1 Introduction

The purpose of this paper is to inform the Board on the level of compliance of the Aneurin Bevan Health Board Neonatal Service against the All Wales Neonatal Standards and to inform on the Health Board response to the issues raised in the Neonatal Network’s All-Wales Neonatal Capacity Review (January 2012).

The action plan (Appendix 1) shows the Health Board’s delivery against the All Wales Neonatal Standards. A second action plan (Appendix 2) addresses the recommendations raised in the All-Wales Neonatal Capacity Review (January 2012).

<table>
<thead>
<tr>
<th>Financial Assessment and link to Financial Recovery Plan</th>
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<tr>
<td>The total nurse staffing shortfall in Aneurin Bevan Health Board, required to deliver the All Wales Neonatal Standards and deliver the cot numbers advised in the Capacity Review, is 18.7 WTE registered nurses and 4.76 WTE unregistered nursery nurses.</td>
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<td>The Division has developed a proposal to increase the nurse staffing levels incrementally with a proposed additional 6.2 WTE registered nurses and additional 1.6 WTE unregistered / nursery nurses in 2012-2013. The full year revenue impact would be £240,975. The Division would look to initially off-set the additional revenue, in part, with savings achieved with the current E-Rostering Project and by driving further workforce efficiencies across the Division.</td>
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<th>Risk Assessment</th>
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<td>The following risks have been identified if the neonatal service continues to be non-compliant:</td>
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<td>• The service operates at an average occupancy rate of over 130% - this places pressure on service safety, resources and staff (British Association of Perinatal Medicine [BAPM] recommends 70% and</td>
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the Neonatal Network’s Capacity Review recommends 70% occupancy for intensive and high dependency care and 80% occupancy for low dependency care).
• Low staff morale & increased sickness levels. Staff turnover.
• Reduced opportunity to improve outcomes and to further develop the service.

Risks Associated with Implementing the Neonatal Plan:
• The number of newly registered nurses requiring training and development is heavily dependent on PDF input and mentoring support.
• Unexpected changes to the configuration of services in South East Wales
• Accommodation and space availability
• Ability to recruit and retain nurses
• Availability of capital investment for new and replacement equipment
• Availability of revenue investment in line with the implementation plan

| Annual Quality Framework | AQF 5.1: Finance  
AQF 5.2 Workforce |
|--------------------------|-----------------|
| Standards for Health Services Wales | SHSW 7: Safe and Clinically Effective Care  
SHSW 8: Care Planning and Provision  
SHSW 24: Workforce Planning |
| Equality Impact Assessment | An Equality Impact Assessment will be completed as part of the implementation of the action plan and depending on the agreed course of action |

2 Background
In July 2010 the National Assembly for Wales’ Health, Wellbeing and Local Government Committee completed an inquiry into Neonatal Care in Wales. In September 2010 the Minister responded to the report setting out her expectations regarding action by the NHS and Local Health Boards, according to the All-Wales Neonatal Standards (published in 2009). Health Boards in Wales are expected to work towards delivering the All-Wales Neonatal Standards, which are based on the British Association of Perinatal Medicine (BAPM) Standards.
In January 2012, the All Wales Neonatal Network published an updated version of its Capacity Review with recommendations for each Health Board related to compliance with the All-Wales Neonatal Standards. In March 2012, David Sissling, Director General of NHS Wales, requested Local Health Board Chief Executives update local action plans in light of the updated Network Capacity Review.

3 Issues

3.1 Delivering the All-Wales Neonatal Standards

The All-Wales Neonatal Standards are monitored and audited by the Neonatal Network. The action plan template developed by the Network is attached at Appendix 1; this shows current compliance against the seven standards and describes further actions required; these are summarised below:

**STANDARD 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.*

This standard has been partially achieved in Aneurin Bevan Health Board but demand for intensive and high dependency care outstrips the current capacity. In response the Neonatal Network has undertaken an All Wales Capacity Review with specific recommendations related to required cot numbers across Wales including Aneurin Bevan Health Board; a plan has been developed by the Health Board in response and is explained in section 3.2 below. In addition, the formation of the Neonatal Network has facilitated work to develop agreed and clear referral pathways, particularly between level I, II and III units.

**STANDARD 2: STAFFING OF NEONATAL SERVICES**

*Rationale: Neonatal Services are staffed with appropriately trained, multi-disciplinary professional teams, according to the level of service they provide.*

Whilst the requirements to increase cot numbers inline with the Network advice will impact directly on staffing levels, as described in section 3.2 below, in every other aspect the Health Board is complying with this specific standard. Aneurin Bevan Health Board has achieved the level required in terms of arrangements for resuscitation and stabilisation with staff appropriately trained.
Similarly, staff are appropriately trained in relation to recognising and managing neonatal and obstetric emergencies and has arrangements in place for all deliveries planned at <28 weeks to be at the level III unit.

**Neonatal Intensive Care (Level I Care in a Level III unit)**
As part of Standard 2, there is a specific requirement for Neonatal Intensive Care in a Level III unit (Royal Gwent is a Level III unit) that a nursing ratio of 1:1 is provided and that units can evidence that the establishment is correct for the number of cots commissioned – Aneurin Bevan Health Board does not currently fully meet this standard but the actions proposed in response to this requirement and in response to the Network’s Capacity Review aim to address this (actions described in section 3.2).

Also related to Neonatal Intensive Care, Aneurin Bevan Health Board fully meets the standards for medical staffing i.e. that all consultants appointed to Health Boards with neonatal intensive care units have a CCST in Paediatrics (Neonatal Medicine) or equivalent training. There should also be separate consultant, middle grade and junior rotas - staff should not have other responsibilities, such as General Paediatric duties.

Also related to Neonatal Intensive Care, the Health Board fully meets the standards for providing local follow-up support by the children’s nursing team in liaison with a specialist neonatal nurse. Also, as required, the Health Board has a designated Senior Nurse Manager supernumerary to the staff establishment.

**Neonatal High Dependency Care (Level II Care in a Level II unit)**
As part of Standard 2, there is are specific requirements for Neonatal High Dependency Care in Level II units (Nevill Hall is a Level II unit) that a nursing ratio of 1:2 is provided and that units can evidence that the establishment is correct for the number of cots commissioned – Aneurin Bevan Health Board partially meets this standard but, as above, the actions proposed in response to this requirement and in response to the Network’s Capacity Review aim to address this (actions described in section 3.2).

Also related to Neonatal High Dependency Care, Aneurin Bevan Health Board meets the standards for medical staffing in terms of consultant management and availability of middle grade doctors. However, the Health Board does not meet the requirement to have dedicated SHOs/ANNPs at the Nevill Hall unit because these SHOs cross-cover General Paediatrics out of hours.
STANDARD 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.

Aneurin Bevan Health Board meets the requirements of this standard in relation to location and equipping of the units, including IT requirements. Also the Health Board meets the requirements in relation to the availability of support services such as therapy services and social workers. Aneurin Bevan Health Board has an equipment replacement programme but this is subject to bidding against capital allocations – the Division is currently reviewing these requirements.

STANDARD 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.

Aneurin Bevan Health Board fully meets the requirements related to breast feeding and post discharge care. Access to some support services is limited, for example for bereavement counsellors, psychological/psychiatric advise and multi-ethnic health advocates, however the Division is pursuing partnership arrangements to address this gap.

STANDARD 5: TRANSPORTATION  
**Rationale:** A transport service, staffed by trained personnel is in place 24/7 for all areas of Wales, to provide rapid and timely transport for neonates to and from appropriate service across the network and country boundaries.

Aneurin Bevan Health Board fully meets the requirements related to transportation, with the exception to formalising current arrangements for transfers; it has been agreed that the current informal arrangements will now be formalised with written protocols in agreement with the Network.

STANDARD 6:  CLINICAL PATHWAYS, PROTOCOLS AND GUIDELINES/CLINICAL GOVERNANCE  
**Rationale:** Care will be delivered based on the best available evidence. Pathways and guidelines circulated widely and agreed nationally will ensure that the child receives high
Aneurin Bevan Health Board fully meets the requirements related to this standard with the required pathways, guidelines and protocols in place. As described in relation to Standard 5, transfer protocols will now be formalised in agreement with the Network. Aneurin Bevan Health Board Neonatal Service publishes an annual report, including detailed reports related to morbidity. The Health Board also feeds the National Database as required.

**STANDARD 7: EDUCATION AND TRAINING/CLINICAL GOVERNANCE**

*Rationale: All members of the multi-professional team are trained to the required standard to deliver a high quality service safely.*

Aneurin Bevan Health Board achieves the requirements set out in this standard. Newborn Life Support is part of the mandatory training for Health Board Community Midwives. Similarly all doctors and nurses caring for critically ill neonates have access to a rolling revalidation programme of Newborn Life Support. Post registration neonatal education is readily available based on a competency framework.

**3.2 Responding to the All-Wales Neonatal Capacity Review (January 2012)**

The Aneurin Bevan Health Board Action Plan in response to the Capacity Review is attached as Appendix 2; the issues and actions are described below:

**3.2.1 Recommended Cot Capacity:**

In January 2012, the All Wales Neonatal Network published an updated version of its Capacity Review with recommendations for each Health Board related to compliance with the All-Wales Neonatal Standards. The capacity review provided specific recommendations based on projected numbers of cots required to match demand based on 2011 activity levels.

In responding to the Capacity Review, the Division has also considered the requirements of delivering the Clinical Futures model of care, with Neonatal Services provided from the Specialist Critical Care Centre.
Set out below is the cot configuration currently in place across the Health Board and then the projected cot configuration based on the Capacity Review:

Current funded cot configuration

<table>
<thead>
<tr>
<th>ITU</th>
<th>HDU</th>
<th>SCBU</th>
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<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>18</td>
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</table>

Cots required based on actual 2011 activity (advice of Neonatal Network)

<table>
<thead>
<tr>
<th>ITU</th>
<th>HDU</th>
<th>SCBU</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>12</td>
<td>17</td>
</tr>
</tbody>
</table>

Cots required based on agreed cot configuration for the SC3

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<tr>
<th>ITU</th>
<th>HDU</th>
<th>SCBU</th>
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<tr>
<td>8</td>
<td>12</td>
<td>18</td>
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Whilst the projected cot configuration recommended by the Capacity Review is consistent with the cot capacity agreed for the Specialist Critical Care Centre, it is clear that there needs to be an increase in capacity from the current levels in advance of the Specialist Critical Care Centre.

In addition to the recommendations on cot numbers, the Capacity Review also provides clear guidance on the nurse staff ratios and cot occupancy levels required to achieve compliance with the All Wales Neonatal Standards. Compliance assumes an 70% occupancy for intensive and high dependency care and 80% occupancy for low dependency care. Compliance also assumes nurse staffing ratios as follows:

1:1 for Intensive Care
1:2 for High Dependency
1:4 for Special Care

In light of these requirements, the nurse staffing shortfall in Aneurin Bevan Health Board is 18.7 WTE registered nurses and 4.76 WTE unregistered nursery nurses.

3.2.2 Addressing the Shortfall in Neonatal Nurse staffing:

The Family and Therapy Services Division have explored a range of options to deliver compliance in relation to nurse staffing. Whilst all the options require further investment, the Division has made significant progress in driving improved efficiency within the current
staffing resource with a significant reduction in variable pay and sickness levels in the past 12 months; any investment assumes continued improvement in workforce efficiency.

The Division has developed a proposal to increase the nurse staffing levels incrementally with a proposed additional 6.2 WTE registered nurses and additional 1.6 WTE unregistered/nursery nurses in 2012-13. The full year revenue impact would be £240,975. The Division would look to off-set the additional revenue, in part, with savings achieved with the current E-Rostering Project and by driving further workforce efficiencies across the Division.

The investment will reviewed on an ongoing basis leading to the commissioning the Specialist Critical Care Centre.

The Division anticipate the incremental approach to addressing the cot capacity issues and related nurse staffing shortfall will be acceptable to the Neonatal Network.

3.2.3 Activity:

The All Wales Capacity Review also advised that the Network and Aneurin Bevan Health Board need, in collaboration, to explore why critical care activity in the South East Community appears to be relatively high compared with the other Health Communities in South Wales relative to population size.

In response the Health Board has agreed to explore with the Network an appropriate methodology to analyse the critical care activity levels. There is a need to benchmark use of intensive care cots with other units (UK wide) with similar mortality outcomes to better understand the link between intensive care utilisation and mortality outcomes. The Health Board’s neonatal units are currently within the recommended mortality rate and compare well against other similar Welsh units. The Health Board will also look to commission work to analyse local population factors that could create additional demand for intensive care input not explained simply by population numbers.

In addition to critical care/intensive care activity the Health Board have been advised to review it low dependency activity. The Health Board action plan states that the level of low dependency capacity will continue to be reviewed in line with the continued Network review of low dependency care. Current advise from the Network on low dependency care is reflected in the Health Board’s Compliance and Development Plan.
4 Neonatal Service Configuration

There is a growing pressure across the UK in relation to middle grade cover, which particularly affects the stability of paediatric services, not least neonatology. These challenges in medical staffing are a powerful force toward the reconfiguration of services across Wales and the UK, specifically to reduce the total number of rotas overall. It is clear that the sustainability of neonatal services in Wales and the preservation or enhancement of capacity will be absolutely dependent on reducing the number of neonatal units. Aneurin Bevan Health Board needs to include neonatal services in its ongoing discussion with neighbouring Health Boards over potential reconfiguration as well as reviewing the balance of services across sites; these discussions and planning are being overseen by the South Wales Programme Board. The SCCC proposals bring neonatal services formally together on one site, proposals fully supported by the professional staff concerned, but is still a number of years away in terms of offering this on a purpose-built site. However, the above pressures outlined in respect of availability of medical staff remain and will increase over the forthcoming months. This is a critical factor in respect of developing our plan to meet standards on a sustainable basis.

5 Conclusions

Aneurin Bevan Health Board Neonatal Services have demonstrated a high level of compliance against the All Wales Neonatal Standards with a clear action plan for continued improvement. The gap in compliance is related to nurse staffing establishment and the achievement of the required nurse staff ratios for different levels of neonatal cots. The Network’s Capacity Review provides further recommendations on the cot levels required by the Health Board with clear advice on the nurse staffing requirements to deliver this capacity whilst achieving compliance with the standards.

The Division has developed an action plan in response, with proposals to increase the nurse staff establishment incrementally. The Division has emphasised the significant progress made over the last 12 months in driving down variable pay expenditure in Neonatal Services and looks to continued efficiencies and workforce initiatives such as E-Rostering to support the increased investment in the neonatal nursing establishment. The investment will be reviewed on an ongoing basis leading to commissioning the Specialist Critical Care Centre and taking account of any Neonatal service reconfiguration agreed across South Wales.
6 Recommendations

The Board is requested to:

- Note Aneurin Bevan Health Board’s current compliance against All Wales Neonatal Standards and its response to the Network’s All-Wales Neonatal Capacity Review (January 2012)

- Note the shortfall in neonatal nurse staffing, required to deliver the recommended increase in cot capacity and meet the standards

- Note the proposal of the Family and Therapy Services Division to increasing the nurse staffing levels and cot capacity in line with the Network advice, with an investment in 2012-13 which will be reviewed on an ongoing basis leading to the commissioning the Specialist and Critical Care Centre.

- Note the service configuration discussions that will emerge from the South Wales plan.

Sponsored by: Judith Paget, Director of Planning & Operations

Prepared by: Adam Southan, Divisional Director, Family and Therapy Services

Peter Carr, Divisional Performance and Development Manager

Date: 14 March 2012