is used on a frequent basis in conjunction with the consultation however, We have to say that no nurse at STDH knows any member of the nursing team that has been involved in the consultation process.

For SCBU staff we were told in a general meeting for maternity services on 4th July 2017 in a passing sentence that SCBU would be provided in Sunderland.

On April 27th Patrick Garner in the Northern Neonatal Network meeting told all attendees at that meeting that there would be no Special Care Baby Unit in South Tyneside. On being advised of this Sr L Malcolm (ANNP/ward sister SCBU STDH) contacted management and promptly had a visit on SCBU by senior management. She was told that this wasn't the case and closure wasn't the only option being proposed for SCBU.

A manager visited SCBU on at least 2 further occasions early in the morning and spoke to night shift staff and advised them there would be 3 options available for SCBU and outlined these options. She said she would fight for this unit 'til the end but needed a unit to fight for. She didn't want staff to 'jump ship'.

We were told the staff would be able to have their say and put their concerns across once the public consultation period began.

As you can imagine we attended the launch 5th July to do just that. Imagine also our frustration when we got there only to find the Speakers allocated plenty time to get across their points of view but public and staff struggled to ask any questions in the allotted time. Dr Wahid put across the 'wonderful options' all of which would be better for everyone. When questioned about what he thought was negative about the transfer of services, he said he didn't feel there were any negatives to the move.



What about new mothers having to travel, often on public transport for weeks/months until their baby is discharged home? We are sure those mothers would see this as a negative.

Within the transport surveys which were carried out, has any consideration been given to the travel implications for the 'high risk' pregnant ladies who will now have to travel to Sunderland? Will they be under any greater 'risk' when having to double their journey time?

Also some of these ladies could have caesarean section births. They are advised they are unable to drive for approx 6 weeks. How are they to be expected to travel to Sunderland on a daily basis, on public transport to visit their newborn baby if their baby is admitted to special care?

Surely these meetings are set up to allow the public, service users AND staff the opportunity to find out the true implications for themselves.

In reality again SCBU was briefly skirted around in a passing sentence.

In the pathway to excellence booklet on page 64 it briefly mentions that SCBU is one of the services being considered. However on the very next page (65) it shows SCBU in both options proposed WILL CLOSE. Closure is not a consideration it is an action.

Also page 64 states a "do nothing approach" was discounted, but it also states "nor did we consider discontinuing these valuable services". Despite that statement Special Care at South Tyneside IS BEING DISCONTINUED. Is SCBU not a valuable service? Our parents feel it is. Sunderland is NOT local for South Tyneside residents. We urge you please to explore a local sustainable service for the families of South Tyneside who are struggling with the added pressures of having a baby which requires extra care. After all there would be no high risk babies at ST, these babies would be low risk babies in a transitional phase between hospital stay and home discharge. These babies require a lot of cot days in SCBU before they are ready for home, if placed at ST this would free up bed spaces at SRH. Why is it not possible to have a designated consultant of our own on call in the unlikely case that one of these babies requires emergency treatment. Remember they are low risk. In previous years we have had cross cover by consultants from Sunderland at South Tyneside, It worked then, why could this not work again.

Most people aren't aware of the service SCBU provides until they are unfortunate enough to have to use our service. The only losers in this sorry situation are the families who will carry the extra emotional and financial burden of having to travel to another area to see their baby. These cost saving implementations are going to cost these families in stress, money and time.



At the public consultations, numbers have been restricted and not enough public members have been in attendance. Also tables have been introduced with 'table discussions' taking priority over question and answer time. These tables should be mixed staff and public so that the public can find out exactly what the loss of services will mean FOR THEM. How valid is a table discussion when the rest of the attendees are unable to participate in points raised on different tables.

Questions are written on post it pads 'to capture every question'. In reality 2 important questions we raised on a post it pad have been totally switched around and not portrayed how they were intended.

Few questions were actually answered outright, they were just skirted around and oh.... we'd run out of time!!

Dr Wahid claimed more specialised care could be given at Sunderland, an insulting remark to staff at STDH SCBU. We also have neonatal qualifications and NLS course holders in South Tyneside. We are ALL qualified neonatal nurses, we have 2 ANNP's and 58% of qualified staff are NLS providers. The babies receive excellent care at South Tyneside and we pride ourselves on our willingness and commitment to go 'above and beyond' for our service users.

There is no denying we have staff shortages at ST so have the rest of the country, but we have not had staff replaced when staff have reduced hours due to flexi-retirement packages and only recently an 'at risk' post holder position was vacated and the post has not been re-advertised. An agency nurse we use enquired regarding vacancies in SCBU and was told there was no posts available. Where have all the hours disappeared to from these members of staff?

We know from extensive experience that when a baby is transferred to Sunderland, Newcastle or Middlesbrough, when the period of intensive care is over that NICU rings SCBU at ST on a daily basis to free up that one bed space. How do Sunderland propose to take our 115- 123 admissions full time which equates to >1300 cot days. If Sunderland and Newcastle are full will this mean more babies will have to go to James Cook University Hospital or North Tees? and how will they take these babies back for continuing care for the weeks or months prior to discharge depending on original gestation at birth.

There has been NO option or model formulated for Special Care to remain at South Tyneside, only closure. Should the importance of how this would affect new parents especially new mothers possibly after a caesarean section having to travel further away from home to visit her baby not have been taken into account? How many parents of Special Care Babies who had been transferred to other hospitals and back to South Tyneside have actually been surveyed to ascertain their thoughts on the struggles they faced during their time spent at other units? Our mothers who had babies transferred/returned in 2016 tell us they were not asked about experiences of stays in other units or South Tyneside. From experience of looking after these

parents and their babies for often lengthy periods on return until discharge home many express an emotional and financial struggle takes place when they are such a distance from home. If other siblings are at home mothers feel torn between home and hospital. Visiting often has to be cut shorter or less often due to juggling longer travel times and home commitments.

Please consider;-

\*Travel time: independent study shows journey time to

South Tyneside Hospital 20-25 minutes

To Sunderland Royal Hospital from South Tyneside 45-50 minutes

\*Financial implications – parents have reported that they cannot always visit on a daily basis due to home financial restraints. It is highly publicised that South Tyneside is a deprived area. This is an added pressure /feeling of guilt for these already anxious parents.

Parking charges are more expensive at Sunderland Royal Hospital than South Tyneside Hospital.

\*Restricted visiting time spent with baby due to siblings at home. Difficulty in extra journey time to hospital at SRH. Often unable to visit more than once a day at SRH , cost/ journey time/childcare options limited.

At STDH they have greater opportunity to visit for longer periods or more frequent visits as less travel time involved.

Breast feeding mothers often have spouses/relatives who 'drop off' expressed breast milk for their babies on their way to work etc. They will not be able to do this at Sunderland. More stress for the new mother knowing her fragile baby will have to wait longer for her expressed breast milk.

\*Emotional burden when baby is in another town and not near 'home'

Whilst it would appear that option 1 (MLU) is of more benefit to the South Tyneside population due to a higher score in the review, how could there be no consideration to any benefits in having a SCBU also? 40% of admissions to SCBU STDH are term low risk babies. Any birth can become high risk at any time. What provision will be made for these babies who currently arrive from delivery suite and post natal ward?

Why are we termed an alliance with Sunderland when it would seem currently there are NO departments under review in Sunderland and all our acute services will go to them . Are they only in an alliance if services are there?



Thank you for taking the time to look at our concerns /views and we would appreciate your feedback.

We also give my permission for all or part of this to be published if required.

Thank you,

ALL members of Nursing Staff, Special Care Baby Unit, STDH