

Welsh Government Response to the Children and Young People Committee report; Neonatal Care.

October 2012

Thank you for your letter of 10 September 2012 enclosing the Children and Young People Committee's report on the Inquiry into Neonatal Care.

We welcome this continued focus on promoting the best possible outcomes for sick and premature babies. This important service has far reaching consequences for the survival and long term wellbeing of the 10% of babies who require special neonatal care.

The major scientific advances of the past decade in improving survival in premature babies is reflected in the rigorous, evidence based standard from the British Associate of Perinatal Medicine (BAPM) against which the Neonatal Network undertake a 6 monthly audit. This work makes clear the scale of the task to put in place the correct environment, transport and skilled staff to bring the service to the right standards.

The Local Health Board (LHB) plans for reconfiguration are a key part of ensuring the right skill mix in the right place at the right time. The sustainability of training relies on having services with sufficient critical mass to meet Royal College, General Medical Council and other professional standards.

Following a series of visits in summer 2012 by Welsh Government and the Neonatal Network, LHBs developed robust plans for services including development of plans for staff education and training. These were already being implemented by the time this report was published, and Welsh Government staff will be monitoring implementation of these plans and will hold LHBs to account for delivery.

Welsh Government, is therefore, already working actively with LHBs and the Neonatal Network to address the serious challenge of suitable neonatal services to serve Wales and is supporting LHBs in their determination to improve services.

I set out below my response to the Report's individual recommendations. I have asked the Chief Executive of the NHS to share the recommendations with LHB Chief Executives.

The Committee recommends that:

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.

Response: Accept

We accept the recommendation and Welsh Government will ensure LHBs prepare detailed business plans which will cover relevant staffing matters. A detailed business plan is not required specifically within the public consultation exercise but is required to give Boards the assurance their plans are affordable and deliverable.

The NHS Chief Executive wrote to LHBs at the start of the reconfiguration consultation process requiring Boards to assure themselves their plans are operationally deliverable in terms of workforce as well as being affordable and sustainable.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept

LHBs have already developed detailed neonatal action plans, including action to address the nursing shortfall, supported by the Neonatal Network. The Network will review and advise on LHB plans and monitor progress using data collected via the 6 monthly capacity review. Welsh Government will hold LHBs to account for the delivery of neonatal action plans.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept

We accept the recommendation and recognise a need for joint working between Welsh Government and LHBs, given the Welsh Government's role in

commissioning non-medical healthcare education. Officials will work with the Neonatal Network to oversee this.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept in Principle

LHB action plans include action to address nursing shortfalls. Increasing numbers will enable easier release of staff for training. The Neonatal Network will monitor how many nurses are being sent on University provided specialist courses and what proportion of the nursing workforce has achieved this. The Neonatal Network will support LHBs and Welsh Government will hold LHBs to account for the delivery of action plans. .

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 5

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

Response: Reject

All LHBs undertake workforce planning to ensure units are staffed to a safe standard to comply with BAPM standards.

As drafted, this recommendation is outside the current BAPM standards which require a neonatologist to be in charge of Neonatal Intensive Care services for babies requiring “ongoing” intensive care. Short term intensive care can safely be provided by general paediatricians and/or neonatologists.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets

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.

Response: Accept

We accept the recommendation and Welsh Government will ensure LHBs prepare detailed business plans which will cover relevant staffing matters. A

detailed business plan is not required specifically within the public consultation exercise but is required to give Boards the assurance their plans are affordable and deliverable.

The NHS Chief Executive wrote to LHBs at the start of the reconfiguration consultation process requiring Boards to assure themselves their plans are operationally deliverable in terms of workforce as well as being affordable and sustainable.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept

LHBs have already developed neonatal actions plans, including medical staffing issues, supported by the Neonatal Network. The Network will review and advise on LHB plans and monitor progress using data collected via the 6 monthly capacity reviews. Welsh Government will hold LHBs to account for the delivery of these plans.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept

The Wales Deanery has already been reviewed (the Macpherson review) and there is ongoing work in progress. The planning of future numbers of medical staff is being undertaken by speciality specific reconfiguration leads appointed by the Deanery e.g. in Paediatrics, who are undertaking detailed modelling work. The training needs for Welsh hospitals will need to include a range of trained paediatricians including specialist neonatologists and also general paediatricians with skills to staff units with lower levels of acuity.

I will be meeting Professor Derek Gallen to discuss the work of the Deanery.

Financial Implications –None. Any additional costs will be drawn from existing programme budget

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.

Response: Accept

Welsh Government will ensure LHBs include information on how services will meet the All Wales Neonatal Standards in business plans to support service reconfiguration. I have asked the Chief Executive of the NHS to share these recommendations with LHB Chief Executives. A detailed business plan is not required specifically within the public consultation exercise but is required to give boards the assurance their plans are affordable and deliverable.

The NHS Chief Executive wrote to LHBs at the start of the reconfiguration consultation process requiring Boards to assure themselves their plans are operationally deliverable in terms of workforce as well as being affordable and sustainable.

Financial Implications –None. Any additional costs will be drawn from existing programme budgets

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.

Response: Accept

This work is ongoing. The Neonatal Capacity Review is assessing whether LHBs, working across neonatal communities, are ensuring cots are used efficiently and are staffed appropriately. The Neonatal Network supports LHBs to ensure flexibility of joint working arrangements.

Financial Implications –None. Any additional costs will be drawn from existing programme budgets

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.

Response: Accept in Principle

Whilst we accept the recommendation in principle, the timescale is unachievable. The process will commence by December 2012 to allow 6

months for consultation especially with parent groups. The Neonatal Network will work with parents, BLISS and LHBs to outline a vision for improved parent support and identify themes and priorities for service development in line with BAPM standards.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 12

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

Response: Accept in Principle

We accept the premise of the recommendation. The Neonatal Network is undertaking a costed option appraisal exercise regarding a dedicated 24 hour transport service across Wales. This should be completed by the end December 2012.

Financial Implications – There are no financial implications in undertaking the option appraisal exercise.

Recommendation 13

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

Response: Accept

We accept LHBs should take transport transfer times into account when assessing service reconfiguration. I have asked the Chief Executive of the NHS to share these recommendations with LHB Chief Executives.

The National Clinical Forum will scrutinise the reconfiguration plans taking into account transport transfer times.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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.

Response: Accept

Neonatal Standards are reviewed by the Neonatal Network on behalf of the LHBs and Welsh Government will seek assurance through the Neonatal Network.

Financial Implications –None. Any additional costs will be drawn from existing programme budgets.