

**National Assembly for Wales**  
Children and Young People Committee

Inquiry into Neonatal Care  
September 2012



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**National Assembly for Wales**  
Children and Young People Committee

Inquiry into Neonatal Care  
September 2012



## Children and Young People Committee

The Committee was established on 22 June 2011 with a remit to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing: the education, health and wellbeing of the children and young people of Wales, including their social care.

### Current Committee membership



**Christine Chapman (Chair)**

Welsh Labour  
Cynon Valley



**Angela Burns**

Welsh Conservatives  
Carmarthen West and South  
Pembrokeshire



**Jocelyn Davies**

Plaid Cymru  
South Wales East



**Suzy Davies**

Welsh Conservatives  
South Wales West



**Rebecca Evans**

Welsh Labour  
Mid and West Wales



**Julie Morgan**

Welsh Labour  
Cardiff North



**Lynne Neagle**

Welsh Labour  
Torfaen



**Jenny Rathbone**

Welsh Labour  
Cardiff Central



**Aled Roberts**

Welsh Liberal Democrats  
North Wales



**Simon Thomas**

Plaid Cymru  
Mid and West Wales

The following Member was also a member of the Committee during this inquiry.



**Keith Davies**

Welsh Labour  
Llanelli

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## **The Committee's key conclusions and recommendations**

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The Committee's recommendations to the Welsh Government are listed below. They are listed in the order that they appear in the report - please refer to the relevant pages of the report to see the supporting evidence.

**Recommendation 1:** The Welsh Government to ensure that local health boards include a detailed business plan within their service reconfiguration plans for addressing the shortfall in nursing staff.

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**Recommendation 2:** By December 2012, the Welsh Government to receive from local health boards a detailed plan, with timescales, on how they will address the shortfall in nursing staff within their board, for each level of neonatal care.

(Page 14)

**Recommendation 3:** The Welsh Government to require local health boards to produce an annual report on how they are implementing the All Wales Framework for Neonatal Nurse Training.

(Page 17)

**Recommendation 4:** The Welsh Government will ensure that local health boards are enabling access to education and CPD by providing sufficient support for staff to be released from their duties, taking into account peak times within neonatal units and therefore planning accordingly.

(Page 17)

**Recommendation 5:** The Welsh Government shall ensure any baby born in Wales needing neonatal intensive care will be cared for by a neonatologist.

(Page 20)

**Recommendation 6:** The Welsh Government to ensure that local health boards include a detailed business plan within their service reconfiguration plans for addressing the shortfall in medical staff.

(Page 20)

**Recommendation 7:** By December 2012, the Welsh Government to receive from local health boards a detailed plan, with timescales, on how they will address the shortfall in medical staff within their board, for each tier.

(Page 20)

**Recommendation 8:** The Welsh Government will review the effectiveness of the Wales Deanery in ensuring sufficient numbers of medical staff are being trained to meet the needs of Welsh hospitals, in the short, medium and long term. (Page 21)

**Recommendation 9:** The Welsh Government will ensure that local health boards include, as part of their service reconfiguration plans, information on how the reconfigured services will meet the All Wales Neonatal Standards. (Page 21)

**Recommendation 10:** The Welsh Government to work collaboratively with local health boards and the Neonatal Network to ensure that the required number of cots, at all levels of care, are adequately accessible and staffed appropriately. (Page 24)

**Recommendation 11:** The Welsh Government to ensure that local health boards, in collaboration with the All Wales Neonatal Network, produce a programme by December 2012 on how parent and community services will be expanded and improved. (Page 26)

**Recommendation 12:** The Welsh Government to complete a cost analysis of implementing a dedicated 24 hour transport service across Wales. (Page 28)

**Recommendation 13:** The Welsh Government to ensure that local health boards take transport transfer times into account when assessing service reconfiguration plans. (Page 28)

**Recommendation 14:** By December 2012, the Welsh Government will develop an effective reporting and assessment mechanism for local health boards to report on their compliance with the All Wales Neonatal Standards, ensuring a uniform method of reporting is established and a clear pathway of accountability for non-compliance is determined. (Page 31)

## 1. Introduction

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1. In January 2012, the Children and Young People Committee agreed to undertake a short inquiry to review the provision of neonatal care and, in particular, the degree to which progress had been made on implementing the recommendations of the previous Health, Wellbeing and Local Government Committee's Report on *Inquiry into Neonatal Care in Wales*<sup>1</sup> (published in July 2010).
2. The previous Committee concluded that despite a backdrop of a severe funding shortfall, special care babies and their families did receive high quality care, but were concerned about a lack of specialist staff providing neonatal care and problems in recruiting neonatal doctors and nurses. The Committee made 18 recommendations to the Welsh Government, intended to help improve neonatal services in Wales. The recommendations covered funding and staffing as well as areas such as neonatal unit occupancy levels, transport services, and the implementation of the All Wales Neonatal Standards. The Welsh Government published its response<sup>2</sup> to the previous Committee's report in August 2010, accepting all of the recommendations made. The recommendations and the Welsh Government's response are available at Annex A.
3. Our follow-up work has identified a number of important areas in which progress with neonatal care services in Wales have been made since the previous Committee's 2010 report. Clear improvements were noted in relation to the introduction of the cot locator system, the use of the BadgerNet clinical information system and the dedicated 12 hour neonatal transport service in both North and South Wales. However, further progress is still required in a number of important areas, not least, addressing the shortfall in medical and nursing staff and the effective distribution and utilisation of cots.

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<sup>1</sup> Health, Wellbeing and Local Government Committee, [Inquiry into Neonatal Care in Wales](#), 5 July 2010

<sup>2</sup> [Welsh Assembly Government Written Response to the Health, Wellbeing and Local Government Committee Report: Inquiry into Neonatal Care in Wales](#), 15 September 2010

## **Method of inquiry**

4. The Committee had originally intended to conduct a one-day inquiry but, as a result of concerns raised during an oral evidence session on 9 February 2012 with Bliss, Royal College of Nursing (RCN) Wales, Neonatal Nurses Association, British Association of Perinatal Medicine (BAPM), and the Royal College of Paediatrics and Child Health (RCPCH) Wales, the Committee decided to extend the inquiry to include a further session on 17 May 2012 with the Chief Executives of all local health boards.
5. This was followed by an evidence session with the Minister for Health and Social Services, Lesley Griffiths AM (the Minister), during the Committee meeting on 31 May 2012.
6. A list of witnesses who provided oral and written evidence for this inquiry can be found at Annex B and C.

## **2. Background**

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### **Neonatal services in Wales**

7. Neonatal services provide care to babies born prematurely or with an illness or condition requiring specialist care. There are three levels of progressively more complex specialist care facilities: local special care baby units (level 1); high dependency units (level 2); and highly specialised neonatal intensive care units (level 3). A baby needing neonatal care can move between these three levels of care as their condition changes. Around 4,000 babies are admitted to neonatal services in Wales each year. This is equal to approximately one in nine babies born in Wales.

8. There are currently 13 neonatal care units in Wales. Neonatal care services are configured in four health communities, which should function as a mini network, as far as possible, so that families and babies can receive all their care within their health community and close to home:

- North Wales (Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital);
- South West Wales (Bronglais Hospital, Withybush Hospital, West Wales General Hospital, Singleton Hospital and Princess of Wales Hospital);
- South Central Wales (University of Wales Hospital, Royal Glamorgan Hospital and Prince Charles Hospital);
- South East Wales (Nevill Hall Hospital, and Royal Gwent Hospital).

### **Policy background**

#### ***Review of neonatal services***

9. In 2005, Health Commission Wales undertook a review of neonatal services in Wales, which suggested a number of recommendations for improving care and access to neonatal services in Wales.

10. In 2008, the review was revisited by an expert group, led by Dr Jean Matthes, Consultant Neonatologist at Abertawe Bro Morgannwg University Health Board. The expert group produced the All Wales Neonatal Standards, key recommendations that included establishing a neonatal managed clinical network and a neonatal transport system.

11. A clinical advisory group were involved in the development of a neonatal business case setting out how the neonatal service should be delivered, and these recommendations were accepted by the then Minister for Health and Social Services in December 2009. The business case recommended:

- introducing a neonatal transport service with two different methods of delivery: one in the south and one in the north of Wales, to operate 12 hours a day;
- specialist neonatal services to be concentrated in three centres in the south and one in the north;
- recruitment to begin for additional neonatal consultants and neonatal nurses;
- a single neonatal database enabling the standardised collection of data across Wales; and
- the establishment of a managed clinical network.

12. Following the establishment of the All Wales Neonatal Network in late Summer 2010, the Network Steering Group was tasked to perform an initial Network Capacity Review. A preliminary paper was presented to the Network Steering Group in October 2010 and a final report presented in February 2011. This report made a series of recommendations and, following meetings with local health boards in Spring/Summer 2011, they were asked to develop action plans to start the process of addressing some of the problems identified across the neonatal network.

13. The All Wales Neonatal Network has since published its full Neonatal Capacity Review – January 2012, which follows on from that presented to the Network Steering Group. Key recommendations include:

- improving access to high dependency capacity;
- improving staff competencies;
- addressing the low dependency occupancy issue;

- relocating Neonatal intensive care, where this is under-utilised; and
- taking urgent action to address the nursing shortfalls in line with the All Wales Neonatal Standards.

14. A number of sub-reviews have also been completed including a review of low dependency care and a review of the neonatal nursing workforce conducted by the nursing and therapies subgroup.

### ***Funding for neonatal services***

15. In October 2008, the then Minister for Health and Social Services, Edwina Hart AM, announced £4 million new funding for neonatal services over two years. There has been a subsequent commitment to sustain this level of funding at £2 million each year.

### **3. Key Issues**

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#### **Staffing issues and recruitment**

##### ***Shortage of nurses***

16. A particular issue of concern was the shortage of trained neonatal nurses and meeting the nurse staffing standards. Whilst the British Association of Perinatal Medicine (BAPM) guidance advises the nurse-to-baby ratio should be 1:1 for babies requiring intensive care, 1:2 for babies requiring high-dependency care, and 1:4 for special care babies, this is not happening within neonatology, especially in level 3 intensive care units. The Neonatal Capacity Review<sup>3</sup> published by the All Wales Neonatal Network in January 2012 states that the calculated direct care nursing shortfall across Wales to meet the All Wales Neonatal Standards is 82.94 whole time equivalents (WTEs), and that the nurse deficit is substantial and present in every health board and unit.

17. In their written evidence, Bliss stated that,

“This shortfall in nurses affects every health board and every unit, and as such the All Wales Neonatal Standards on nurse to baby staffing ratios are far from being met. This critical nursing shortfall is putting babies’ lives at risk,”<sup>4</sup>

18. Whilst Lisa Turnbull of the Royal College of Nursing (RCN) Wales told the Committee,

“...we are still very concerned. There is a clear shortage of qualified staff with the necessary skills on the wards.”

19. The Committee received evidence that local health boards have been relying on bank nurses to address the shortfall in staff. In oral evidence Hywel Dda Health Board stated,

“We have a very conscientious group of staff and we have a fairly stable bank, but obviously that is not the same as having

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<sup>3</sup> Children and Young People Committee Paper CYP(4)-05-12(p6), *Inquiry into Neonatal Care*, Written Evidence from the Royal College of Paediatrics and Child Health, 9 February 2012

<sup>4</sup> Children and Young People Committee Paper CYP(4)-05-12(p2), *Inquiry into Neonatal Care*, Written Evidence from Bliss, 9 February 2012

employed individuals within our organisation specifically allocated to the hospitals and the shift patterns.”

20. The Committee heard from individual health boards about the steps they are taking to address the shortfall in their areas, which include recruitment and reviewing their workforce requirements.

21. In her written update provided to the Committee on 9 February 2012, the Minister said,

“All local health boards have neonatal action plans in place to address shortfalls in staffing levels for safe and effective care. The action plans are also informing the wider service modernisation plans currently being developed by local health boards to ensure all their services are safe and sustainable.”<sup>5</sup>

22. She confirmed that ‘Working Differently – Working Together: A Workforce and Organisational Development Framework’<sup>6</sup> requires health boards to put in place effective recruitment and retention strategies for all levels of staff and that she is confident that progress is being made right across Wales.

23. This was supported by Professor Jean White, Chief Nursing Officer, who told the Committee,

“... at least three of the health boards have actively recruited nurses. On average, they have recruited between seven and nine each. The other health boards have been reviewing their workforce requirements and are making decisions about how many of what type of practitioner they need. We are seeing some positive improvements, and our evidence from the Neonatal Network is that there is no problem with recruitment.”<sup>7</sup>

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<sup>5</sup> Children and Young People Committee Paper CYP(4)-05-12(p1), *Inquiry into Neonatal Care*, Written Evidence from Minister for Health and Social Services, 9 February 2012

<sup>6</sup> Welsh Government, [Working Differently – Working Together: A Workforce and Organisational Development Framework](#), May 2012

<sup>7</sup> RoP [para 10], 31 May 2012, Children and Young People Committee

### *Committee's view*

24. The Committee is extremely concerned that there is still such a significant nurse shortfall across all health boards, despite the recommendation of the previous Committee that measures should be put in place 'as a matter of urgency' to address the staffing shortfall, and that the All Wales Neonatal Standards on nurse to baby staffing ratios are also far from being met.

**Recommendation 1: The Welsh Government to ensure that local health boards include a detailed business plan within their service reconfiguration plans for addressing the shortfall in nursing staff.**

**Recommendation 2: By December 2012, the Welsh Government to receive from local health boards a detailed plan, with timescales, on how they will address the shortfall in nursing staff within their board, for each level of neonatal care.**

### *Nurse education and training*

25. Neonatal nursing is a post-registration speciality, requiring special training courses. The previous Committee inquiry heard evidence that there were challenges in ensuring nurses were properly trained and that their skills were up-to-date, and as a result recommended that the Welsh Government should ensure procedures were put in place to ensure that neonatal nurses could access education and training.

26. In her written update to the Committee, the Minister said,

"The Neonatal Network, via its Nursing and Therapies sub-group, has undertaken a review of neonatal education and training. An 'All Wales Framework for Neonatal Nurse Training' has been developed and circulated to Local Health Boards. The framework outlines a vision and associated action to move nurse training and education forward in Wales over the next 1-3 years. Local Health Boards have been asked to undertake an analysis of staff needs at level 2 Units, develop comprehensive

rotation programmes with level 3 Units and identify specific areas of practice where updating or training is required.”<sup>8</sup>

27. In their written evidence Bliss stated that, in addition to the overall shortage of nurses, the Nursing and Therapies sub-group also identified that neonatal services across Wales are heavily reliant on nurses graded Band 5 and below, many of which will not have received the training required to care for critically sick babies, and therefore leading to an inappropriate skill mix in the available nursing workforce.

28. In their written evidence, RCN Wales stated:

“In the last decade neonatal nurses have been increasingly drawn from the Children and Young People’s Nursing branch rather than from midwifery. [...] The RCN does have some concerns therefore that the needs of the neonatal nursing service are not being assessed and included into education commissioning of children’s and young people’s nursing by the Welsh Government.”<sup>9</sup>

29. The RCN Wales also drew attention to difficulties in nurses being released from their duties to undertake education and continuing professional development (CPD), due to nurse shortages, and therefore exacerbating the skill mix problems further.

30. RCN Wales went on to suggest that many nurses were self-funding and undertaking training in their own time.

31. Lisa Turnbull, RCN Wales, told the Committee,

“Crucially in nursing, there is no built-in guarantee of any kind of further education or training. So, many of our members, even those who are struggling, are doing this in their own time and with their own money.”<sup>10</sup>

32. However, this claim was refuted by the local health boards.

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<sup>8</sup> Children and Young People Committee Paper CYP(4)-05-12(p1), *Inquiry into Neonatal Care*, Written Evidence from Minister for Health and Social Services, 9 February 2012

<sup>9</sup> Children and Young People Committee Paper CYP(4)-05-12(p3), *Inquiry into Neonatal Care*, Written Evidence from Royal College of Nursing Wales, 9 February 2012

<sup>10</sup> RoP [para 131], 9 February 2012, Children and Young People Committee

33. Alison Williams, Chief Executive of Cwm Taf Health Board, told the Committee,

“I read the RCN information in preparation for today. I do not recognise what it states in terms of my organisation,”<sup>11</sup>

34. Paul Hollard, Interim Chief Executive/Interim Chief Operating Officer at Cardiff and Vale University Health Board, wrote to the Committee following his appearance on 17 May 2012, saying,

“I can confirm that all the nurses from [the neonatal intensive care unit] NICU here in Cardiff and Vale UHB who undertake the neonatal modules do not self-fund or attend lectures in their own time; they are fully funded and given study leave.”<sup>12</sup>

35. Whilst Hamish Laing, Director of Acute Care, said that in Abertawe Bro Morgannwg University Health Board,

“We fund and provide mandatory training in paid time. However, optional development would be a negotiation between the individual and the health board. It would depend on whether it was appropriate and what the demands were at the time.”<sup>13</sup>

36. The Committee was concerned at the apparent conflicting nature of the evidence received and sought to clarify the situation with the Chief Nursing Officer. Professor White told the Committee,

“It would be fair to say that the health boards believe that this is mandatory training and that, where mandatory training should take place, staff ought to be released. When there is high demand going through—if we are in a peak period—it is often difficult to release staff. On the ground, some staff may have difficulty in being released at particular times. However, the health boards accept that the training needed for neonatal nurses when they go to work in these specialist areas is a requirement of their job, and is therefore of a more mandatory nature. It is not a luxury; it is something that they really need. Their stance is that they should be released. I think that the

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<sup>11</sup> RoP [para 119], 17 May 2012, Children and Young People Committee

<sup>12</sup> Children and Young People Committee Paper CYP(4)-23-12(p2), *Inquiry into Neonatal Care*, Additional Information from Health Boards, 11 July 2012

<sup>13</sup> RoP [para 142], 17 May 2012, Children and Young People Committee

reality is a little more mixed, because of the peaks and flows within units; it is very hard to release people if the unit is full of babies at a particular time.”<sup>14</sup>

#### *Committee’s view*

37. The Committee recognises the essential role of education and continuing professional development if neonatal nurses are to keep up with advances in technology and the constantly evolving nature of the service.

**Recommendation 3: The Welsh Government to require local health boards to produce an annual report on how they are implementing the All Wales Framework for Neonatal Nurse Training.**

**Recommendation 4: The Welsh Government will ensure that local health boards are enabling access to education and CPD by providing sufficient support for staff to be released from their duties, taking into account peak times within neonatal units and therefore planning accordingly.**

#### *Medical staffing*

38. In its 2010 report, the Health, Wellbeing and Local Government Committee expressed concerns about the lack of specialist staff providing neonatal care and problems in recruiting neonatal doctors and nurses.

39. At that time, the Royal College of Paediatrics and Child Health (RCPCH) Wales warned that the model of neonatal and paediatric care based on middle-grade doctors was not sustainable and that Wales should move towards a consultant-delivered service. They also highlighted problems with the recruitment of junior doctors, which would have significant implications on the ability of services to run in the future.

40. Although the Minister, in her written update to Committee on 9 February 2012 stated that the local health boards have neonatal action plans in place to address shortfalls in staffing levels, the Committee heard from a number of witnesses that medical staffing is still a problem for various reasons.

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<sup>14</sup> RoP [para 69], 31 May 2012, Children and Young People Committee

41. Dr Sybil Barr, BAPM, told the Committee,

“In the last few years, the European working time directive has had a major impact on medical staffing, and junior doctors can be on the ward for less time. In order to provide cover, we therefore need more bodies.”<sup>15</sup>

42. Dr Sybil Barr also highlighted the impact recent changes to immigration rules has had in making it much harder for doctors who are not UK or EU nationals to work in the UK,

“Traditionally, Wales has been quite dependent on overseas doctors, so their experience has been missed.”<sup>16</sup>

43. The Committee noted that progress has been made in staffing neonatal units in South Wales with tier 3 staff (consultants); however they have serious concerns in relation to the situation in North Wales.

44. In their written evidence Bliss, said,

“It is of serious concern to Bliss that, despite the provision of ongoing intensive care to babies in Ysbyty Glan Clwyd and Wrexham Maelor Hospital, neither of these units are even approaching compliance with the *All Wales Neonatal Standards* on medical staffing of a unit providing this level of care. While a review of maternity, neonatal and paediatric services in north Wales is currently underway, which seeks to address this issue amongst others, it has already been subject to a number of delays.”<sup>17</sup>

45. Whilst Dr Mark Drayton, RCPCH Wales, told the Committee,

“...we have three centres in north Wales, two of which provide ongoing intensive care. However, they do not have the appropriate infrastructure to do that. As of today, I believe that they have just one consultant neonatologist – I believe that another, a locum, is about to start, which will bring us up to two, but it should be eight.”<sup>18</sup>

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<sup>15</sup> RoP [para 63], 9 February 2012, Children and Young People Committee

<sup>16</sup> Ibid

<sup>17</sup> Children and Young People Committee Paper CYP(4)-05-12(p2), *Inquiry into Neonatal Care*, Written Evidence from Bliss, 9 February 2012

<sup>18</sup> RoP [para 133], 9 February 2012, Children and Young People Committee

46. He went on to say,

“The second problem is that the junior and middle-grade paediatricians, who are responsible for much of the 24-hour hands-on care, also have responsibilities to children walking in off the street who will need to go onto the general wards. That goes way beyond the standards and way beyond what has been happening in the rest of Wales for at least eight years, and it goes way beyond what is happening almost everywhere else in the United Kingdom. That needs to be resolved.”<sup>19</sup>

47. In response to a question on whether he accepted the recommendation that there should be eight consultants serving north Wales, Geoff Lang, Acting Chief Executive of Betsi Cadwaladr University Health Board, told the Committee,

“...we accept the standards and the numbers are clear that, if you operate a stand-alone, intensive care neonatal unit at the appropriately staffed level according to the standard, with dedicated consultant staff, you should have eight consultant neonatologists. That is the standard and we accept that. That is the standard that we are applying as part of our review to consider the options of how we move to that. Our current situation is that we have few dedicated neonatologists, but we have a number of consultant paediatricians who are experienced and skilled in working in neonatology and who provide a strong medical input to the current service. However, we do not dispute that standard and that is the end point towards which we should be working.”<sup>20</sup>

48. In her evidence to Committee on 31 May 2012, the Minister acknowledged that there were problems in north Wales with the recruitment of neonatologists and highlighted the need to look at this in the wider context of service reconfiguration.

“...it is a huge part of reconfiguration, and I will not support unsafe services. I know that the service is stretched in north Wales, but a great deal of work is going on there.”<sup>21</sup>

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<sup>19</sup> RoP [para 140], 9 February 2012, Children and Young People Committee

<sup>20</sup> RoP [para 54], 17 May 2012, Children and Young People Committee

<sup>21</sup> RoP [para 33], 31 May 2012, Children and Young People Committee

49. Dr Chris Jones, Medical Director, NHS Wales, added,

“...we would never, ever support any unsafe services, and we frankly do not have any evidence that the services in north Wales are unsafe. The paediatricians who cover the neonatal cots do that job very well, but we recognise that that is not the standard of care that we aspire to for the future. We are, therefore, working as closely as we can with the health board to help it to resolve this issue. However, it will not be easy to resolve it overnight – we are on a journey, and it is going to take a little longer.”<sup>22</sup>

*Committee's view*

50. Firstly, the Committee would like to place on record its recognition and appreciation of the hard work and dedication of all neonatal staff in Wales. A number of witnesses told us about the intense pressure and stress they work under, and we believe there is an over-reliance on the goodwill and dedication of staff to keep under-resourced units running.

51. Whilst we note the comments of the Minister and Medical Director, NHS Wales, regarding the safety of services in north Wales, we are still extremely concerned about the levels of staffing, both medical and nursing, in local health boards, and particularly in Betsi Cadwaladr University Health Board. We are also alarmed that a number of health boards are relying on paediatricians rather than dedicated neonatologists to support their neonatal services.

**Recommendation 5: The Welsh Government shall ensure any baby born in Wales needing neonatal intensive care will be cared for by a neonatologist.**

**Recommendation 6: The Welsh Government to ensure that local health boards include a detailed business plan within their service reconfiguration plans for addressing the shortfall in medical staff.**

**Recommendation 7: By December 2012, the Welsh Government to receive from local health boards a detailed plan, with timescales, on how they will address the shortfall in medical staff within their board, for each tier.**

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<sup>22</sup> RoP [para 41], 31 May 2012, Children and Young People Committee

**Recommendation 8: The Welsh Government will review the effectiveness of the Wales Deanery in ensuring sufficient numbers of medical staff are being trained to meet the needs of Welsh hospitals, in the short, medium and long term.**

**Recommendation 9: The Welsh Government will ensure that local health boards include, as part of their service reconfiguration plans, information on how the reconfigured services will meet the All Wales Neonatal Standards.**

### **Cot Capacity**

52. Experts recommend that neonatal units should aim to work at a maximum average cot occupancy standard of 70 per cent in order to maintain a manageable workload and to cope with sudden peaks in demand. High occupancy rates could have major implications for patient safety due to, for example, the increased risk of infection and inadequate staffing levels.

53. The All Wales Neonatal Network 2012 report states that the current compliment of 72 effective critical care cots (comprising of intensive care and high dependency care) across Wales comes close to being adequate to meet the 70 per cent occupancy standard. It goes on to say that,

“Clinicians however have persistent problems in gaining timely access to these cots. This is due to the current distribution, utilisation and staffing of existing capacity, together with cot-blocking of high acuity cots by low acuity babies.”<sup>23</sup>

54. In particular, the report highlights specific cot deficits in the North Wales Community, where cot projections indicate a shortfall of one high dependency cot, and in the South Wales Central Community, where cot projections indicate a shortfall of one intensive care cot and three high dependency cots. The report states,

“The critical care cot deficit for Wales of 5 cots is modest in relation to the existing capacity of 72, but the clinical impact is high.”<sup>24</sup>

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<sup>23</sup> All Wales Neonatal Report 2012

<sup>24</sup> Ibid

55. Dr Sybil Barr, BAPM, told the Committee that although more cots were needed, particularly in the high dependency area, these cots alone were no use unless there were the nurses available to look after the babies in them. She stated,

“...while we are waiting for or, hopefully, getting new cots, we need to look aggressively at where those cots are now. The cots that we already have could be managed differently.”<sup>25</sup>

56. The All Wales Neonatal Network 2012 report highlights that a significant part of the intensive care capacity problems relate to the inappropriate distribution of critical care cots which leads to local under-utilisation. For example, the Bridgend cots had a combined occupancy of 20.5% in 2011, and the Abergavenny cots had 21.4% occupancy. While other units, due to capacity pressures, are delivering a significant number of intensive care days without a formal intensive care cot and appropriately skilled staff for this type of ongoing care. With regard to high dependency cots, poor utilisation (caused by low dependency care babies cot blocking and unit capability issues) adversely affects the repatriation of babies from the intensive care units back to their local units and therefore affecting the intensive care units ability to receive new referrals. While the low dependency occupancy levels, due to diverse clinical practices and the use of resources, are wide ranging with Singleton hospital having an occupancy of 54.3% in 2011 while the Royal Glamorgan hospital had an occupancy level of 174.5%.

57. This was echoed by Dr Mark Drayton, RCPCH Wales, who said,

“With regard to the number of cots we need [...] actually, if we can deal with what we might call efficiency issues, the number is quite modest. It is probably an increase of only about 8% or 9% on what we have at the moment. It is not uniform across the piece. The issues are focused in certain areas. The proviso there is that we need to be more efficient or effective in the use of the cots we have. We have quite a lot of high-dependency cots in the network, particularly in the smaller units – what we now call the local neonatal units – that are less than 50% occupied despite the pressures on some of the larger units where the occupancy is approaching and sometimes over 100%.

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<sup>25</sup> RoP [para 72], 9 February 2012, Children and Young People Committee

We have got to do something to even it out. We cannot afford to have cots that are only 50% utilised.”<sup>26</sup>

58. He went on to say,

“We have too many small units in Wales. We have a considerably larger number of small units compared to most network areas in England. That means that those very small units cannot effectively deliver high dependency care.”<sup>27</sup>

59. In their written evidence, the RCN Wales also highlighted the issue of cot blocking,

“It is also clear that because not enough level 2 places are available for babies in Wales, level 3 cots can perversely be “taken up” by babies not requiring level 3 care. This in turn means that babies and families can be kept away from home for far longer than necessary, in turn causing mothers to need to travel much further afield into England in search of a level 3 cot. Apart from the confusion and distress this causes for professionals and patients, this is clearly an example of a situation where investment would ultimately reduce costs.”<sup>28</sup>

60. Dr Sybil Barr, BAPM, told the Committee,

“HDU [high dependency unit] is the bottleneck at the moment and it is causing a major problem. A special care baby may be in a high dependency cot, which is an inappropriate use of that cot. I have just come from the ward [...] and I am at 100% occupancy; I have no cots at all and there are babies who are now well enough to leave my unit, but the other units are full. That means that there is a baby who will be delivered today with complex medical needs who will have to be managed on a paediatric ward, because I do not have space for that baby.”<sup>29</sup>

61. In response to a question from Members about the imbalance in the use of appropriate cots, the Minister said,

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<sup>26</sup> RoP [para 93], 9 February 2012, Children and Young People Committee

<sup>27</sup> RoP [para 94], 9 February 2012, Children and Young People Committee

<sup>28</sup> Children and Young People Committee Paper CYP(4)-05-12(p3), *Inquiry into Neonatal Care*, Written Evidence from Royal College of Nursing Wales, 9 February 2012

<sup>29</sup> RoP [para 30], 9 February 2012, Children and Young People Committee

“The Neonatal Network plays an important role. The capacity review highlighted the areas for improvement and they are discussed regularly with the local health boards. The word here is ‘collaboration’. Local health boards need to work much more collaboratively. We are seeing that. [...] Officials work closely with local health boards to ensure that the local action plans address the issues to which you referred. The local plans should also use the information on cot usage, as you said, and the cot locator certainly comes to the fore, the occupancy, transfers out and the validity to explain more efficient use and the configuration of the costs.”<sup>30</sup>

#### *Committee’s view*

62. We acknowledge that there have been improvements in the number and location of cots, particularly since the introduction of the cot locator system. However, there are still a significant number of babies occupying an inappropriate level of cot for their needs and clinical protocols on the ground are not being adhered to. It is imperative that centres for neonatal care have the right number of cots at the right level as required, and that appropriate occupancy levels are observed.

**Recommendation 10: The Welsh Government to work collaboratively with local health boards and the Neonatal Network to ensure that the required number of cots, at all levels of care, are adequately accessible and staffed appropriately.**

#### **Parent and community services**

63. In her written update to the Committee, the Minister stated that local health boards report their progress on adhering to the All Wales Neonatal Standards on parental support and goes on to state,

“Work has been completed by the Neonatal Network to map parent support groups across Wales. The Neonatal Network, via its parent representation, is establishing links with all support groups to ensure views of parents and families are heard.”<sup>31</sup>

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<sup>30</sup> RoP [para 93], 31 May 2012, Children and Young People Committee

<sup>31</sup> Children and Young People Committee Paper CYP(4)-05-12(p1), *Inquiry into Neonatal Care*, Written Evidence from Minister for Health and Social Services, 9 February 2012

64. However, the Committee received evidence that the facilities and support for the parents of special care babies varies across the units. The written evidence provided by the Neonatal Nurses Association states,

"Support for parents can vary from unit to unit. Ideally all units should offer accommodation for parents with appropriate facilities, quiet rooms where parents can have updates on their babies away from the activity of the ward area. Also a dedicated counselling service for bereaved families to help them through the traumatic events of a baby's death and support them in any further investigations e.g. post mortem."<sup>32</sup>

65. The Committee also received evidence as to the benefits of a neonatal outreach service as they can allow the earlier discharge of babies from units and therefore free up cots and staff, and provide a necessary nursing support system for families at home.

66. The Neonatal Nurses Association went on to state,

"A safe and effective transition to community care is essential as there is an increased demand on social as well as medical/nursing needs in neonatal care. Multidisciplinary discharge planning and neonatal outreach teams should be available to all. The neonatal community team provides an important role in the transition from hospital to community for these vulnerable babies and their families especially if there are complex medical / nursing needs."<sup>33</sup>

67. While in their written evidence, RCN Wales recommended that,

"LHB's consider the development of a neonatal outreach service that would repatriate mothers and their babies and provide specialist support in the home preventing readmissions."<sup>34</sup>

68. On the issue of cot capacity and the availability of neonatal outreach services, Helen Kirrane from Bliss told the Committee,

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<sup>32</sup> Children and Young People Committee Paper CYP(4)-05-12(p4), *Inquiry into Neonatal Care*, Written Evidence from Neonatal Nurses Association, 9 February 2012

<sup>33</sup> Ibid

<sup>34</sup> Children and Young People Committee Paper CYP(4)-05-12(p3), *Inquiry into Neonatal Care*, Written Evidence from Royal College of Nursing Wales, 9 February 2012

“...many babies could be discharged earlier from care if there was more support for them in the community. That is where better access to community outreach nurses would really help”<sup>35</sup>

69. The Committee heard that there were examples of multidisciplinary outreach teams working well across Wales, but that provision was patchy, particularly in rural areas.

#### *Committee’s view*

70. We acknowledge the important role that parent and community services have in supporting special care babies and their families and would wish to see the provision of these services being consistent across Wales.

**Recommendation 11: The Welsh Government to ensure that local health boards, in collaboration with the All Wales Neonatal Network, produce a programme by December 2012 on how parent and community services will be expanded and improved.**

#### **Transport and transfers**

71. The previous Committee made a number of recommendations regarding neonatal transport services, including a call for the Welsh Government to ensure that the 12-hour transport service was in place and operational as soon as possible.

72. In her written update, the Minister stated,

“In January 2011 neonatal transport services commenced in both North and South Wales, providing dedicated transport teams capable of retrieving babies during the 12 hour period 8.00am – 8.00pm. The Neonatal Network, via its Transport sub group, has overseen the recruitment of the teams and has worked with the Welsh Ambulance Service (WAST) on the design and procurement of a dedicated ambulance and crew in South Wales. In July 2011, I officially launched the Cymru inter Hospital Acute Neonatal Transfer Service (CHANTS).

“In North Wales, the transport team continues to use the services of WAST as the transfer numbers did not necessitate a

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<sup>35</sup> RoP [para 88], 9 February 2012, Children and Young People Committee

dedicated vehicle. Both services are reporting excellent outcomes with 495 transfers undertaken in South Wales and 120 in North Wales. The number of transfers by English transport teams have significantly reduced, since the Welsh service became operational.”<sup>36</sup>

73. In oral evidence to the Committee, the Neonatal Nurses Association stated that with regard to a 24 hour transport system:

“I would [...] say that it would be good to do. Looking at the evidence, it is not about, statistically, how many transfers occur outside that 8am to 8pm slot. However, based on clinical experience, the ones that you are transferring after 8 pm tend to be the sickest and the most vulnerable. It would be good to have a dedicated team, from a nursing point of view, that would take your baby safely to the correct unit, and it would be good for the parents to know that someone is coming who has specialist skills...”<sup>37</sup>

74. When questioned on neonatal resuscitation of emergency transfer cases Ms Shillabeer from the Powys Teaching Local Health Board stated,

“That is for those who are very small. As you know, the chances of survival will differ and travel time is important. That is why our relationship with the Welsh ambulance service is very important.”<sup>38</sup>

75. However, when asked about the transfer times between different neonatal units in Wales it did not appear that the Chief Executives of the local health boards were aware of these times. When questioned on planned and emergency transfers, Dr Goodall from Aneurin Bevan Local Health Board stated,

“Clearly, we are able to respond to the planned transfers to move neonates across different sites as appropriate, and the transport system allows for that. With regard to the extent to which you are able to have a specialist response to a general

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<sup>36</sup> Children and Young People Committee Paper CYP(4)-05-12(p1), *Inquiry into Neonatal Care*, Written Evidence from Minister for Health and Social Services, 9 February 2012

<sup>37</sup> RoP [para 194], 9 February 2012, Children and Young People Committee

<sup>38</sup> RoP [para 46], 17 May 2012, Children and Young People Committee

emergency, we have to be very reliant on the 999 and emergency response services for that. There would [be] ongoing care anyway for any mother in those sorts of difficulties at that time through the midwifery service. So, I find it difficult to believe that we would be able to respond to that specialist response."<sup>39</sup>

#### *Committee's view*

76. Despite the delay in becoming operational the Committee were pleased to hear positive evidence with regard to the dedicated 12 hour transport system. However, the Committee feel that the extension of the 12 hour transport system and the areas it covers should not be decided by the number of transfers or out of hours transfers it completes but on the severity of those transfers and the advantages a dedicated service can provide. Therefore the Committee feel that a dedicated 24 hour transport service, for all areas of Wales, adequately resourced both in terms of staff expertise and equipment, as stated in the All Wales Neonatal Standards, would ensure a high level of specialist care was provided for planned and un-planned transfers.

77. Although the Committee are aware it is not necessary for the Chief Executives of the local health boards to know the specific transport times between different neonatal units across Wales, it is important that distances and transfer times are taken into account in service planning.

**Recommendation 12: The Welsh Government to complete a cost analysis of implementing a dedicated 24 hour transport service across Wales.**

**Recommendation 13: The Welsh Government to ensure that local health boards take transport transfer times into account when assessing service reconfiguration plans.**

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<sup>39</sup> RoP [para 273], 17 May 2012, Children and Young People Committee

## **Accountability for implementation of the All Wales Neonatal Standards**

78. In their written evidence, Bliss stated that,

“The Welsh Assembly Government’s response to the Health, Wellbeing and Local Government 2010 inquiry recommendations set out that responsibility for compliance with the All Wales Neonatal Standards and decisions such as resourcing of neonatal care ultimately lay with health boards. However, Bliss is concerned that implementation of the All Wales Neonatal Standards remains a low priority for health boards.”<sup>40</sup>

79. Dr Sybil Barr, BAPM, also spoke of her frustration at the lack of action being taken by local health boards,

“We have been talking about this for around 10 years. They are the same old questions and answers. It is frustrating, particularly for those on the rock face, as it were. It is quite a stressful environment to be working in. There have been many inquiries and there is a lot of information available to inform health boards so that they can make decisions. Some of those decisions are politically quite difficult to make, and I can understand that there is some hesitancy in making them, but we are in a dangerous situation and, from a clinical safety standpoint, we are sailing close to the wind all of the time. It has been going on for a long time and the health boards need to act now.”<sup>41</sup>

80. There was some confusion regarding accountability for the delivery of neonatal services and the role of the All Wales Neonatal Network in monitoring local health boards’ compliance with the All Wales Neonatal Standards.

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<sup>40</sup> Children and Young People Committee Paper CYP(4)-05-12(p2), *Inquiry into Neonatal Care*, Written Evidence from Bliss, 9 February 2012

<sup>41</sup> RoP [para 7], 9 February 2012, Children and Young People Committee

81. Helen Kirrane from Bliss told the Committee,

“The reporting pattern as far as I understand it, is that the network is set up in an advisory role to the health boards through the Welsh Health Specialised Services Committee, which, in turn, advises the Minister. So, the network does not report directly to the Minister, and the network does not have the authority to instruct the health boards to take any particular action.”<sup>42</sup>

82. However, in her letter to Committee dated 6 March 2012, the Minister said,

“Accountability is clear and lies with individual Local Health Boards which are responsible for planning and securing safe, sustainable, high quality neonatal care for their population. Local Health Boards, however, decided to plan and fund neonatal intensive care and high dependency care provided in Swansea and Cardiff through their joint work on the Welsh Health Specialised Services Committee (WHSSC). The Neonatal Network was set up to support and advise Local Health Boards on all aspects of neonatal care, such as by co-ordinating regular reviews of all neonatal care capacity and compliance with national standards on an all-Wales basis and to provide leadership across Wales to drive forward the necessary service improvements. The Network is a sub group of WHSSC.”<sup>43</sup>

83. As part of her oral evidence to Committee on 31 May 2012, the Minister went on to say,

“The monitoring of compliance with the neonatal care standards is a matter for the health boards but, obviously, senior officials monitor it very closely on my behalf and report back to me.”<sup>44</sup>

84. Dr Chris Jones, Medical Director, NHS Wales, confirmed this, saying,

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<sup>42</sup> RoP [para 39], 9 February 2012, Children and Young People Committee

<sup>43</sup> Children and Young People Committee, *Inquiry into Neonatal Care*, Written Evidence from the Minister for Health and Social Services, CYP(4) Consultation Response 08

<sup>44</sup> RoP [para 73], 31 May 2012, Children and Young People Committee

“The network also has an important role in monitoring progress, which is a real advantage. The network board includes Welsh Government representation – I am represented on that board. Dr Heather Payne, our senior medical officer for maternity, paediatric and neonatal services, attends those board meetings regularly. We also have regular accountability meetings with the Welsh Health Specialised Services Committee and with all of the chief executives collectively. So, I think that there is quite high visibility on progress here.”<sup>45</sup>

85. It also became apparent during the course of this inquiry that there is not a uniform method in how local health boards are reporting on their compliance with the All Wales Neonatal Standards. For example, not all local health boards are producing an annual report on quality of care, due to the way in which their services are configured. In their written evidence to Committee, Hywel Dda Health Board said,

“Hywel Dda Health Board has never recognised itself as a ‘Designated Specialist Centre’ and has not produced an annual report on the quality of care in the way described.”<sup>46</sup>

#### *Committee’s view*

86. The Committee was concerned at the apparent confusion regarding accountability for monitoring and delivering neonatal services. The Minister maintains that compliance with the All Wales Neonatal Standards is a matter for local health boards, and that their compliance is monitored by her officials and the Neonatal Network. However, the Committee does not believe that this is sufficient, given there has been little improvement in the provision of neonatal services since the previous Committee’s report in 2010. Greater clarity around the role of the Neonatal Network is also needed.

**Recommendation 14: By December 2012, the Welsh Government will develop an effective reporting and assessment mechanism for local health boards to report on their compliance with the All Wales Neonatal Standards, ensuring a uniform method of reporting is established and a clear pathway of accountability for non-compliance is determined.**

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<sup>45</sup> RoP [para 74], 31 May 2012, Children and Young People Committee

<sup>46</sup> Children and Young People Committee, *Inquiry into Neonatal Care*, Written Evidence from Hywel Dda Health Board, CYP(4) Consultation Response 06

## 4. Conclusion

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87. The Committee acknowledge that there have been some improvements since the publication of the previous Committee's report and the establishment of the All Wales Neonatal Network, including:

- the introduction of the cot locator system to help optimise critical care capacity across Wales and support individual units in facilitating transfers, as well as supporting the return of babies back to their home;
- the introduction and rollout of the BadgerNet clinical information system throughout Wales, and the commitment of all neonatal units to submit data to the Annual National Neonatal Audit Programme, which will enable a direct comparison in Wales with services in England;
- the introduction of a dedicated 12-hour neonatal transport service in both North and South Wales, which provides dedicated transport teams capable of retrieving babies during the 12 hour period 8.00am to 8.00pm.

88. However, it has been well documented over a number of years that there have been problems with the provision of neonatal services, and the Committee therefore remains concerned at the seemingly slow progress in addressing these problems; and would call for concerted action at local and national level to deliver a consistently high-quality service for our most vulnerable babies.

89. Whilst the Committee recognises that the local health boards are at different stages in the updating of their neonatal action plans, in order to take into account the Neonatal Capacity Review 2012 report, we will continue to monitor progress and ask that the Minister provides a written update to the Committee in December 2012, followed by a further oral evidence session in Spring 2013. We will then make a decision on whether a more detailed inquiry is necessary.

## Annex A – Previous Committee recommendations

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Listed below are the recommendations made by the Health, Wellbeing and Local Government Committee's report on neonatal care in Wales, published in July 2010, the Welsh Government response to those recommendations provided in August 2010, the Welsh Government update on the recommendations in response to this follow-up inquiry provided in February 2012 and the Committee's views on progress made.

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
<b>Recommendation 1</b> We recommend that the Welsh Government should ensure that a review of capacity be undertaken by the All Wales Neonatal Network, to include current staffing and activity levels.	<b>Agreed</b> A capacity review will be undertaken by the Clinical Network, during the autumn of 2010, as part of the Network's initial work programme. This will be led by the Network Lead Clinician working with individual Local Health Boards, and this work has begun. The results will be fed back to the Steering Group and individual Local Health Boards.	The All Wales Neonatal Network is a sub-committee of the Welsh Health Specialised Services Committee (WHSSC), where Local Health Boards work collectively to plan and fund specialised services. The Network undertook a review of neonatal care capacity across Wales in October 2010. Local Health Boards developed individual local neonatal action plans in response and the Neonatal Network Steering Group has received a summary of these plans. Since then, the Network has undertaken a second more detailed review of capacity and the outcome of this is due to be considered by the Neonatal Network Steering Group on 30 January 2012.	The Committee notes the reviews of neonatal capacity that have been undertaken since 2010. However, figures published by the Neonatal Capacity Review in January 2012, identify a direct care nursing shortfall across Wales to meet the All Wales Neonatal Standards of 82.94 whole time equivalents (wte). The Committee has been told that this deficit is substantial and present in every health board and unit, and the All Wales Neonatal Standards on nurse to baby staffing ratios are far from being met. In addition, the Neonatal Capacity Review highlighted the persistent difficulty with accessing critical care cots due to, among other things, a cot

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
			<p>deficit, inadequate distribution of cots and cot blocking.</p> <p>The Committee is highly concerned by the slow progress being made in this area and reiterate the importance that these issues are fully explored and addressed in the local neonatal action plans and local health board service reconfiguration plans.</p>
<p><b>Recommendation 2</b> We recommend that the Welsh Government, in assessing future requirements of the service, should pay particular attention to the increasing birth rate in Wales.</p>	<p><b>Agreed</b> This will be considered as part of the Strategy for Maternity Services, linking with an assessment of staffing requirements for both neonatal and maternity services based on the <i>Birthrate Plus</i> approach. Again, the results will be fed back to the Steering Group and individual Local Health Boards.</p>	<p>The Neonatal Network has used historical data and 2010 data on birth rates in assessing future requirements of their neonatal services.</p>	<p>Although the local health boards have stated that they are taking the increasing birth rate into consideration in their future planning, given that local health boards are already facing staffing shortages and capacity issues, the Committee is apprehensive that unless these issues are dealt with effectively they will intensify in the future.</p>
<p><b>Recommendation 3</b> We recommend that the Welsh Government should ensure that there is capacity across all services to meet future demand.</p>	<p><b>Agreed</b> As indicated under recommendations 1 and 2, an assessment of capacity compared against present and forecast demand has been written into the work programme. Further reviews will be undertaken as service</p>	<p>The Neonatal Network has and will continue to review capacity across Wales to ensure it meets demand now and in the future.</p>	<p>See 1 and 2 above</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
	developments are put in place by Local Health Boards. These plans will need to take into account resource availability within each Local Health Board.		
<p><b>Recommendation 4</b>            We recommend that the Welsh Government should ensure that staffing ratio guidelines, in compliance with BAPM 2001 minimum standards and as set out in the All Wales Neonatal Standards, are met, but not through a reduction in cot numbers.</p>	<p><b>Agreed</b>            The identification of the current position and recommendations to Health Boards will be taken forward by the Lead Clinician and Network Manager. It will be for the Local Health Boards to ensure compliance within resources.</p>	<p>A comprehensive review of the nursing workforce, was undertaken by the Neonatal Network's Nursing and Therapies sub group and presented to the Neonatal Network's Steering Group in June 2011. The report provided a review of current nursing establishments across Wales and an analysis of the shortfall in establishments to meet the All Wales Neonatal Standards. It also detailed actual staff in post against establishments.</p> <p>Local Health Boards are addressing the shortfalls identified as part of their local neonatal action plans.</p>	See 1 above
<p><b>Recommendation 5</b>            We recommend that the Welsh Government should put in place measures to ensure that neonatal units achieve occupancy levels that are capable of meeting the</p>	<p><b>Agreed</b>            This will be an element of the capacity review to be undertaken in autumn 2010 as the initial step in the work programme. At its inaugural meeting in September,</p>	<p>The Neonatal Network's reviews of capacity outline current occupancies at Intensive care, high dependency care and special care levels and identified cot numbers required to achieve 70%</p>	The Committee has been told that there are still a significant number of babies occupying an inappropriate level of cot for their needs and an inappropriate distribution of critical care cots is

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
fluctuations in demand.	the Steering Group will set in train the milestones for completion.	occupancy levels for critical care and 80% occupancy levels for special care.  Local Health Boards are addressing occupancy levels as part of their local neonatal action plans.	leading to under-utilisation.  The Committee is highly concerned by these issues and expects to see significant improvement through the implementation of the local neonatal action plans.
<b>Recommendation 6</b> We recommend that the Welsh Government should require the All Wales Neonatal Network to develop a plan to deliver the All Wales Neonatal Standards within a clear set of timescales and to make public the action it will take to ensure the standards are met.	<b>Agreed</b> The Network will be required to produce a plan, by December 2010, which demonstrates how individual Local Health Boards will deliver the Standards.  Each Local Health Board will undertake a baseline assessment against the requirements and set out its individual plan for full delivery taking into account resource availability. The network manager will oversee this process, to ensure that the plans for the individual units are co-ordinated into a single national plan.	The Neonatal Network undertook a baseline review of compliance with the All Wales Neonatal Standards in December 2010. The outcome informed the development of the Network's All Wales Action Plan. It is recognised that a number of the key actions in the 2008 Neonatal Standards required an all Wales approach and the Network has taken forward a programme of activities to support compliance against the standards. An update on this All Wales Action Plan is due to be considered by the Neonatal Network Steering Group on 30 January 2012.	Given that local health boards are not meeting all of the All Wales Neonatal Standards and that progress in some areas has been slow, the Committee are not reassured that the accountability for the monitoring of meeting the All Wales Neonatal Standards is adequate to ensure compliance, and that the accountability for non-compliance is sufficient.
<b>Recommendation 7</b> We recommend that the Welsh Government should ensure that rigorous procedures are in place to monitor the implementation of	<b>Agreed</b> Preparation of the plans and local implementation of the Standards will be primarily the responsibility of the Chief Executives of the	The Neonatal Network monitors implementation of the All Wales Neonatal standards at individual Local Health Board level on a quarterly basis.	See 6 above

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
the All Wales Neonatal Standards.	<p>Local Health Boards, and they will be accountable for their delivery. The Government will look to the Network to help develop and monitor plans, but the responsibility will lie with the Chief Executives to manage the situation locally.</p> <p>The Network will, by December 2010, undertake a review of progress made against the Standards. The review will identify any gaps between existing practices within neonatal units and the Standards, and work with Local Health Boards to produce a strategy for implementation with clear milestones for improvement. The Network will monitor implementation of individual Local Health Board plans and the national situation to ensure that implementation is on track, and issue reports to the Welsh Health Specialised Services Committee and the Chief Executive of the NHS on progress.</p> <p>There is a comprehensive Performance Management Framework already in place for the NHS in Wales, and the Chief</p>		

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
	Executive of the NHS will, through regular performance management meetings with NHS Chief Executives, monitor progress towards full compliance and take action where performance falls short.		
<p><b>Recommendation 8</b>            We recommend that the Welsh Government should establish a Cot Locator system, to ensure that cots are allocated on an efficient basis and to reduce unnecessary transfers between units. The system should be compatible with systems in England.</p>	<p><b>Agreed</b>            The Neonatal Clinical Network will review the performance of the current location process, and produce a report to the Steering Group, by the end of November 2010, advising how it may be improved. Clinicians have indicated that English units have varying systems, and currently the effectiveness of these systems is not clear. A review of the options for a new system, including an assessment of similar systems in England, will be undertaken by the end of March 2011.</p>	<p>The Neonatal Network has developed and implemented a template for collecting cot status across Wales. It is being used on a daily basis by the transport transfer teams to locate available cots. At a glance, it gives a picture of critical care capacity across Wales and supports individual Units in facilitating transfers as well as supporting the return of babies back to their home unit.</p>	<p>Although the Committee were encouraged to hear positive evidence with regard to the cot locator system we are also aware that units may now be receiving babies with care needs they are unaccustomed to dealing with and the knock-on effects this may have to staff resources etc.</p>
<p><b>Recommendation 9</b>            We recommend that the Welsh Government should ensure that the clinical network and database is working effectively as soon as possible.</p>	<p><b>Agreed</b>            The Clinical Lead for the Network, Dr. Mark Drayton, has been appointed working four sessions per week. He took up the post in August 2010. Interviews for the Network Manager post will take</p>	<p>The Neonatal Network is fully established as a sub-committee of the Welsh Health Specialised Services Committee, where Local Health Boards work collectively to plan and fund specialised services.</p>	<p>The Committee heard positive evidence with regard to the uses of BadgerNet and the improvements it has made in gathering clinical information.</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
	<p>place in mid-September 2010. The Network Steering Group will meet for the first time in September, to finalise membership and sub-groups, and seek endorsement of its working approach from the Welsh Health Specialist Services Committee. It will, in the first instance, be supported by staff from the Welsh Health Specialist Services Committee.</p> <p>The neonatal clinical audit system, BadgerNet, is currently being implemented in each unit across Wales, and it will be fully functional by October 2010. The units' current neonatal information systems will be maintained until January 2011 to ensure a smooth transition. The Network clinical information sub-group will ensure effective implementation of the database.</p>	<p>All Neonatal Units in Wales commenced using the BadgerNet clinical information system in January 2011. The system can be used to generate clinical discharge summaries as well as enabling audit and the production of an annual report. The Neonatal Network Clinical Information sub group, and WHSSC continue to monitor progress. All Neonatal Units in Wales are using BadgerNet as the primary tool for admission and discharge of babies.</p>	
<p><b>Recommendation 10</b> We recommend that the Welsh Government should ensure that the 12-hour transport service is in place and operational as soon as possible.</p>	<p><b>Agreed</b> Recruitment to the Consultant posts, to support the Transport Service for South Wales, has been co-ordinated across the network to ensure that the best available candidates are appointed.</p>	<p>In January 2011 neonatal transport services commenced in both North and South Wales, providing dedicated transport teams capable of retrieving babies during the 12 hour period 8.00am – 8.00pm. The Neonatal</p>	<p>Although the Committee were encouraged by the positive evidence given on the dedicated 12 hour transport system, we believe a dedicated 24 hour transport system across Wales, staffed by adequately trained</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
	<p>Interviews, for these additional five consultants, are planned for October. In North Wales one consultant has been appointed by Betsi Cadwaladr UHB. The UHB failed to appoint to the second post and will re-advertise in September. Additional neonatal nurses have been recruited to fill all the posts specified within the Business Case.</p> <p>Six neonatal nurses across Wales have been identified to undertake the Advanced Neonatal Nurse Practitioner training. The training will commence in September 2011. Funding for these additional posts to support the Transport Service has been secured from the funding the Minister announced when publishing the Neonatal Business Case in December 2009.</p> <p>The Transport Service is expected to be in place in January 2011. This will include the full complement of staff to run the service as indicated above, together with the dedicated ambulance to transfer patients between Neonatal Units.</p>	<p>Network, via its Transport sub group, has overseen the recruitment of the teams and has worked with the Welsh Ambulance Service (WAST) on the design and procurement of a dedicated ambulance and crew in South Wales. In July 2011, I officially launched the Cymru inter Hospital Acute Neonatal Transfer Service (CHANTS).</p> <p>In North Wales the transport team continues to use the services of WAST as the transfer numbers did not necessitate a dedicated vehicle. Both services are reporting excellent outcomes with 495 transfers undertaken in South Wales and 120 in North Wales. The number of transfers by English transport teams have significantly reduced, since the Welsh service became operational.</p>	<p>personnel, would be beneficial.</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
	<p>Discussions with potential providers, including the Welsh Ambulance Service NHS Trust, are nearing completion. These are being led by Dr Jean Matthes, who chaired the Expert Group that produced the All-Wales Neonatal Standards.</p>		
<p><b>Recommendation 11</b>            We recommend that the Welsh Government should keep under review the effectiveness of the 12-hour transport service, in particular in relation to meeting demands on the service and patients' needs. Further to this, we recommend that, at an appropriate time, consideration should be given to whether a 24-hour transport service would better meet patients' needs.</p>	<p><b>Agreed</b>            The Neonatal Clinical Network will undertake, in the summer of 2011, a formal assessment of the impact of the Transport Service. This will inform discussions on future developments.</p>	<p>The capacity of the transport service to undertake all transfers within the current 12 hour services was reviewed by the Neonatal Network Steering Group in July 2011. The number of transfers performed 'out of hours' in the first six months of service, did not indicate that an extension of the 12 hour service was required at this stage.</p> <p>Transfer numbers will continue to be monitored by the Neonatal Network.</p>	<p>See 10 above</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
<p><b>Recommendation 12</b> We recommend that the Welsh Government should ensure that the All Wales Neonatal Network regularly reviews arrangements for cross-border transfers of patients, to ensure that they are effective.</p>	<p><b>Agreed</b> The Network will include cross border arrangements as part of its ongoing review of service delivery, and this is included in the Terms of Reference.</p>	<p>The Neonatal Network holds regular meetings with the transport teams in the Midlands and North West England and work on staff competencies and the training is being shared. Meetings have also taken place with the South West Neonatal Network and the Specialised Commissioning Group in England to discuss cross border flows and share good practice. Established clinical pathways are already in place for babies requiring tertiary care outside of Wales and additional arrangements have recently been put in place between the Networks, to support the effective repatriation of babies back to their home Unit.</p>	<p>The Committee are encouraged by the work which has taken place with regard to cross border transfers. However, arrangements and the frequency rates for cross border transfers must be taken into account in the local health board neonatal action plans and service reconfiguration plans.</p>
<p><b>Recommendation 13</b> We recommend that the Welsh Government, in conjunction with the Health Boards, puts in place measures, as a matter of urgency, to address the shortfall in medical and nursing staff to ensure services are safe.</p>	<p><b>Agreed</b> All Health Boards are developing plans that seek to address staffing shortfalls and ensure services are safe and sustainable as required in the Neonatal Standards.</p>	<p>All Local Health Boards have neonatal action plans in place to address shortfalls in staffing levels for safe and effective care. These action plans are also informing the wider service modernisation plans currently being developed by Local Health Boards to ensure all their services are safe and sustainable.</p>	<p>See 1 above</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
<p><b>Recommendation 14</b> We recommend that the Welsh Government should ensure that procedures are put in place to ensure that neonatal nurses can access education and training.</p>	<p><b>Agreed</b> The Health Boards are responsible for ensuring that neonatal nurses they employ have the training and education they require to carry out their role. Higher education institutions work closely with the Health Boards to develop appropriate continuing professional development courses for neonatal nurses. My officials have reminded Chief Executives of the importance of adequate and appropriate training and education for staff in this area</p>	<p>The Neonatal Network, via its Nursing and Therapies sub group, has undertaken a review of neonatal education and training. An 'All Wales Framework for Neonatal Nurse Training' has been developed and circulated to Local Health Boards. The framework outlines a vision and associated action to move nurse training and education forward in Wales over the next 1- 3 years.</p> <p>Local Health Boards have been asked to undertake an analysis of staff needs at Level 2 Units, develop comprehensive rotation programmes with Level 3 Units and identify specific areas of practice where updating or training is required.</p>	<p>The Committee has been told that the needs of the neonatal nursing service are not being assessed and included into education commissioning of children's and young people's nursing by the Welsh Government.</p> <p>We also heard that it is often difficult for staff to be released for training during periods of high demand.</p> <p>The Committee are pleased to see the development of an 'All Wales Framework for Neonatal Nurse Training' and expect to see improvements in the short, medium and long term as a result.</p>
<p><b>Recommendation 15</b> We recommend that the Welsh Government should explore with relevant professional bodies, including the Royal College of Nursing and Royal College of Midwives, the development of a neonatology specialty.</p>	<p><b>Agreed</b> This will be explored with both the Royal College of Nursing and the Royal College of Midwives.</p>	<p>The Royal College of Nursing is undertaking work to develop a competency framework for neonatal nursing and is being supported by the Neonatal Network set up by Welsh Government. Welsh Government officials are being kept apprised of the work as it develops.</p>	<p>The Committee look forward to receiving an update on this work from the Welsh Government in due course.</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
<p><b>Recommendation 16</b> We recommend that the Government should ensure better integration of, and joint working between, neonatal and maternity services.</p>	<p><b>Agreed</b> The Clinical Overview Group chaired by Dr Huw Jenkins, tasked with developing the Maternity Strategy, has at its heart the need to ensure integration and joint working between maternity and neonatal services. Clinicians will ensure that, where local plans are developed, the needs and requirements of both are addressed, so that arrangements are in place that deliver improvements in the safety, quality and sustainability of services.</p>	<p>Obstetric and midwifery representatives are members of the Network Neonatal Steering Group and the Network team hold separate meetings with these representatives to share work plans and discuss and agree actions. The Neonatal Network Clinical lead is also a member of the All Wales Maternity Services Implementation Group and of a number of sub groups taking forward the Implementation of 'A Strategic Vision for maternity services in Wales'.</p>	<p>Due to 'A strategic vision for maternity services in Wales' and the co-ordinated joint working approach the Neonatal Network can provide for neonatal and maternity services, the Committee expect to see vast improvements in this area in the short, medium and long term.</p> <p>The Committee look forward to receiving an update on this work from the Welsh Government in due course.</p>
<p><b>Recommendation 17</b> We recommend that the Welsh Government should ensure that Health Boards review their current arrangements for supporting parents of special care babies, to address in particular: practical guidance for health professionals on identifying parents' needs; helping parents to be involved in their baby's care; and providing support to parents as they gradually become the main carers.</p>	<p><b>Agreed</b> The Clinical Network will ensure that Health Boards, by November 2010, review arrangements for parental support.</p>	<p>Local Health Boards report progress on work in this area under the All Wales Neonatal Standards: Standard 4 - Full or partial compliance is reported with this standard, with all Local Health Boards providing resources to support parent training, as well as access to a range of other support services. Full compliance is evident regarding breast feeding facilities and support.</p> <p>Work has been completed by the Neonatal Network to map parent</p>	<p>The Committee is pleased to hear of the work being done to map parent support groups across Wales and expect to see the existence and delivery of parent and community services across Wales improved.</p> <p>The Committee look forward to receiving an update on this work from the Welsh Government in due course.</p>

Recommendation	Government Response 2010	Government Update 2012	Committee Comment
		support groups across Wales. The Neonatal Network, via its parent representation, is establishing links with all support groups to ensure the views of parents and families are heard.	
<p><b>Recommendation 18</b>            We recommend that the Welsh Government should ensure that sufficient accommodation is provided for parents, particularly in the lead centres. As part of this, we recommend that the use of transitional care units should be considered.</p>	<p><b>Agreed</b>            Health Boards will be required, by November 2010, to outline their plans for improving accommodation for parents. These plans will be reviewed by the Network as part of their ongoing review of capacity and demand.</p>	<p>The Neonatal Network is also working with BLISS, the Special Care Baby Charity to audit Local Health Boards against its Baby Charter Standards which are due to be launched in February 2012.</p> <p>The Bliss baby friendly audit tool will help identify the facilities available for parents to 'room in' prior to babies being taken home. The Neonatal Network will also audit separately accommodation for parents across all units in Wales. The outcome of this audit will be presented to the Neonatal Steering Group being held in July.</p>	<p>See 17 above</p>

## Annex B – Witnesses

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The following witnesses provided oral evidence to the Committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed in full at:

<http://www.senedd.assemblywales.org/ieIssueDetails.aspx?Id=2925&Opt=3>

<b>9 February 2012</b>	
Pamela Boyd	Neonatal Nurses Association
Helen Kirrane	Bliss
Dr Jim Richardson Lisa Turnbull	Royal College of Nursing Wales
Dr Sybil Barr	British Association of Perinatal Medicine
Dr Iolo Doull Dr Mark Drayton	Royal College of Paediatrics and Child Health Wales

<b>17 May 2012</b>	
Hamish Laing Paul Roberts	Abertawe Bro Morgannwg University Health Board
Dr Andrew Goodall Judith Paget	Aneurin Bevan Health Board
Dr Brendan Harrington Geoff Lang	Betsi Cadwaladr University Health Board
Dr Jennifer Calvert Paul Hollard	Cardiff and Vale University Health Board
Kath McGrath Allison Williams	Cwm Taf Health Board
Dr Simon Fountain-Polley Trevor Purt	Hywel Dda Health Board
Andrew Cottom Carol Shillabeer	Powys Teaching Health Board

<b>31 May 2012</b>	
Lesley Griffiths, AM	Minister for Health and Social Services
Dr Chris Jones	Medical Director, NHS Wales
Professor Jean White	Chief Nursing Officer

## Annex C – List of written evidence

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The following people and organisations provided written evidence to the Committee. All written evidence can be viewed in full at:  
<http://www.senedd.assemblywales.org/ieIssueDetails.aspx?Id=2925&Opt=3>

Date	Organisation	Reference
9 February 2012	Minister for Health and Social Services	CYP(4)-05-12(p1)
9 February 2012	Bliss	CYP(4)-05-12(p2)
9 February 2012	Royal College of Nursing Wales	CYP(4)-05-12(p3)
9 February 2012	Neonatal Nurses Association	CYP(4)-05-12(p4)
9 February 2012	British Association of Perinatal Medicine	CYP(4)-05-12(p5)
9 February 2012	Royal College of Paediatrics and Child Health (Wales)	CYP(4)-05-12(p6)
9 February 2012	Chartered Society of Physiotherapists	CYP(4)-05-12(p7)

Date	Organisation	Reference
17 May 2012	Powys Teaching Health Board	CYP(4)-14-12(p1)
17 May 2012	Cardiff and Vale University Health Board	CYP(4)-14-12(p2)
17 May 2012	Cwm Taf Health Board	CYP(4)-14-12(p3)
17 May 2012	Aneurin Bevan Health Board	CYP(4)-14-12(p4)
17 May 2012	Betsi Cadwaladr University Health Board	CYP(4)-14-12(p6)
17 May 2012	Abertawe Bro Morgannwg University Health Board	CYP(4)-14-12(p7)
17 May 2012	Hywel Dda Health Board	CYP(4)-14-12(p8)

Date	Organisation	Reference
31 May 2012	Minister for Health and Social Services	CYP(4)-16-12(p1)

Additional evidence was submitted by the following organisations:

<b>Date</b>	<b>Organisation</b>	<b>Reference</b>
22 February 2012	Bliss	CYP(4)-06-12(p4)
01 March 2012	Royal College of Nursing Wales	CYP(4)-14-12(p2)
17 May 2012	Royal College of Nursing Wales	CYP(4)-14-12(p5)
31 May 2012	Minister for Health and Social Services	CYP(4)-16-12(p2)
11 July 2012	Health Boards in Wales	CYP(4)-21-12(p2)
11 July 2012	Minister for Health and Social Services	CYP(4)-21-12(p3)
11 July 2012	Royal College of Nursing Wales	CYP(4)-21-12(p4)