

# Health, Wellbeing and Local Government Committee

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## Inquiry into Neonatal services - Evidence from the Minister for Health and Social Services

### 1. Purpose

This paper presents evidence to the Health, Wellbeing and Local Government Committee inquiry into Neonatal Services.

### 2. Evidence

The provision of high quality maternity and children's services is a key priority. I expect the NHS to deliver services which meet the needs of women and their babies, and to provide a positive experience throughout the course of pregnancy and birth. Neonatal services, which provide care for very sick babies, are an integral part of the maternity services and cannot be seen in isolation.

In my recent response to the Public Accounts Committee report on Maternity Services, I set out my plans for improvements. I described the progress which has already been made, and priority areas for development including:

New approaches to antenatal care to make it more accessible

Ensuring that antenatal care is based on the needs of the individual

Recruitment of additional midwives by LHBs to meet the staffing levels recommended by Birthrate Plus. In addition, midwifery training places have increased in each of the last three years

The introduction of Maternity Support Workers, with numbers locally determined based on need. An all-Wales curriculum was developed in 2009, and Heads of Midwifery are working with NLIAH to determine the number of training places required

Mandatory training programmes, monitored in all LHBs, with high compliance, that meet Welsh Risk Pool requirements and which are overseen by the Local Supervising Authority

Provision of The Pregnancy Book to all women who want a copy

Improved availability of equipment on labour wards, with plans in place to meet any shortfall

Evidence-based care during labour

Audit of caesarean section rates and the development of action plans in all LHBs

A focus on improving breastfeeding

Maternity user-satisfaction surveys which identify service improvements at a local level.

I have established a National Clinical Project, led by my Director of Strategy and Planning, to drive further improvements in maternity, neonatal and paediatric services. The project will:

Develop a Maternity Strategy for Wales by December 2010

Implement developments in neonatal services

Ensure that LHB Maternity Action Plans are prepared and delivered

Develop a draft Strategy for Hospital-based Paediatric Services by March 2011.

The project will be taken forward through three clinically lead groups, based on groupings of LHBs in south east, mid and west, and north Wales. Membership of the groups will include senior clinical representation from relevant disciplines in the local communities, supported by local planning representatives. A Steering Group will oversee implementation, with a membership including the Royal Colleges.

I am clear that service development must be led by clinicians who understand the needs of those they care for. They are best placed to advise me on priorities, and to assist their LHBs at an operational level in both planning and delivering high quality services. The work outlined above will be led by clinicians, including medical, nursing and midwifery staff. It will be informed and influenced by the views of service users. Above all, it will focus on delivering tangible improvements in services.

Neonatal services care for babies who are often very ill. They are an integral part of the maternity services, and both must be planned and developed together.

In 2008 I consulted paediatricians and neonatologists across Wales on the work to review neonatal services undertaken by HCW.

Following that consultation, I announced that I would make available £2m each year to support service improvements, and I established a Clinical Advisory Group to advise me on the priorities. The group was chaired by Dr Jean Matthes, a consultant neonatologist from Singleton Hospital. Membership of the group comprised clinicians from across Wales, including neonatologists, paediatricians, obstetricians, senior neonatal nurses and midwives.

The Clinical Advisory Group carefully considered the matter, and discussed the priority areas for early attention. The group reported to me in November 2009, and recommended a number of developments which should be put in place as soon as possible. These comprised:

A Neonatal Transport Service

A Neonatal Clinical Network

A Clinical Information System.

I accepted this advice, and announced in December 2009 that these developments would be implemented. I confirmed that the funding announced previously would be made recurrent.

These developments will address the most pressing problems in neonatal services, and in particular will:

Fund 5 additional consultant neonatologists, including 2 in north Wales

Enable the creation of a dedicated neonatal rota in north Wales

Fund an additional 5 middle-grade doctors

Fund an additional 11 neonatal nurses

Fund an additional 4 Advanced Neonatal Nurse Practitioners (ANNP)

Enable the training of further ANNPs to help extend nursing roles

Support the managed transfer of sick babies to neonatal cots when necessary

Facilitate the collection of information to support clinical audit

Create a single mechanism for advising on the future planning and delivery of neonatal services.

Since December 2009, the Clinical Advisory Group has worked on turning the outline proposals set out in the Business Case into detailed action plans. The group has refined the details of their proposals, and I have approved a revised Business Case. Using the money I have already made available, the following will be implemented:

Two neonatal transport services, one for North Wales and another for South Wales. The South Wales service will operate on a rotational basis between Swansea, Cardiff and Newport

Immediate recruitment to additional posts at the lead neonatal care centres to establish the transport services

Procurement of specialised equipment for the transport service, with an interim arrangement to enable the service to start as soon as possible

An all-Wales Neonatal Clinical Network

A single network clinical lead to provide leadership, advice and guidance for Health Boards through the Welsh Health Specialised Services Committee

A single all-Wales network manager to support the lead clinician in driving forward the changes required in neonatal care

Identification of a lead neonatologist and a transport lead for each unit

A neonatal clinical information system.

The developments I have approved are based on the advice of clinicians as to the highest priorities for attention. I look to the NHS, working with the Neonatal Clinical Network, to ensure that they are implemented quickly.

I expect the Network to evaluate the impact of these developments, and to provide advice to the NHS through the Welsh Health Specialised Services Committee about the next priorities for development. My aim is to ensure that maternity and children's services are safe and sustainable. The developments outlined in this evidence paper demonstrate the action I am already taking.

It is important that we take stock of the impact of the transport service and of the additional staffing before deciding on the next priorities. Based on clinical advice, the next priority may be more staff for our neonatal intensive care units, rather than increasing the hours of operation of the transport service. Equally, focussing on building capacity in Wales to reduce the number of transfers to England may provide more immediate benefits to mothers and babies.

### **3. Conclusion**

I have put in train a range of improvements in maternity and neonatal services, based on advice from clinicians. The creation of the Neonatal Clinical Network is an important step in strengthening clinical leadership in this area. I expect similar clinical leadership from medical and midwifery staff in the development of the Maternity Strategy, the Hospital-based Paediatric Services Strategy, and local Maternity Action Plans. It will then be for the Health Boards to prioritise their plans, and ensure that mothers and babies are provided with access to the range of high quality, accessible services identified as necessary to meet their needs.