



The Northern Neonatal Network  
An Operational Delivery Network  
Website - [www.nornet.org.uk](http://www.nornet.org.uk)



**Chair: Deborah Jenkins**

[deborah.jenkins@stees.nhs.uk](mailto:deborah.jenkins@stees.nhs.uk)

**Clinical Lead: Dr Sundeep Harigopal**

[sundeep.harigopal@nuth.nhs.uk](mailto:sundeep.harigopal@nuth.nhs.uk)  
P.A. 0191 2825755

**Nurse Lead: Lynne Paterson**

[lynne.paterson@stees.nhs.uk](mailto:lynne.paterson@stees.nhs.uk)  
(01642) 854871

**Manager: Martyn Boyd**

Northern Neonatal Network, Trust Headquarters (Room 248), Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP

[martyn.boyd@chsft.nhs.uk](mailto:martyn.boyd@chsft.nhs.uk)  
Office line (0191) 541 0139  
Mobile 07795062535

## **Northern Neonatal Network Care Pathways – October 2014**

### **South Tees Hospitals NHS Foundation Trust - James Cook University Hospital, Middlesbrough**

#### **Scope of care**

South Tees Hospitals NHS Foundation Trust provides neonatal services at The James Cook University Hospital in Middlesbrough. The current services provided on the JCUH site are as follows;

## **NICU, James Cook University Hospital, Middlesbrough**

### **Current Unit capacity**

10 Intensive Care cots  
20 Special Care cots (as from October 2014)

### **Annual number of deliveries**

4414 (April 2012 – March 2013 figures)

### **Annual number of admissions**

339 (April 2012 – March 2013 figures)

### **Current threshold for incoming ante-natal transfers**

Generally obstetricians from the seven SCBUs will routinely try to transfer <30/40 gestation mothers here as one of the four receiving NICUs in the Network. This is done by direct discussion with receiving consultant obstetricians and neonatologists if a suitable Intensive care cot is available.

### **Current threshold for incoming post-natal transfers**

Any baby requiring intensive or high dependency care postnatally for which local provision is not available. Babies <30/40 that have to be delivered at one of the SCBUs are routinely transferred to JCUH for Intensive Care after using the Transfer hotline according to the appropriate Care Pathway.

### **Other thresholds for incoming post-natal transfer**

This will be discussed with JCUH clinicians and decided on a case by case basis, but examples of babies who will generally require transfer include: any baby requiring intensive or ongoing high dependency care that is outside the gestation threshold above, babies with Hypoxic Ischaemic Encephalopathy needing active cooling, some surgical cases (see below), congenital/cardiac anomalies for further assessment if they do not require immediate transfer to the Sub-Regional Unit (RVI/Freeman), babies requiring ventilation or TPN.

### **Transfer services provided?**

JCUH provide a full emergency transport service for all babies (including paediatric/PICU cases up to approx. 6kg) within the Network. All requests for transfers should be made via the dedicated Neonatal Transfer Hotline number.

### **Routine investigations/tests/screening currently undertaken**

ROP screening is performed on-site. Routine ultrasounds of the cranium are also done

on site, as well as MRI and CT Scans. Other services and diagnostic facilities are listed below. All babies have a saturation reading prior to discharge home.

### **Surgical procedures undertaken and/or post-surgical care provided?**

Some defined routine/dedicated surgical services for newborns are provided at JCUH, including some specialist procedures as listed below. Laser surgery for advanced ROP (Retinopathy of prematurity) is provided by arrangement/referral through the consultant neonatologists/ophthalmologists.

### **Cooling for H.I.E undertaken?**

Therapeutic cooling for babies with HIE is undertaken here and babies requiring this therapy can be transferred from one of the SCBUs if this is required/indicated after discussion with one of the neonatologists and subsequent transfer arranged via the Hotline. MRI imaging and 12 channel EEG available for prognostication

### **T.P.N. provided on-site?**

Yes with paediatric pharmacist input.

### **Neonatal community outreach team/services provided?**

JCUH provide a comprehensive neo-natal community nursing service on a Monday-Friday basis, covering babies needing home tube feeding, home oxygen therapy and where required in discussion with the Unit Discharge team. Babies with long-term problems that will require ongoing care will usually be handed over to the Paediatric Community team at an agreed age, usually 1-2 years depending upon the condition. All discharges are reviewed at a weekly meeting with the neonatal team. Multi-disciplinary team meetings are arranged pre-discharge for selected babies with significant problems.

### **Transitional Care provision on-site?**

JCUH do not have any formal transitional care facilities

### **Full list of Services provided;**

- Advanced Ventilation including oscillation and NO (Nitric Oxide) therapy.
- All maternal care services (diabetes, renal, spinal, cancer, HDU, ITU etc).
- Cardiology Clinics.
- Cardiology Diagnosis.
- Community Neonatal Nursing Service
- Dedicated High Risk Infant clinic.
- Functional Echocardiography.
- MRI and ultrasound brain Imaging with paediatric radiologist reporting.
- Neonatal Surgical Airway service with neonatal bronchoscopy.
- Neonatal Transport Service.

- Paediatric orthopaedics, plastic surgery, neurosurgery, dermatology, PICU and endocrinology on site.
- Paediatric/Neonatal anaesthetic service
- Perinatal pathology.
- Regional Genetics Service.
- Specialist fetal medicine including fetal cardiology.
- Joint weekly neonatal follow-up clinic with paediatric physiotherapy, dietetics and community nursing input.
- Specialist Neuro-developmental Follow Up (BSID 3) of at risk infants & babies born below 32 weeks gestation.
- Sub regional Neonatal Ophthalmology screening and laser treatment for retinopathy.
- Therapeutic Hypothermia for Hypoxic Ischaemic Encephalopathy.
- Video 12 channel EEG and aEEG facilities with expert neurophysiology interpretation.