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E-bost/E-mail:	Trevor.purt@wales.nhs.uk	
Date:	16 March 2012	

Ms C Chapman
Chair
Children and Young People Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Chapman

Re: Children and Young People Committee – Neonatal Services

Thank you for your letter of 21/02/12 requesting information regarding Neonatal Services prior to the meeting of The Children and Young People Committee. I have responded to your queries in the order given.

- *A copy of your current local neonatal action plan, including information about the mechanisms you have put in place to monitor and evaluate the implementation of the key actions within these plans and timescales.*

A copy of the Hywel Dda's Neonatal Action Plan is enclosed; these actions are monitored with the All Wales Neonatal Standards, which are updated to inform the network of progress.

- *A copy of the latest annual report on quality of care (as set out in Standard 6.8 of the All Wales Neonatal Standards), alongside information on the number of instances of when patient safety has been compromised.*

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. However Hywel Dda Health Board:

- has identified a named individual who is responsible to the Board clinical governance lead for the comprehensive capture of information on all neonatal cases admitted to our SCBUs;
 - participates in the all Wales audit programme co-ordinated through the MCN sharing information via Badgernet
 - is agreeing information sharing protocols which will allow participation in national neonatal audit programmes coordinated through the BAPM;
 - has a neonatal clinical audit program
 - will receive the audit report produced by the lead clinician, and recommend improvements within the Board;
 - continue to audit the service against these standards and report the outcome to the Board's Quality and Safety committee on an annual basis;
 - does ensure exception reporting to the Board occurs when patient safety is compromised;
 - does ensure systems are in place for reporting, investigating and learning from adverse incidents.
- *An outline of any action taken and any plans for investing into neonatal services in the short, medium and longer term to ensure all services in your area are fully compliant with the Standards.*
 - Hywel Dda has undertaken a thorough review of Neonatal services within its hospitals as part of the Clinical Services Strategic Review, and developed a plan to have a single level 2 Neonatal unit on a single site for the board. This plan has been identified to the public as part of our Listening and Engagement exercise. The short, medium and longer term plans are listed in the action plan.
 - Implementing policies to redirect other than low risk births from Bronglais Hospital where there is no staffed neonatal facility to one of the current level one units
 - Implementing a "stabilise and transfer" protocol for neonates with unexpected complications at Bronglais Hospital
 - Submitted a plan for converting variable neonatal nursing pay to core funding for substantive posts which will increase the nursing establishment
 - Developing a planned response to address the strong possibility of a significant gap in the medical staffing workforce from September of this year, in response to the Deanery predictions.
 - *The costs associated with cross border transfers, including the amount paid to English PCTs for the transfer of neonates as well as the income generated for Welsh providers.*

The Health Board has reviewed its financial records for the period April to December 2011 and there has been no expenditure incurred as a result of neonatal activity taking place cross border outside of Wales in respect Hywel Dda Health Board residents. The Health Board has also reviewed its financial records for the period April to December 2011 and there

have been no costs recharged as a result of neonatal activity taking place in Hywel Dda Health Board for cross border residents outside of Wales.

- *Whether you have had any discussions with WHSSC and neighbouring LHBs about the overall increase in cots needed and any joint planning as to where they are located and at what level of intensity.*

Hywel Dda Health Board is committed to, and informed by the Welsh Neonatal Network with regard to the above. We have developed our long term plan (which has been shared with the network) in response to, and in accordance with their figures. We were pleased to be able to discuss the plans originally in outline and subsequently in detail with the Network lead, and with our sub regional partner LHB.

- *Whether any work has been undertaken with neighbouring Boards, or the Welsh Government via WHSSC, on workforce planning to address what impact changes to junior doctor recruitment and the number of training places in the future will have on services in coming years.*

Hywel Dda Health Board contributes to the NLIAH Workforce plans review, and has utilised the forward information provided by the Welsh Deanery to inform this process. We also believe that as part of the Neonatal Network we contribute to the impact assessment of medical, and neonatal nursing training places. We have had ongoing discussions with the Wales Deanery around future numbers of trainees.

I do hope that this information is of use.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'T. Purt', with a long horizontal stroke extending to the left.

Trevor Purt
Chief Executive

Hywel Dda Neonatal Services Action Plan February 2012

Standard Number	Standard Text							Comment	Actions	Short term	Medium Term	Long Term
OBJECTIVE 1: ACCESS TO NEONATAL CARE												
Rationale: All newborn babies who require over and above the normal birth pathway have equitable access to the appropriate level of care in a timely manner.												
1.1	Neonatal care is commissioned to meet the local and national population need.							Remains at amber as BGH does not have facilities to provide neonatal care.	Plans for reconfiguration to improve this position accepted the Health Board. Currently shared with the public in Listening and Engagement exercise.	Protocols and policies in place to ensure risk avoidance of complex obstetric cases by transfer within Hywel Dda	Full consultation and business plan	Single level two neonatal unit for Hywel Dda, with Stabilise and transfer for emergencies from Bronglais and second site
2.5	All neonatal units have a designated neonatal nurse with protected time dedicated to providing teaching and education of the neonatal team.							This does not exist within the current establishment funding available to provide service delivery.	Staffing and role review undertaken to support reconfiguration plans.	Convert variable spend pay to established posts	Review of staff configuration, staff change engagement to implement	Centralise staffing on single level two unit
LEVEL II Care in Level II Unit Neonatal High Dependency Care												
2.16	A nursing ratio of 1:2 is provided for babies requiring High Dependency care. The named nurse has training in neonatal care.							As we are not funded as a Level II unit, whilst we try to maintain this level it is not always guaranteed.	Staffing and role review undertaken to support reconfiguration plans.	Convert variable spend pay to established posts	Review of staff configuration, staff change engagement to implement	Centralise staffing on single level two unit
2.17	The unit can provide evidence that the establishment is correct for the number of High Dependency cots commissioned.							As above our unties are not Level II units	Staffing and role review undertaken to support reconfiguration plans.	Convert variable spend pay to established posts	Review of staff configuration, staff change engagement to implement	Centralise staffing on single level two unit
2.21	A Level II unit has SHOs/ANNPs dedicated to the neonatal service.							During the hours of 9 -4, there is a dedicated rota in operation, after 4 pm the rotas is across Paediatric services	Staffing and role review undertaken to support reconfiguration plans.	Review opportunities to develop ANNP roles	Audit training gaps and facilitate all necessary training	Centralise staffing on single level two unit

LEVEL III Care in Level I Unit Neonatal Special Care												
2.23	The unit can provide evidence that the establishment is correct for the number of Special Care cots commissioned.							Sometimes compromised by numbers of neonates, and levels of care required	Staffing and role review undertaken to support reconfiguration plans.	Convert variable spend pay to established posts	Review of staff configuration, staff change engagement to implement	Centralise staffing on single level two unit
OBJECTIVE 3: FACILITIES FOR NEONATAL SERVICES, INCLUDING EQUIPMENT Rationale: Appropriate, up to date and safe equipment and facilities are available to care for babies with neonatal care needs and their families.												
3.1	Neonatal facilities are commissioned based on population need, taking into account local differences.							No neonatal care in BGH	Plans for reconfiguration to improve this position accepted the Health Board. Currently shared with the public in Listening and Engagement exercise.	Protocols and policies in place to ensure risk avoidance of complex obstetric cases by transfer within Hywel Dda	Full consultation and business plan	Single level two neonatal unit for Hywel Dda, with Stabilise and transfer for emergencies from Bronglais
3.5	Support services are readily available. These include: Pharmacy Dietetics Therapy Screening Genetics Physiotherapy Social Work Speech and Language Therapy These include staff with expertise in the care of neonates.							Whilst these services are accessible, they are not readily available and are dependant on their own capacity issues. Only some of these services currently have identifiable staff with neonatal expertise,	Plans for reconfiguration to improve this position accepted the Health Board. Currently shared with the public in Listening and Engagement exercise.	Intention to hold discussions with the services detailed, once the reconfiguration planning is complete to develop and implement that accessibility.	Full consultation and business plan	Centralise staffing on single level two unit, allowing these services to have critical mass on a single site
3.9	Each cot on a Neonatal Intensive Care Unit or High Dependency Unit has the following equipment: a. Incubator or unit with radiant heating b. Ventilator* and NCPAP driver with humidifier c. Syringe/infusion Pumps d. Facilities for monitoring the following variables: i. Respiration ii. Heart rate iii. Intra-vascular blood pressure iv. Transcutaneous or intra-arterial oxygen tension v. Oxygen saturation vi. Ambient Oxygen. * Intensive Care Cot only							All cots within the HB have this equipment apart from d points iii & iv.	Within WGH SCBU - Intra vascular BP equipment is on order.	Take opportunity of replacing monitoring equipment to address Glangwili site	Full review of equipment provision in preparation for centralisation	Single level two neonatal unit for Hywel Dda, with fully appropriate equipment provision

OBJECTIVE 4: CARE OF THE BABY AND FAMILY/PATIENT EXPERIENCE												
Rationale: The baby and the family receive holistic child and family centred care as close to home as possible, with ease of access to specialist centres when this care is required.												
5.1	Transport services are planned and commissioned on an all Wales basis with working arrangements in place for each network and across the border with England. All units accepting and/or referring neonates have, or have access to, an appropriately staffed and equipped transport service.							Although CHANTS is in operation, this is only on a 12 hours access and the risks for infants delivering in BGH remain, due to escort and accepting unit capacity.	Plans for reconfiguration to improve this position accepted the Health Board. Currently shared with the public in Listening and Engagement exercise.	Protocols and policies in place to ensure risk avoidance of complex obstetric cases by transfer within Hywel Dda	Full consultation and business plan	Single level two neonatal unit for Hywel Dda, with Stabilise and transfer for emergencies from Bronlais and second site
5.4	Staff responsible for transfers are in addition to those of the clinical inpatient team.							Transfers from BGH as detailed above present challenges for the workforce available.	Plans for reconfiguration to improve this position accepted the Health Board. Currently shared with the public in	Protocols and policies in place to ensure risk avoidance of complex obstetric cases by transfer within Hywel	Full consultation and business plan	Single level two neonatal unit for Hywel Dda, with Stabilise and transfer for emergencies from Bronlais and second site