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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **WALES NEONATAL NETWORK**

### **Written Submission for NAfW Children and Young People Committee Inquiry into Neonatal Services**

**Wales Neonatal Network Appearance, 7<sup>th</sup>  
March 2013**

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## **1. Role of the Wales Neonatal Network**

The seven Local Health Boards in Wales are responsible for ensuring that plans are put in place to allow neonatal services in their area to meet the All-Wales Standards. The purpose of the Wales Neonatal Network Steering Group is to co-ordinate the approach across Wales and to ensure that the benefits of working collaboratively are realised. The Wales Neonatal Network Steering Group is an Advisory Group to the Welsh Health Specialised Services Committee (WHSSC) and advises the Joint Committee on issues regarding the development of neonatal services in Wales.

The Network team undertook an initial 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. The Steering Group has representation from all Health Boards across as well as a other stakeholders including, Bliss, parents and Welsh Government.

Since then, the Network has undertaken two more detailed reviews of capacity and the outcome of these have been considered by the Neonatal Network Steering Group in January 2012 and February 2013. Last year the Network team met with all Health Boards to discuss their neonatal action plans and we are undertaking a similar round of visits in the next month.

The Neonatal Network will continue to review capacity across Wales to ensure it meets demand now and in the future.

The Neonatal Network monitors implementation of the All Wales Neonatal Standards<sup>1</sup> at an individual Local Health Board level. Health Boards self assess themselves against a number of indicators and this is presented on a six monthly basis to the Neonatal Network Steering Group and the WHSSC Joint Committee.

Revised All Wales Neonatal Standards – 2<sup>nd</sup> edition<sup>2</sup> have been agreed by the Paediatric & Child Health National Service Advisory Group (NSAG) in January 2013. These revised Wales Standards take account of more recent UK guidance from British Association of Perinatal Medicine (BAPM) 2010: Standards for Hospitals Providing Neonatal and High Dependency Care<sup>3</sup> and BLISS: Baby Charter Audit Tool<sup>4</sup> and provide more detailed information particularly in relation to staffing levels in all relevant professions.

## **2. Capacity Review 2012 - Progress made by Health Boards to implement the recommendations**

Progress made by all Health Boards to implement the recommendations made in the Capacity Review 2012 is outlined below.

Key messages include:

### ***Workforce***

- The total establishment across Wales has increased by 29.34 wte since July 2011. All Health Communities have seen an increase in establishments of over 7%, apart from the South Central, where there has been an actual reduction of -1.9%.
- 46.29 additional wte nurses are now required across Wales to meet the All Wales Standards. This can be compared favourably with the position in July 2011 when 82.64 wte additional nurses were required for the "existing" cots.
- The South Central Health Community are the closest to achieving full compliance with the Standards based on nursing establishments, with 97.8% compliance. North Wales have the furthest to go with 83.1% compliance.
- Whilst Health Boards are all making progress with plans to reconfigure services, on the ground there is little evidence of immediate action to develop robust medical workforce plans to meet medical staffing standards for units in accordance with BAPM, and the All Wales Standards – 2<sup>nd</sup> Edition.

### ***Neonatal cots***

- Two additional high dependency cots are being established in Royal Glamorgan, Cwm Taf. This is in line with the Network's recommendations to establish 3 additional cots to help alleviate the pressure on critical care cots in the South Central Health Community.
- During 2012, a number of units revised their cot numbers to take on board recommendations in the Capacity Review January 2012.
  - In February 2012, the intensive care cot at Nevill Hall was re-designated for high dependency care.

- In November 2012, 2 intensive care cots were moved to Singleton Hospital from Princess of Wales Hospital Bridgend, allowing better use of this capacity that was previously being under utilised. Correspondingly, 4 special care cots were moved to Princess of Wales Bridgend from Singleton.
  
- In Ysbyty Glan Clwyd, cots were re-designated in July 2012 to better reflect the activity taking place across the three levels of care.

***Special care activity/occupancy***

- All Health Boards have reported good progress in implementing the Network's Best Practice recommendations in respect of reducing occupancy at low dependency care (special care).
- Overall there has been a marginal reduction in special care activity in South Wales which is believed to reflect work undertaken by units to implement the Network's low dependency recommendations.
- In North Wales, there has been a major reduction in special care activity delivered. Again this could be attributed to work undertaken to implement the Network's low dependency recommendations.

### **3. Capacity Review 2013**

#### ***Background***

This review was presented to the Neonatal Steering Group on 7<sup>th</sup> February 2013 and subsequently circulated to Health Boards, (attached Appendix 1). The Network is meeting with Health Board Executive teams in early March to discuss the latest findings and will be supporting Health Boards in developing their revised neonatal action plans.

This is the 3<sup>rd</sup> iteration of the Neonatal Capacity Review. It shows the latest position on cot configurations and compliance with standards for medical and nursing staff across Wales. It provides an overview of neonatal activity during 2012 as well as discussion on some of the factors affecting demand for neonatal care. Cot projections and recommendations for Health Boards are included.

#### ***Demand for neonatal care***

There has been a major increase in demand for neonatal intensive and high dependency care in South Wales between 2011 and 2012.

The increase in activity experienced by units in South Wales appears to be attributable to the significant rise in the extremely preterm birth-rate. These infants have a disproportionately high impact on a Units workload both in terms of length of stay and acuity of care.

Multiple pregnancies are known to be strongly associated with preterm delivery and the overall proportion of multiple pregnancies increased in 2012 compared with 2011, in particular those associated with extremely preterm delivery. This could help explain a significant part of the increased neonatal workload in 2012.

In North Wales high dependency and intensive care activity has remained fairly static between 2011 and 2012.

The total number of live births in North Wales is continuing to rise and there have been year on year increases for 5 out of the last 6 years. The number of extremely preterm live births is flattening off or perhaps even falling and the overall multiple pregnancy rate is not increasing over time.

#### ***Cot requirements***

Cot recommendations are based on:

- neonatal activity delivered between January–September 2012, as reported via the Badgernet dataset

- on care days that were actually delivered **for** residents of each Health Community
- the BAPM 2011 Categories of Care<sup>5</sup>
- on cots required to meet 70% occupancy (IC and HD) and 80% (SC).

Previous projections have been based on the care days delivered by Health Boards, within Health Communities and on the Categories of Care, as defined in the BAPM Standards for Hospitals Providing Neonatal Intensive & High Dependency Care (second edition) and Categories of Babies Requiring Neonatal Care.<sup>6</sup>

### **Special care**

There continues to be a shortfall of 18 special care cots required to meet the 80% occupancy standards across all Health Communities.

Health Boards should continue to look at ways to improve the provision of low dependency care and have clear, measurable action plans in place to take this work forward.

In parts of the Network there is likely to be a need to invest in additional special care capacity, even if all best practice recommendations are fully implemented across Wales.

### **Critical care - Intensive Care and High Dependency**

Based on current cot numbers and activity, 4 additional intensive care cots and 3 additional high dependency cost are required in South Wales to meet average occupancy standards at 70%. Agreement is urgently needed to provide this additional capacity in the short term.

In North Wales, cot projections have been made based on the activity delivered in 2012. However it should be noted that the amount of critical care delivered in the last year, is low in relation to the birth population, and when compared to care days delivered in South Wales.

#### **4. References**

1. Welsh Assembly Government (October 2008) *All Wales Neonatal Standards for Children and Young People's Specialised Healthcare Services*: Welsh Assembly Government.
2. Wales Neonatal Network (January 2013) *All Wales Neonatal Standards*. Wales Neonatal Network.
3. British Association of Perinatal Medicine (August 2010) *Standards for Hospitals Providing Neonatal Care (3<sup>rd</sup> edition)*: London. BAPM.
4. Bliss (2012) *Baby Charter Audit Tool*: London. Bliss.
5. British Association of Perinatal Medicine (August 2011) *Categories of Care 2011*: London. BAPM.
6. British Association of Perinatal Medicine (December 2001) *Standards for Hospitals Providing Neonatal Intensive & High Dependency Care (second edition) and Categories of Babies Requiring Neonatal Care*. London. BAPM.