



**University Hospitals Sussex**  
NHS Foundation Trust

Ms Joanne Andrews  
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**University Hospitals Sussex NHS  
Foundation Trust  
Trust Headquarters  
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By email only

23 October 2024

Your ref: [REDACTED]

Our ref: [REDACTED]

Dear Ms Andrews

### **Inquest into the death of Felix Burton-Hartley**

Thank you for your letter of 30 August 2024, enclosing your formal report under Regulation 28 to Prevent Future Deaths, to the British Association of Perinatal Medicine, NHS England and NHS Improvement, and the Trust.

My sincere condolences go to Baby Felix's family.

Thank you for confirming that you did not find the timing of the attendance of the on-call Consultant to Felix causative or contributory to his sad death. However, I understand that you are concerned that the time in which Neonatal Consultants attend future neonatal emergencies at the Princess Royal Hospital may vary and create a risk of future deaths.

Your Regulation 28 Report has been reviewed by the Executive team and the Women and Children's Division, including the Chief of Service, and the Neonatal Clinical Lead. In light of your report, our model of care has been reviewed. A review of neonatal clinical outcomes has also been carried out which includes our perinatal mortality rates and the incidence of hypoxic ischaemic encephalopathy for babies born at the Princess Royal Hospital.

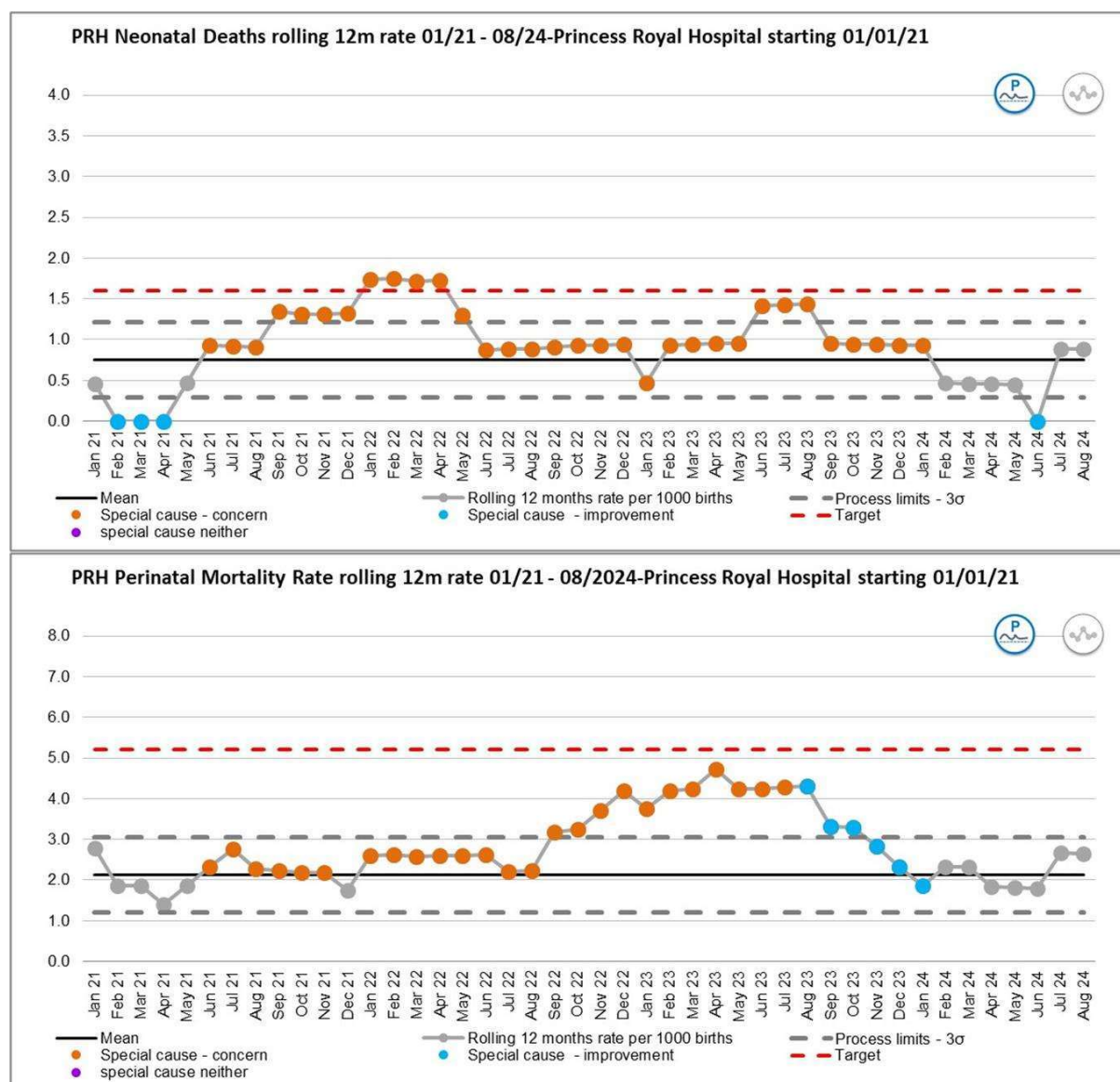
As you know from evidence at the inquest, our Neonatal Consultants are simultaneously on-call for the Royal Sussex County Hospital and the Princess Royal Hospital and at these times, they are based within 30 minutes travel time of the Royal Sussex County Hospital. These arrangements have been in place for many years. The Princess Royal Hospital is part of University Hospitals Sussex NHS Foundation Trust, and approximately 2200 babies are delivered there each year. These are deliveries of 34 weeks of gestation and above, and earlier gestations are delivered at the Royal Sussex County Hospital. The Neonatal service has an 8 bed Special Care Baby Unit that is staffed by the Neonatal Medical team, Advanced Neonatal Nurse Practitioners, and the Neonatal Nursing team.

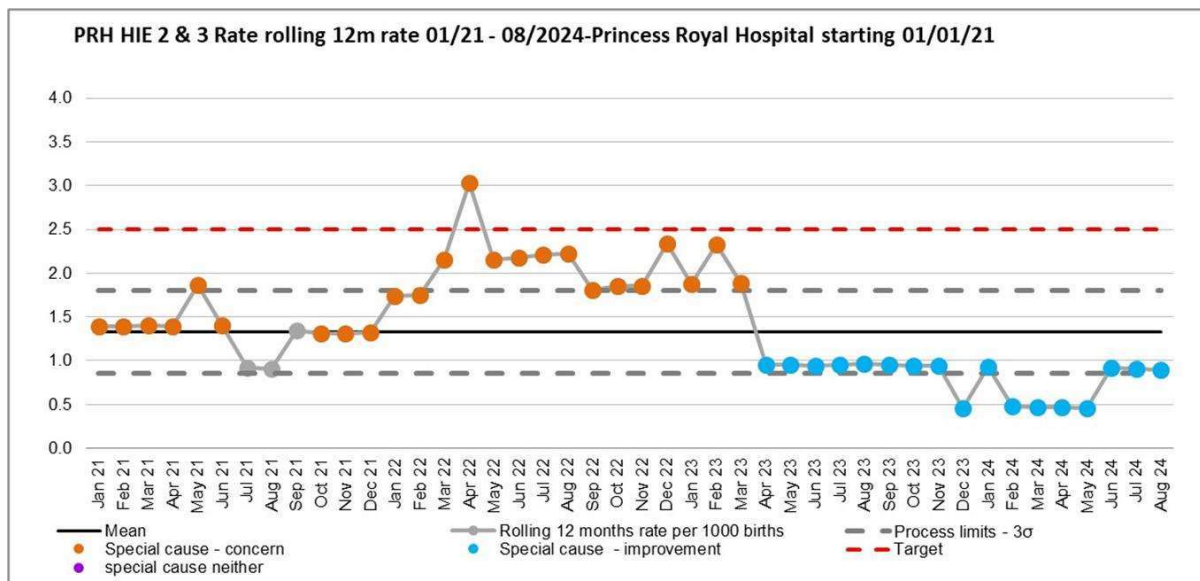
The current 12 month rolling Perinatal Mortality Rate (PMR) for the Princess Royal Hospital is 2.68/1000 births (up to and including July 2024), and this is lower than the Trust PMR of 2.78, the South-East regional benchmark rate of 4.7 (June 2023), and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) National figure of 5.0 (July 2024).

The 12-month rolling Neonatal Mortality Rate (NMR) for the Princess Royal Hospital is 0.89/1000 (up to and including July 2024), this is lower than the Trust NMR of 1.16, the South-East regional benchmark rate of 1.4 (June 2023), and the MBRRACE National rate of 1.16.

Neonatal deaths are reviewed at a regional level and local data is benchmarked by MBRRACE. These reviews of neonatal deaths have not highlighted the availability of the Neonatal Consultant at the Princess Royal Hospital as a contributory factor to neonatal deaths.

The outcomes for babies born at the Princess Royal Hospital over the last three years are in-line in terms of safe outcomes, and are monitored regularly by the Women and Children's Division, and centrally by the Trust. The results are shown in the following SPC (statistical process control) charts:





The Trust is aware that the current Neonatal Consultant on-call arrangements for the Trevor Mann Baby Unit and the Princess Royal Hospital Special Care Baby Unit do not meet the current British Association of Perinatal Medicine standards, but our review of outcomes did not find evidence that the current arrangements we have in place are unsafe. However, it is acknowledged that it is right to review these arrangements. We are exploring the options for providing a separate Neonatal Consultant on-call rota for the Princess Royal Hospital Special Care Baby Unit, but we do not have existing Consultant resources to meet this need. The Trevor Mann Baby Unit Consultants are already fully committed clinically, and the workforce and financial resources are not currently available to fund the large Consultant expansion that would be needed to provide a freestanding Princess Royal Hospital Special Care Baby Unit rota. Therefore, in view of the complexity and interdependency of the provision of maternity services, the Trust is approaching the Integrated Care Board (ICB) to consider externally reviewing the current arrangements and the options for strengthening our Neonatal Consultant on-call arrangements for the Princess Royal Hospital Neonatal service.

Yours sincerely,

[Redacted Signature]

[Redacted Name]

Chief Executive