

## Y Pwyllgor Plant a Phobl Ifanc

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Lleoliad:  
**Ystafell Bwyllgora 1 – Y Senedd**

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Dyddiad:  
**Dydd Iau, 9 Chwefror 2012**

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Amser:  
**09:15**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch â:

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### Agenda

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- 1. Cyflwyniad, ymddiheuriadau a dirprwyon**
- 2. Ymchwiliad i Ofal Newyddenedigol – Tystiolaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol (09:15)** (Tudalennau 1 – 6)
- 3. Ymchwiliad i Ofal Newyddenedigol – Sesiwn dystiolaeth 1 (09:15 – 10:15)** (Tudalennau 7 – 11)  
Helen Kirrane, Rheolwr Ymgyrchoedd a Pholisi, Bliss

**Egwyl (10:15 – 10:30)**

- 4. Ymchwiliad i Ofal Newyddenedigol – Sesiwn dystiolaeth 2 (10:30 – 11:30)** (Tudalennau 12 – 16)  
**Coleg Brenhinol y Nyrsys**

Lisa Turnbull, Cynghorydd Polisi a Materion Cyhoeddus, Coleg Brenhinol y Nyrsys Cymru  
Dr Jim Richardson, Aelod o Fwrdd Coleg Brenhinol y Nyrsys Cymru dros Blant a Phobl Ifanc

### **Cymdeithas y Nyrsys Newyddenedigol**

Pamela Boyd, Cymdeithas y Nyrsys Newyddenedigol

## **5. Papurau i'w nodi**

**Gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch eli haul am ddim i bawb o dan 11 oed (Tudalennau 17 – 18)**

**Gohebiaeth gan y Gweinidog Addysg a Sgiliau ynghylch eli haul am ddim i bawb o dan 11 oed (Tudalennau 19 – 20)**

**Adolygiad y Gymdeithas Siartredig Ffisiotherapi o ofal newyddenedigol (Tudalennau 21 – 37)**

# Eitem 2

## **Diweddariad ysgrifenedig Llywodraeth Cymru i'r Pwyllgor Plant a Phobl Ifanc: Ymchwiliad Byr i Wasanaethau Newyddenedigol**

### **Argymhelliad 1.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod Rhwydwaith Newyddenedigol Cymru Gyfan yn cynnal adolygiad o gapasiti, i gynnwys lefelau staffio a gweithgarwch presennol.**

#### **Y Sefyllfa Bresennol**

Mae Rhwydwaith Newyddenedigol Cymru Gyfan yn un o is-bwyllgorau Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, lle bydd Byrddau Iechyd Lleol yn gweithio ar y cyd i gynllunio ac ariannu gwasanaethau arbenigol. Cynhaliodd y Rhwydwaith adolygiad o gapasiti'r maes gofal newyddenedigol ledled Cymru ym mis Hydref 2010. Datblygodd Byrddau Iechyd Lleol gynlluniau gweithredu newyddenedigol lleol unigol mewn ymateb i hyn ac mae Grŵp Llywio'r Rhwydwaith Newyddenedigol wedi cael crynodeb o'r cynlluniau hyn. Ers hynny, mae'r Rhwydwaith wedi cynnal adolygiad manylach arall o gapasiti ac mae Grŵp Llywio'r Rhwydwaith Newyddenedigol yn bwriadu ystyried canlyniad hwn ar 31 Ionawr 2012.

### **Argymhelliad 2.**

**Rydym yn argymhell y dylai Llywodraeth Cymru roi sylw priodol i'r cynnydd yn y gyfradd enedigaethau yng Nghymru wrth asesu gofynion y gwasanaeth ar gyfer y dyfodol.**

#### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol wedi defnyddio data hanesyddol a data 2010 ar gyfraddau geni yn y gwaith o asesu gofynion eu gwasanaethau newyddenedigol yn y dyfodol.

### **Argymhelliad 3.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod digon o gapasiti ar draws pob gwasanaeth i ateb y galw yn y dyfodol.**

#### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol wedi adolygu capasiti ledled Cymru i sicrhau ei fod yn ateb y galw nawr ac yn y dyfodol, a bydd yn parhau i wneud hynny.

### **Argymhelliad 4.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod canllawiau ar gymarebau staff, sy'n cydymffurfio â safonau gofynnol Cymdeithas Meddygaeth Amenedigol Prydain 2001 ac a amlinellir yn y Safonau Newyddenedigol Cymru Gyfan, yn cael eu bodloni, ond nid drwy leihau nifer y cotiau.**

#### **Y Sefyllfa Bresennol**

Cafodd adolygiad cynhwysfawr o'r gweithlu nyrsio ei gynnal gan is-grŵp Nyrsio a Therapiau'r Rhwydwaith Newyddenedigol a'i gyflwyno i Grŵp Llywio'r Rhwydwaith Newyddenedigol ym mis Mehefin 2011. Rhoddodd yr adroddiad adolygiad o'r sefydliadau nyrsio sy'n bodoli ar hyn o bryd ledled Cymru a dadansoddiad o fethiant

sefydliadau i gyrraedd Safonau Newyddenedigol Cymru Gyfan. Nododd hefyd fanylion staff gwirioneddol a benodir yn erbyn sefydliadau.

Mae'r Byrddau Iechyd Lleol yn mynd i'r afael â'r methiannau a nodwyd fel rhan o'u cynlluniau gweithredu newyddenedigol lleol.

#### **Argymhelliad 5.**

**Rydym yn argymhell y dylai Llywodraeth Cymru roi mesurau ar waith i sicrhau bod unedau newyddenedigol yn cyflawni lefelau defnydd gwlâu sy'n gallu bodloni'r amrywiadau mewn galw.**

#### **Y Sefyllfa Bresennol**

Mae adolygiadau'r Rhwydwaith Newyddenedigol o gapasiti yn amlinellu'r lefelau defnydd gwlâu presennol ym maes gofal dwys, gofal dibyniaeth uchel a gofal arbennig a nododd niferoedd y cotiau sydd eu hangen i gyflawni 70% o lefelau defnydd gwlâu ar gyfer gofal critigol ac 80% o lefelau defnydd gwlâu ar gyfer gofal arbennig.

Mae Byrddau Iechyd Lleol yn mynd i'r afael â lefelau defnydd gwlâu fel rhan o'u cynlluniau gweithredu newyddenedigol lleol.

#### **Argymhelliad 6.**

**Rydym yn argymhell y dylai Llywodraeth Cymru ei gwneud yn ofynnol i Rwydwaith Newyddenedigol Cymru Gyfan ddatblygu cynllun i gyflawni Safonau Newyddenedigol Cymru Gyfan o fewn amserlen glir ac i gyhoeddi'r camau y bydd yn eu cymryd i sicrhau bod y safonau'n cael eu cyflawni.**

#### **Y Sefyllfa Bresennol**

Cynhaliodd y Rhwydwaith Newyddenedigol adolygiad sylfaenol o gydymffurfiaeth â Safonau Newyddenedigol Cymru Gyfan ym mis Rhagfyr 2010. Llywiodd y canlyniad y gwaith o ddatblygu Cynllun Gweithredu Cymru Gyfan y Rhwydwaith. Cydnabyddir bod angen cyflwyno nifer o'r camau gweithredu allweddol yn Safonau Newyddenedigol 2008 ledled Cymru gyfan ac mae'r Rhwydwaith wedi gweithredu ar raglen o weithgareddau i gefnogi cydymffurfiaeth yn erbyn y safonau. Mae Grŵp Llywio'r Rhwydwaith Newyddenedigol yn bwriadu ystyried diweddariad ar y Cynllun Gweithredu Cymru Gyfan hwn ar 30 Ionawr 2012.

#### **Argymhelliad 7.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod gweithdrefnau cadarn ar waith i fonitro sut y gweithredir Safonau Newyddenedigol Cymru Gyfan.**

#### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol yn monitro'r gwaith o weithredu safonau Newyddenedigol Cymru Gyfan mewn Byrddau Iechyd Lleol unigol bob chwarter.

#### **Argymhelliad 8.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sefydlu system Lleoli Cotiau i sicrhau bod cotiau'n cael eu dyrannu'n effeithlon ac i leihau nifer y**

**trosglwyddiadau diangen rhwng unedau. Dylai'r system gyd-fynd â systemau yn Lloegr.**

### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol wedi datblygu a gweithredu templed ar gyfer casglu statws cotiau ledled Cymru. Fe'i defnyddir yn ddyddiol gan y timau trosglwyddo trafndiaeth i leoli'r cotiau sydd ar gael. Yn fras, mae'n rhoi darlun o gapasiti'r maes gofal critigol ledled Cymru ac yn cefnogi Unedau unigol i hwyluso trosglwyddiadau yn ogystal â'u cefnogi i ddychwelyd babanod yn ôl i'w huned gartref.

### **Argymhelliad 9.**

**Rydym yn argymell y dylai Llywodraeth Cymru sicrhau bod y rhwydwaith a'r gronfa ddata glinigol yn gweithio'n effeithiol cyn gynted â phosibl.**

### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol wedi'i sefydlu'n llwyr fel un o is-bwyllgorau Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, lle bydd Byrddau Iechyd Lleol yn gweithio ar y cyd i gynllunio ac ariannu gwasanaethau arbenigol.

Dechreuodd pob Uned Newyddenedigol yng Nghymru ddefnyddio system gwybodaeth glinigol BadgerNet ym mis Ionawr 2011. Gellir defnyddio'r system i greu crynodebau rhyddhau cleifion clinigol yn ogystal â galluogi adroddiad blynyddol i gael ei archwilio a'i lunio. Mae is-grŵp Gwybodaeth Glinigol y Rhwydwaith Newyddenedigol, a Phwyllgor Gwasanaethau Iechyd Arbenigol Cymru, yn parhau i fonitro cynnydd. Mae pob Uned Newyddenedigol yng Nghymru yn defnyddio BadgerNet fel y prif ddull o dderbyn a rhyddhau babanod.

### **Argymhelliad 10.**

**Rydym yn argymell y dylai Llywodraeth Cymru sicrhau bod y gwasanaeth trafndiaeth 12 awr yn cael ei roi ar waith cyn gynted â phosibl.**

### **Y Sefyllfa Bresennol**

Ym mis Ionawr 2011, dechreuodd gwasanaethau trafndiaeth newyddenedigol yng Ngogledd a De Cymru, gan ddarparu timau trafndiaeth penodedig a all gludo babanod yn ystod y 12 awr rhwng 8.00am ac 8.00pm. Mae'r Rhwydwaith Newyddenedigol, drwy ei is-grŵp Trafndiaeth, wedi goruchwyllo'r broses o recriwtio'r timau ac mae wedi gweithio gyda Gwasanaeth Ambiwlans Cymru i ddylunio a chaffael ambiwlans a chriw dynodedig yn Ne Cymru. Ym mis Gorffennaf 2011, lansiais yn swyddogol Wasanaeth Trosglwyddo Newyddenedigol Acíwt rhwng Ysbytai Cymru (CHANTS).

Yng Ngogledd Cymru mae'r tîm trafndiaeth yn parhau i ddefnyddio gwasanaethau Gwasanaeth Ambiwlans Cymru gan nad oedd y niferoedd a oedd yn trosglwyddo yn ddigon uchel i gael cerbyd dynodedig. Mae'r ddau wasanaeth yn nodi canlyniadau ardderchog gyda 495 o drosglwyddiadau yn Ne Cymru a 120 yng Ngogledd Cymru. Mae nifer y trosglwyddiadau gan dimau trafndiaeth yn Lloegr wedi lleihau'n sylweddol, ers i wasanaeth Cymru ddechrau gweithredu.

### **Argymhelliad 11.**

**Rydym yn argymhell y dylai Llywodraeth Cymru barhau i adolygu effeithiolrwydd y gwasanaeth trafndiaeth 12 awr, yn enwedig o ran ateb y galw am y gwasanaeth a diwallu anghenion cleifion. Ynghyd â hyn, rydym yn argymhell y dylid pwysu a mesur, ar adeg briodol, a fyddai gwasanaeth trafndiaeth 24 awr yn diwallu anghenion cleifion yn well.**

### **Y Sefyllfa Bresennol**

Cafodd capasiti'r gwasanaeth trafndiaeth i gyflawni pob trosglwyddiad o fewn y gwasanaeth 12 awr presennol ei adolygu gan Grŵp Llywio'r Rhwydwaith Newyddenedigol ym mis Gorffennaf 2011. Ni nododd nifer y trosglwyddiadau a wnaed y 'tu allan i oriau' yn ystod chwe mis cyntaf y gwasanaeth fod angen ymestyn y gwasanaeth 12 awr ar hyn o bryd.

Bydd y Rhwydwaith Newyddenedigol yn parhau i fonitro niferoedd sy'n trosglwyddo.

### **Argymhelliad 12.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod Rhwydwaith Newyddenedigol Cymru Gyfan yn adolygu'n rheolaidd y trefniadau ar gyfer trosglwyddo cleifion ar draws ffiniau i sicrhau eu bod yn effeithiol.**

### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol yn cynnal cyfarfodydd rheolaidd â'r timau trafndiaeth yng Nghanolbarth Lloegr a Gogledd-orllewin Lloegr ac yn gweithio ar gymwyseddau staff a chaiff yr hyfforddiant ei rannu. Cynhaliwyd cyfarfodydd hefyd gyda Rhwydwaith Newyddenedigol De-orllewin Lloegr a'r Grŵp Comisiynu Arbenigol yn Lloegr i drafod llifau trawsffiniol ac i rannu arfer da.

Mae llwybrau clinigol sefydledig eisoes ar waith ar gyfer babanod y mae angen gofal trydyddol arnynt y tu allan i Gymru a rhoddwyd trefniadau ychwanegol ar waith rhwng y Rhwydweithiau, i gefnogi'r broses o ddychwelyd babanod yn ôl i'w Huned gartref mewn modd effeithiol.

### **Argymhelliad 13.**

**Rydym yn argymhell y dylai Llywodraeth Cymru, mewn cydweithrediad â'r Byrddau Iechyd, roi mesurau brys ar waith i fynd i'r afael â phrinder staff meddygol a nyrsio i sicrhau bod gwasanaethau'n ddiogel.**

### **Y Sefyllfa Bresennol**

Mae gan bob Bwrdd Iechyd Lleol gynlluniau gweithredu newyddenedigol ar waith i fynd i'r afael â phrinder staff ar gyfer gofal diogel ac effeithiol. Mae'r cynlluniau gweithredu hyn hefyd yn llywio'r cynlluniau moderneiddio gwasanaethau ehangach a gaiff eu datblygu gan Fyrddau Iechyd Lleol i sicrhau bod eu holl wasanaethau yn ddiogel a chynaliadwy.

#### **Argymhelliad 14.**

**Rydym yn argymell y dylai Llywodraeth Cymru sicrhau bod gweithdrefnau'n cael eu rhoi ar waith i sicrhau y gall nyrsys newyddenedigol gael mynediad i addysg a hyfforddiant.**

#### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol, drwy ei is-grŵp Nyrsio a Therapïau, wedi cynnal adolygiad o addysg a hyfforddiant newyddenedigol. Mae 'Fframwaith Cymru Gyfan ar gyfer Hyfforddiant i Nyrsys Newyddenedigol' wedi'i ddatblygu a'i ddsbarthu i Fyrddau Iechyd Lleol. Mae'r fframwaith yn amlinellu gweledigaeth a chamau gweithredu cysylltiedig i ddatblygu hyfforddiant ac addysg i nyrsys yng Nghymru yn ystod y flwyddyn i dair nesaf. Gofynnwyd i Fyrddau Iechyd Lleol gynnal dadansoddiad o anghenion staff mewn Unedau lefel 2, datblygu rhaglenni cylchdroi cynhwysfawr gydag Unedau Lefel 3 a nodi meysydd ymarfer penodol y mae angen eu diweddarau neu lle bo angen hyfforddiant.

#### **Argymhelliad 15.**

**Rydym yn argymell y dylai Llywodraeth Cymru archwilio gyda chyrrff proffesiynol perthnasol, gan gynnwys y Coleg Nyrsio Brenhinol a Choleg Brenhinol y Bydwagedd, y posibilrwydd o ddatblygu arbenigedd mewn neonatoleg.**

#### **Y Sefyllfa Bresennol**

Mae'r Coleg Nyrsio Brenhinol yn gweithio i ddatblygu fframwaith cymhwysedd ar gyfer nyrsio newyddenedigol a chefnogir y gwaith hwn gan y Rhwydwaith Newyddenedigol a sefydlwyd gan Lywodraeth Cymru. Rhoddir arfarniadau rheolaidd o'r gwaith wrth iddo ddatblygu i swyddogion Llywodraeth Cymru.

#### **Argymhelliad 16.**

**Rydym yn argymell y dylai Llywodraeth Cymru sicrhau bod gwasanaethau newyddenedigol a mamolaeth yn cael eu hintegreiddio'n well ac yn gweithio'n well gyda'i gilydd.**

#### **Y Sefyllfa Bresennol**

Mae cynrychiolwyr obstetrig a bydwreigiaeth yn aelodau o Grŵp Llywio'r Rhwydwaith Newyddenedigol ac mae tîm y Rhwydwaith yn cynnal cyfarfodydd ar wahân gyda'r cynrychiolwyr hyn i rannu cynlluniau gwaith a thrafod camau gweithredu a chytuno arnynt. Mae arweinydd y Rhwydwaith Newyddenedigol hefyd yn aelod o Grŵp Gweithredu Gwasanaethau Mamolaeth Cymru Gyfan a nifer o is-grwpiau sy'n datblygu'r gwaith o Weithredu 'Gweledigaeth Strategol ar gyfer gwasanaethau mamolaeth yng Nghymru'.

#### **Argymhelliad 17.**

**Rydym yn argymell y dylai Llywodraeth Cymru sicrhau bod Byrddau Iechyd yn adolygu eu trefniadau cyfredol ar gyfer cefnogi rhieni babanod dan ofal arbennig, er mwyn mynd i'r afael â'r canlynol: canllawiau ymarferol ar gyfer gweithwyr iechyd proffesiynol ar nodi anghenion rhieni; helpu rhieni i gyfrannu at ofal eu baban; a darparu cymorth i rieni wrth symud yn raddol tuag at ddod yn brif ofalwyr.**

### **Y Sefyllfa Bresennol**

Mae Byrddau Iechyd Lleol yn nodi cynnydd ar waith yn y maes hwn o dan Safonau Newyddenedigol Cymru Gyfan: Safon 4 - Nodir cydymffurfiaeth lawn neu rannol â'r safon hon, gyda phob Bwrdd Iechyd Lleol yn darparu adnoddau i gefnogi hyfforddiant i rieni, yn ogystal â mynediad i amrywiaeth o wasanaethau cymorth eraill. Mae cydymffurfiaeth lawn yn amlwg o ran cyfleusterau a chymorth bwydo ar y fron.

Cwblhawyd gwaith gan y Rhwydwaith Newyddenedigol i fapio grwpiau cymorth rhieni ledled Cymru. Mae'r Rhwydwaith Newyddenedigol, drwy ei gynrychiolwyr sy'n rhieni, yn sefydlu cysylltiadau â phob grŵp cymorth i sicrhau bod barn rhieni a theuluoedd yn cael eu clywed.

### **Argymhelliad 18.**

**Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod digon o lety ar gael i rieni, yn enwedig yn y prif ganolfannau arweiniol. Fel rhan o hyn, rydym yn argymhell y dylid ystyried defnyddio unedau gofal trosiannol.**

### **Y Sefyllfa Bresennol**

Mae'r Rhwydwaith Newyddenedigol hefyd yn gweithio gyda BLISS, yr Elusen Babanod Gofal Arbennig, i archwilio Byrddau Iechyd Lleol yn erbyn ei Safonau Siarter Babanod y bwriedir eu lansio ym mis Chwefror 2012.

Bydd y dull archwilio Bliss sy'n ystyrlon o fabanod yn helpu i nodi'r cyfleusterau sydd ar gael i rieni 'ymgartrefu' cyn iddynt fynd â'u babanod adref. Bydd y Rhwydwaith Newyddenedigol hefyd yn archwilio llety ar wahân i rieni ym mhob uned yng Nghymru. Caiff canlyniad yr archwiliad hwn ei gyflwyno i'r Grŵp Llywio Newyddenedigol a gynhelir ym mis Gorffennaf.



# Children and Young People Committee

CYP(4)–05–12 Paper 2

## Neonatal Services in Wales

### Evidence from Bliss

#### Introduction

Bliss is the UK charity dedicated to ensuring that all babies born too soon, too small or too sick survive and go on to have the best possible quality of life. We provide practical and emotional support to families during an extremely difficult time so they can give the best care to their babies. Our specialist study days and training supports doctors and nurses to develop their skills and we fund research to improve care for premature and sick babies. We also raise awareness of the issues affecting these vulnerable babies and their families, and campaign for essential change within government and the NHS.

Bliss welcomes the Children and Young People Committee's decision to review the provision of services for premature and sick babies and their families and, in particular, the degree to which progress has been made implementing the recommendations of the previous Health, Wellbeing and Local Government Committee inquiry into neonatal care in 2010.

Around 4000 babies are admitted to neonatal services in Wales each year. This is equal to approximately one in nine babies born in Wales. This briefing sets out some of the key challenges facing neonatal services in Wales, and how these issues have progressed since the previous National Assembly for Wales' committee inquiry in 2010.

#### Nurse staffing problems

As Bliss outlined in our evidence to the Health, Wellbeing and Local Government Committee inquiry into neonatal care in 2010, the shortage of nurses available to care for babies born premature and sick has long been the central challenge faced by services in Wales. This still continues to be the case today.

A review of the neonatal nursing workforce conducted by the nursing and therapies subgroup of the Wales Neonatal Network Steering Group (referred in this paper as the 'network') identified a shortfall in the number of nurses available to provide direct clinical care across units in Wales equivalent to 82.64 whole time equivalent (wte) nurses.

This shortfall in nurses affects every Health Board and every unit, and as such the All Wales Neonatal Standards on nurse to baby staffing ratios are far from being met. This critical nursing shortfall is putting babies' lives at risk, significantly reducing the ability of staff to provide family centred care, and leading to inappropriate and unnecessary long distance transfers of babies, which in turn is putting additional strain on families at an already very difficult time.

As well as the overall shortage of nurses, the network nursing and therapies sub group report also identified that neonatal services across Wales are heavily reliant on nurses graded Band 5 and below. The report points out that many nurses working at this level will not have received the training required for the care of critically sick babies, which can at times lead to an inappropriate skill mix in the available nursing workforce, putting babies' at risk.

The same report identified that nurse shortages are resulting in difficulties in the ability of units to release nurses for initial training as well as ongoing development and updating, perpetuating this problem further still.

The nursing and therapies subgroup workforce report and recent network capacity review points to this shortfall in nurses being due a lack of funded posts, rather than a problem in recruiting nurses into the speciality. Bliss urges the committee to find out what action is being taken by Health Boards to address this very serious staffing crisis.

### **Medical staffing**

The two capacity reviews conducted by the network since it was established have clearly identified that the most serious issues in relation to access to consultant and middle grade doctors in Wales lie within the three neonatal units in Betsi Cadwaladr University Health Board (UHB). It is of serious concern to Bliss that, despite the provision of ongoing intensive care to babies in Ysbyty Glan Clwyd and Wrexham Maelor Hospital, neither of these units are even approaching compliance with the *All Wales Neonatal Standards* on medical staffing of a unit providing this level of care. While a review of maternity, neonatal and paediatric services in north Wales is currently underway, which seeks to address this issue amongst others, it has already been subject to a number of delays.

We believe that despite the best efforts of staff currently involved in the care of babies in north Wales, there are serious safety implications that the Health Board must address without delay regarding the sickest and most vulnerable babies being cared for without sufficient access to dedicated expert neonatal consultants and middle grade doctors with sole responsibility to the neonatal unit. The safety of these babies is paramount. However any changes to the way neonatal services are organised could also have a significant impact on families, and the review must fully address any additional support they may require as a result of changes.

Aside from the particular issues facing services in north Wales, the network has also received reports regarding problems with the recruitment of junior doctors, and a drastic reduction in the number of trainee slots that is expected from 2014. These issues are expected to have significant implications on the ability of services to run as they are currently configured. Bliss believes that Health Boards must work together with neighbouring Boards to undertake detailed workforce planning to address what impact these issues may have on services in coming years. We believe that any changes that may need to take place to ensure services are safe and of high quality must be very carefully planned, and also address the needs of the wider family.

## **Therapy services**

In addition to the problems highlighted above in relation to nursing and medical staffing, Bliss is highly concerned that services for premature and sick babies are falling well short of national standards on access to allied health professionals.

The 2008 All Wales Neonatal Standards (standard 3.5) outlined that support services including dietetics, physiotherapy and speech and language therapy should be readily available within a timescale of one to three years, and provided by therapists with appropriate knowledge and competencies in this highly specialist area of care. The BAPM 2010 standards build on these standards and set out in more detail the level of allied health professional input required as part of the neonatal service.

However an audit of therapy provision by the neonatal nursing and therapies subgroup presented to the network in July 2011, revealed that only three out of the 12 neonatal units were fully compliant with the All Wales Standards in just one aspect of therapy provision: namely physiotherapy. In relation to access to other therapies, the audit revealed at best only partial compliance. Where some provision did exist, the audit found that no assurance could be given that it was being provided by staff with required competencies and knowledge base in this specialist area of care, and that it was largely reliant on the good will of paediatric therapy services.

Further action is required to ensure that all babies who have been admitted to neonatal care have access to the therapy support they need, and which is so vital to their long term outcomes.

## **Cot capacity issues**

The recent network capacity review identifies a significant mismatch between demand and available capacity within neonatal services. It identifies some units with occupancy levels that are either very high for the safe provision of care (a maximum 70 per cent in high dependency and intensive care, and maximum of 80 per cent in special care cots) or very low for the most effective use of resources.

Overall the network has identified that a different distribution of neonatal capacity may be required between units, and that a fairly modest amount of additional capacity is needed.

However, the review has not taken into account the additional capacity that will be required if the increase in birth rates seen in recent years continues. Therefore further staffed cots are likely to be required if the birth rate continues to increase up until the end of this decade, as currently projected.

## **Support for families**

The original Health, Wellbeing and Local Government Committee inquiry into neonatal care recommended that the Welsh Government should ensure that health Boards review their current arrangements for supporting parents of special care babies. Bliss welcomes the

commitment that has been shown by the network to work with Bliss to review the support available to families and to ensure services are provided in a family centred way, using the recently published Bliss Baby Charter Audit Tool (January 2012).

The Bliss Baby Charter Audit Tool helps organisations focus on and improve their neonatal service against a range of issues of importance to families ranging from access to emotional/psychological support, through to the provision of overnight accommodation for parents whose babies are receiving neonatal intensive care. Bliss looks forward to working with the network, individual units and Health Boards to roll out this audit.

### **Delivery of the network, transport service and data system**

A number of the recommendations of the Health, Wellbeing and Local Government Committee inquiry into neonatal services related to the delivery of the network, dedicated 12 hour transport service and data system funded for by the recurrent £2m per annum, first announced by the former Health Minister in 2008. The last 18 months has seen the effective establishment of the network, however as outlined below, it does not itself have the authority implied by some of the previous committee inquiry's recommendations as it has been set up as more of an advisory body to the Health Boards.

The 12 hour dedicated neonatal transport services is now also running effectively, has introduced some extra capacity into the system, and has helped ensure more babies receive the right care in the right place.

Finally, the data system has been introduced, however we understand some issues have been encountered related to the ability of network to access the data centrally for planning purposes due to Health Board business confidentiality issues. It would therefore appear that some work remains to be done to ensure this is operating as effectively as possible.

### **Accountability for implementation of All Wales Standards**

The terms of reference of the network steering group set out its role in providing advice to Health Minister and Health Boards through the Welsh Health Specialised Services Committee (WHSSC).

As set out above, the network has now conducted two detailed reviews of capacity across neonatal services in Wales, in addition to a number of separate audits and reviews addressing issues such as improving efficiency in low dependency care and access to therapy services for premature and sick babies. With each review the network has presented clear recommendations to Health Boards, via WHSSC, about what action is required to address the identified service shortfalls and inefficiencies.

The Welsh Assembly Government's response to the Health, Wellbeing and Local Government 2010 inquiry recommendations set out that responsibility for compliance with the All Wales Neonatal Standards and decisions such as resourcing of neonatal care ultimately lay with Health Boards. However, Bliss is concerned that implementation of the All Wales Neonatal Standards remains a low priority for Health Boards.

We therefore recommend that the Children and Young People Committee invites each Health Board to outline:

- what plans they have in place to address the critical staffing and occupancy issues highlighted in the network's capacity reviews
- what plans they have for investing into neonatal services in order for all services in their areas to be fully compliant with the 2008 All Wales Neonatal Standards
- and what action, if any, they have taken with regard to the resourcing of neonatal services since the Health, Wellbeing and Local Government inquiry recommendations were published in 2010.

### **Summary of recommendations**

- Bliss urges the committee to find out what action is being taken by Health Boards to address the serious neonatal nurse staffing shortages.
- Bliss believes that Health Boards should work with neighbouring Boards to undertake detailed 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. Health Boards must carefully plan for any changes that need to take place to ensure services are safe and of high quality, and also ensure that the needs of the wider family are taken into consideration in any such changes.
- Betsi Cadwaladr UHB must address without delay the serious safety implications regarding the sickest and most vulnerable babies being cared for without sufficient access to dedicated expert neonatal consultants and middle grade doctors with sole responsibility to the neonatal unit. The review of maternity, neonatal and paediatric services being conducted by Betsi Cadwaladr UHB also fully addresses any additional support families may require as a result of any changes to services.
- Further action is required to ensure that all babies who have been admitted to neonatal care have access to the therapy support they need.
- Further work remains to be done to ensure that the data system is operating as effectively as possible, which the network should lead on.
- We recommend that the Children and Young People Committee invites each Health Board to outline:
  - what plans they have in place to address the critical staffing and occupancy issues highlighted in the network's capacity reviews
  - what plans they have for investing into neonatal services in order for all services in their areas to be fully compliant with the 2008 All Wales Neonatal Standards
  - and what action, if any, they have taken with regard to the resourcing of neonatal services since the Health, Wellbeing and Local Government inquiry recommendations were published in 2010.

# Eitem 4

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## **Children and Young People Committee**

**CYP(4)-05-12 Paper 3**

### **Neonatal Care in Wales**

#### **Evidence from Royal College of Nursing Wales**

Thank-you very much for your invitation to give evidence to the Children's and Young People Committee on neonatal care.

The Royal College of Nursing gave evidence to the Health, Wellbeing and Local Government Committee Inquiry on this topic in January 2011. In preparation of this review we have spoken with our members across Wales and we would like to draw the Committee's attention to the following points of concern:

#### **Staffing Levels**

The staffing levels set out in the All Wales Neonatal Standards are not being met. This is extremely concerning and will have a direct impact on the quality and safety of neonatal care.

Part of the difficulty is that nursing staff are simply not being released for education and training in neonatal care by the Local Health Boards. This, combined with natural retirement is sharply reducing the available pool of neonatal nurses across Wales.

Continued.....

### **The Availability of Level 3 and Level 2 Care in Wales**

Neonatal care is assessed at 3 levels of increasing specialism (with 3 the most specialist). The RCN is concerned that the NHS in Wales rather than making strategic decisions about what level of care is needed and should be provided in each location has been reduced to making only level 2 care available simply because they are not sufficient advanced specialist nurse practitioner and medical staff. This is a strategic education and recruitment issue that was identified in the All Wales Neonatal Standards and has failed to be addressed.

Furthermore level 3 care is currently provided Newport, Swansea and Cardiff but of these 3 units only Cardiff is providing surgical intervention. This in turn means that expectant mothers in Wales with known complications have to travel to Cardiff and often (as Cardiff reaches capacity) for long distances outside of Wales. Since the babies are fragile and require specialist care this adds length of stay to the financial and emotional pressure at this time.

In North Wales Bangor, Glan Clwyd and Wrexham Maelor are providing level 2 care. Level 3 care is provided in Liverpool and Chester.

It is also clear that because not enough level 2 places are available for babies in Wales level 3 cots can perversely be “taken up” by babies not requiring level 3 care. This in turn means that babies and families can be kept away from home for far longer than necessary in turn causing other mothers to need to travel much further afield into England in search of a level 3 cot. Apart from the confusion and distress this causes for professionals and patients this is clearly an example of a situation where investment would ultimately reduce costs.

### **Patient Transport**

As a result of the lack of 24 hours patient transport. Level 2 units are consistently required to stabilise fragile babies rather than these babies receiving the treatment they urgently require.

### **Innovation**

The RCN would recommend that LHB's consider the development of a neonatal outreach service that would repatriate Mothers and their babies and provide specialist support in the home preventing readmissions.

Continued.....

6 February 2012

3

## Education

In the last decade neonatal nurses have been increasingly drawn from the Children and Young People's Nursing branch rather than from midwifery.

Student nursing numbers are in Wales commissioned by the Welsh Government. The RCN does have some concerns therefore that the needs of the neonatal nursing service are not being assessed and included into education commissioning of children's and young people's nursing by the Welsh Government. The rise on birth rate has recently been strategically understood in terms of its impact on midwifery and maternity services. However we feel that its impact on neonatal care has not been adequately considered.

The Welsh language needs of the service are also not being considered in education commissioning and recruitment. The RCN would recommend specific commissioning of bilingual education and assessment of the need for Welsh language provision in the recruitment process.

Kind regards

Yours sincerely



**TINA DONNELLY**  
**DIRECTOR, RCN WALES**

### ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 400,000 nurses, midwives, health visitors and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

**Tudalen 14**



# Children and Young People Committee

CYP(4)-05-12 paper 3

## Neonatal Care in Wales

### Evidence from Neonatal Nurses Association

January 2012

The Neonatal Nurses Association is a professional organisation founded in 1977. The mission statement of the NNA is to establish and promote good standards of neonatal care for the benefits of the babies their families and the nurses involved in their care.

#### **Staffing issues and recruitment problems.**

The Neonatal Nurses Association supports BAPM minimum standard for the care of sick and preterm babies and has endorsed Bliss 1to1 campaign. There is a national shortage of skilled neonatal nurses and highlighting this area of nursing as a career pathway is vital.

Targeting pre-registered nurses and encouraging them into the neonatal area as a career choice. Also providing the funding and time for post registration education, to enable staff to become qualified in speciality, this would then provide a high measurable standard of care. This could be developed along a career pathway so staff felt valued and supported in their roles in this highly stressed area of nursing. Access to study leave and relevant courses provide valuable networking and support opportunities and the exchange of ideas within the neonatal community.

#### **Community Services.**

A safe and effective transition to community care is essential as there is an increased demand on social as well as medical/nursing needs in neonatal care. Multidisciplinary discharge planning and neonatal outreach teams should be available to all. The neonatal community team provides an important role in the transition from hospital to community for these vulnerable babies and their families especially if there are complex medical / nursing needs.

## **Transfer of Babies**

The introduction of C.H.A.N.T.S in 2011 provides a safe and effective transport team for Welsh babies, enabling babies to receive quality care in an appropriate setting. With the introduction of the transport team 12 hour service (8 till 8) and referral system parents and staff can have a better communication regarding transfer times and hospital destination.

## **Support for parents**

Support for parents can vary from unit to unit. Ideally all units should offer accommodation for parents with appropriate facilities, quiet rooms where parents can have updates on their babies away from the activity of the ward area. Also a dedicated counselling service for bereaved families to help them through the traumatic events of a baby's death and support them in any further investigations e.g. post mortem.

## **Education**

Neonatal care is a highly skilled area of nursing and is constantly evolving, advances in technology and demands from a larger population place great demands on the service. Maintaining the appropriate number of staff per shift is vital in providing a quality service and a high standard of care. The Neonatal Nurses Association is committed to promoting good standards of neonatal care and research based practice. Education via university based courses appropriate to neonates and ward based clinical teaching along a neonatal pathway as well as study days would aim to provide a workforce that is qualified in speciality.

Pamela J. Boyd RGN, RM  
Secretary Neonatal Nurses Association.

Lesley Griffiths AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref  
Ein cyf/Our ref SF/LG/0043/11

Christine Chapman AM  
Committee Chair  
Children and Young People Committee  
Cardiff Bay  
Cardiff CF99 1NA

11<sup>th</sup>

January 2012

*Dear Christine,*

Thank you for your letter of 5 December 2011 on behalf of the Children and Young People Committee who met on 1 December.

In your letter you referred to a petition considered by the committee from Tenovus calling on the Welsh Government to provide free sunscreen for all children under the age of 11 in Wales, and requested further details of the Welsh Government's approach to sun protection. I hope the information provided below proves helpful to inform your decision on this matter.

Between 2003 and March 2011 the Welsh Government supported the UK wide SunSmart campaign to educate people about the risk of skin cancer and enjoying the sun sensibly. Managed by Cancer Research UK (CRUK), on behalf of the four UK Health Departments, this campaign promotes a range of measures to protect children from the harmful effects of the sun. The use of at least factor 15 sunscreen on exposed skin is one of these measures; others include wearing protective clothing, a wide-brimmed hat and sunglasses when out in the sun, and spending time in the shade between 11am and 3pm, the hottest time of day.

My officials have also worked with CRUK to develop sun protection policy guidance for nurseries, primary and secondary schools to work towards minimising the harmful effects of exposure to the sun. This guidance reiterates the messages in the SunSmart campaign and advises schools to develop their own policy, taking account of the individual needs of the school and its pupils. Further information on this policy guidance can be found at:

<http://wales.gov.uk/topics/health/improvement/index/sunprotection/;jsessionid=gNNTMK0V89M21zGTkCsHZFFpXynv13yRRT57Gs7N47BF1tWGVZ45!-25131489?lang=en>

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*Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)*

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Other information related to sun safety is available on the Sun Awareness area of the Welsh Government website:

<http://wales.gov.uk/topics/health/improvement/cancer/skincancer/;jsessionid=5XbtPFzGpQjpD4FVJPKR3KPd6nf47Z8VKgYP1tDR7GrPsthwrFCZ!1777106760?lang=en>

This demonstrates a significant trend towards increased awareness of the importance of protecting children, checking moles and going to the doctor about moles, as well as avoiding getting sunburnt.

The evaluation and analysis undertaken by CRUK is encouraging but also highlights the proportion of people protecting themselves remains quite low, showing a need for continued activity in the area of sun safety and skin cancer awareness.

With that in mind the Welsh Government have asked Public Health Wales (PHW) to take over the skin cancer prevention programme. Through a programme level agreement, PHW will examine whether to continue with the SunSmart campaign in 2012/13, taking account of developments in the other UK countries and the outcomes of the NICE review of the provision of information for the general public on the prevention of skin cancer, or to take forward other skin cancer prevention activities.

Kind Regards  
Lesley

**Lesley Griffiths AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Leighton Andrews AC / AM  
Y Gweinidog Addysg a Sgiliau  
Minister for Education and Skills



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref SF/LA/0033/12

Christine Chapman AM  
Chair  
Children and Young Persons Committee  
National Assembly for Wales  
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9 January 2012

Thank you for your letter of 5 December 2011 following a meeting of the Children and Young Peoples Committee, which has considered a petition from Tenovus regarding the provision of free sunscreen to all children under the age of 11 in Wales.

You advise in your letter that you have written to the Minister for Health and Social Services separately about the Welsh Government's approach to sun protection.

I also note that Committee Members have raised the issue of shelters in schools and you ask whether any provision has been made within the 21<sup>st</sup> Century School Programme to provide such shelter and is there any guidance in respect of the refurbishment of older school buildings.

Section 542 of the Education Act 1996 requires standards to be prescribed to which the premises of maintained school in England Wales must conform. The prescribed standards for schools in England and Wales are set out in the Education (School Premises) Regulations 1999. Whilst these regulations do not prescribe standards regarding exposure to sunshine, there is a general duty placed on responsible bodies that school buildings and land provided for the school must provide reasonable assurance of occupants' health and safety.

The Welsh Government has worked with Cancer Research UK to develop Sun Protection policy guidelines for Primary and Secondary schools in Wales. The guidelines are intended to outline ways in which the community can work towards minimising harmful effects from over exposure to the sun's ultraviolet rays. It advises schools to develop their own policy taking account of the individual needs of the school and its pupils.

Schools are advised to consult with the whole school community including parents, school governors, Healthy School practitioners, school nurses, Health & Safety co-ordinators and pupils when looking to develop the sun protection policy. The guidance for schools also advises that pupils wear suitable clothing whilst outside, including wide brimmed hats and a uniform that offers suitable protection from the sun.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

When considering the physical aspects of school buildings, local authorities can, through the 21<sup>st</sup> Century Schools Programme, access guidance and best practice when developing the design of new school buildings or refurbishment of existing school buildings via the 21<sup>st</sup> Century Schools Website [<http://21stcenturyschools.org>].

The website outlines current statutory requirements but also provides links to important documents, such as Building Bulletin 85 (BB85) School Grounds and a guide to good practice which addresses the issues and principles affecting school grounds. The website also contains a link to the Commission for Architecture and the Built Environment (CABE); this provides excellent guidance regarding school grounds and how school design should respond to the topography, **climate** and ecology of the school site.

As the 21<sup>st</sup> Century Schools Programme moves forward we will continue to improve and enhance the guidance further by working/consulting with organisations such as Tenovus.

Yours sincerely  


**Leighton Andrews AC / AM**  
Y Gweinidog Addysg a Sgiliau  
Minister for Education and Skills



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## Briefing to Assembly Members on the Children and Young People Committee

### REVIEW OF NEONATAL SERVICES

#### Introduction

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to provide some written evidence to the Assembly Children and Young People Committee to inform the short inquiry into neonatal services.

#### Key points

- The CSP notes recommendation 1 of the Review undertaken by the Health and Social Services Committee in 2010 that

**“Welsh Government should ensure that a review of capacity be undertaken by the All Wales Neonatal Network to include current staffing and activity trends”.**

In relation to paediatric therapy service provision to neonatal units in Wales an audit was carried out across Wales, focussing on dietetic, occupational therapy, physiotherapy, psychology and speech and language therapy. (The full report can be found at appendix 1)

The audit identified how Health Boards comply with the standards of care identified by British Association of Perinatal Medicine (BAPM) and All Wales Neonatal Standards (AWNS).

Evidence from the audit showed that only 3 neonatal units comply fully with the AWNS standards in relation to physiotherapy and all others are either partially or non compliant with either the BAPM or AWNS standards across all therapies. CSP members report to the professional body that even some of the services that comply with the standards are not funded for neonatal units specifically. They are provided from generic paediatric physiotherapy service funding.

Although many units have access to paediatric therapy services, this has to be prioritised against other referrals.

The Society is concerned at the staffing levels available for neonatal services.

- The audit/recommendations for paediatric therapy service provision for neonatal units in Wales identified/suggested minimum levels for highly specialised therapy staffing within Health Communities and Health Boards in Wales.

These were based on factors including:

- BAPM standards for therapy staffing in Level 1, 2, 3 hospital neonatal units.
- The number of babies who require follow up therapy management in the community per year which is approximately 4-6 per ITU cot.

These numbers can be found in Table 4 of the full report.

**To the Society's knowledge, there has been no improvement in physiotherapy staffing levels.**

- The audit also made a set of recommendations to the neonatal steering group:
  - The audit of paediatric therapy service provision is circulated to health boards, including Directors of Therapy and Health Services (DOTHS).
  - Health Board therapy and neonatal teams should be asked to consider local priorities and work across health communities to develop, sustainable, high quality services that support local needs.
  - Examples of good practice are shared across the network via the Welsh Therapy Advisory Committee (WTAC).
  - Health Boards undertake a review of their services against the service model outlined and work towards developing services, across health communities that are in line with the recommended principles.

**The CSP has heard of no progress with these recommendations to date.**

### **Concluding remarks**

The CSP is concerned that therapy provision in neonatal services does not meet All Wales Neonatal Standards or British Association of Perinatal Medicine (BAPM).

The profession hopes the Children and Young People Committee will pick this up as part of the review and encourage Welsh Government to address the staffing issues.

### **In conjunction with:**

The All Wales Children and Young People Physiotherapy Managers Committee

Philippa Ford MCSP  
CSP Policy Officer for Wales  
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07990 542436  
September 2011



## **About the CSP and Physiotherapy**

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents over 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

**AUDIT/ RECOMMENDATIONS for PAEDIATRIC THERAPY SERVICE PROVISION TO NNU  
IN WALES  
NEONATAL NURSING & THERAPIES SUBGROUP  
WELSH NEONATAL NETWORK**

## 1. INTRODUCTION

The purpose of this paper is to identify current paediatric therapy provision within the Welsh Neonatal Network and to compare stated provision with the standards set down by the British Association of Perinatal Medicine (BAPM) and the Children & Young People's Specialists Healthcare Services documents (CYPSS). This paper will also make outline recommendations for bridging the gap between current service provision and described Standards.

## 2. BACKGROUND

Over the last 20 years there has been an increased demand demonstrated for the provision of therapy services to care for the developing preterm infant. As medical and nursing management has become more advanced, increasing numbers of preterm babies are surviving the neonatal period. However, despite state of the art medicine, nursing care and technology, neuro-developmental or physical impairment can be a major consideration for some of these babies and young children.

It has been shown that these patients have improved outcome when they are managed by a clinical network of multi-disciplinary professionals from primary, secondary and specialist care working in a co-ordinated manner in order to ensure equitable provision of high quality and clinically effective services.

### BAPM Standards for Hospitals Providing Neonatal Care (2010) –

Standard 6.1, specialist dieticians have a major role in assessing and improving the nutrition of premature infants and data exists that documents the benefit of including a neonatal dietician within a NNU team for nutritional support.

Standard 6.2 states that neonatal occupational therapists and neonatal physiotherapists, with the appropriate skills, knowledge base and experience to provide developmental based neurological behavioural assessment and follow-up of high risk infants, are vital in the event of an early diagnosis.

Standard 6.3 identifies that a specialist speech and language therapist is a key member of the multi-disciplinary NNU team with a unique role of the assessment and management of infant feeding and swallowing.

Standard 6.5 reflects that all parents whose babies are admitted to a neonatal unit suffer stress, they may experience significant trauma with the possibility of post traumatic stress symptoms. All parents should have access to a trained clinical psychologist specialising in neonatal care.

All Wales CYPSS standards (2008) are less specific in the provision of therapy services to neonatal patients. Standard 3.5 states that support services including dietetics, therapy, physiotherapy and speech and language therapy should be readily available to neonatal patients, within a timescale of 1-3 years. It further indicates that all therapists caring for neonates should have a shared knowledge base and competencies in the highly specialist area of NICU. Therapists providing neonatal care should be experienced in neonatal care and capable of providing network support in complex neonatal and surgical patients.

### **3. AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS**

**Table 1** contains information that has been provided by therapy managers in Wales via the WTAC, All Wales Therapy Managers Committees and an expert reference group. Audit information has also been provided via the nursing and therapies sub group of the Welsh Neonatal Network.

- (i) BAPM Standards for Hospitals providing neonatal care

It can be seen that most neonatal units in Wales did not comply with the BAPM Standards for Allied Health Professionals, in particular for dietetic provision, where BAPM standards specify staffing levels equivalent to 0.01 to 0.05 WTE dietitians per ITU cot.

Only two Level 3 NNU units reported that they are able to provide care from designated neonatal therapists who are funded and trained to the level of competency as described in BAPM document.

- (ii) All Wales Neonatal Standards CYPSS.

Whilst a number of therapy services in Wales report that they will accept patient referrals from neonatal units, only two have dedicated neonatal provision, see **Table 2**. This means that

neonatal referrals to generic paediatric therapy services will need to be prioritised against all other referrals from paediatric areas within the LHB.

**Table 1** also demonstrates that whilst many of the neonatal units in Wales partially comply with the CYPSS Neonatal Standards, this does not reflect their vulnerability in terms of sustainable service provision. There is also no indication that the services provided are highly specialist and that the therapy staff are trained to the level of competency as described in both Standards document.

The therapies expert reference group were also asked to give a brief description of individual therapy service links/ communication channels / joint working between the different levels of neonatal units in each LHB, and importantly how the transfer of babies into community therapy services currently functions in each health community. **Table 3** contains comments from different therapy services in Wales.

#### **4. MINIMUM RECOMMENDED SPECIALIST THERAPY STAFFING LEVELS**

**Table 4** identifies suggested minimal levels for highly specialist therapy staffing within Health Communities and Health Boards in Wales. These recommendations are based on the following:

- BAPM standards for therapy staffing in Level 1, 2 and 3 hospital Neonatal units
- the number of babies who require follow up therapy management in the community per year which is approximately 4 -6 per ITU cot.
- consensus statements from therapy services in Wales
- the need for health communities to work together to provide neonatal service for their populations, as recommended by the Neonatal Network
- provision of 1 session of education and supervision per week for all neonatal therapy services within each Health Board and the wider Health Community

## 5. BRIDGING THE GAP

Using a modified Delphi methodology the therapies expert reference group were asked to agree the following consensus statements based on the findings above:

<p><b>LEVEL 3 UNITS</b></p>	<ul style="list-style-type: none"> <li>• Any future business cases for level 3 neonatal units should include appropriate provision for a highly specialist multi-disciplinary therapy team in order to support high dependency babies and their families and to meet national standards of care.</li> <li>• Highly specialist therapy services which are developed within the level 3 neonatal units in Wales, should work within the neonatal network to provide support, training and a competency based framework for all specialist therapists working in level 1 and 2 neonatal units in order to ensure sustainable NNU service provision across Wales.</li> <li>• Level 3 neonatal units should act as the lead in specialist therapy care for neonatal patients and providing training opportunities throughout the network. Competency based frameworks should be established for neonatal therapy services in order to ensure the highest quality of care for patients.</li> </ul>
<p><b>LEVEL 1 &amp; 2 UNITS</b></p>	<ul style="list-style-type: none"> <li>• Any future business cases for level 1 and 2 neonatal should include appropriate provision for a paediatric multi-disciplinary therapy team which will be able to support low dependency babies and their families and who may have ongoing therapy needs.</li> </ul>
<p><b>ALL UNITS</b></p>	<ul style="list-style-type: none"> <li>• Any future business cases for level 1, 2 and 3 neonatal units should include appropriate provision for outreach / community therapy services in order to support babies and their families who have ongoing therapy needs post discharge from the neonatal unit.</li> </ul>
<p><b>NETWORK</b></p>	<ul style="list-style-type: none"> <li>• The current audit against recognised standards of care for therapy services within the Welsh Neonatal Network should be reviewed in 12 months time in order to determine progress against set standards</li> </ul>

## 6. CONCLUSIONS AND RECOMMENDATIONS

This paper outlines the current provision of paediatric therapy across neonatal Units in Wales and identifies how Health Boards comply with the standards of care identified by British Association of Perinatal Medicine (BAPM) and All Wales Neonatal Standards.

It is evident that only 3 Units comply fully with the standards in relation to physiotherapy provision and that although many Units have access to paediatric therapy services, this is prioritised against other referrals.

Recommended minimum staffing levels have been identified for health communities in Wales which indicate that if, Health Boards were to work together, the gaps in provision may be more easily addressed.

The Neonatal steering Group is asked to consider the following recommendations:

- The Audit of Paediatric therapy service provision is circulated to health boards, including Directors of Therapy Services
- Health Board therapy and neonatal teams should be asked to consider local priorities and work across health communities to develop , sustainable, high quality services that support local needs.
- Examples of good practice are shared across the Network via the All Wales Therapy managers Committee ( WTAC)
- Health Boards undertake a review their services against the service model outlined and work towards developing services, across health communities that are in line with the recommended principles.

Report completed:

May 2011

**AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS**

Tudalen 29

UHB	Hospital	Dietician		OT		PT		Psychology		SLT	
		AWNS	BAPM	AWNS	BAPM	AWNS	BAPM	AWNS	BAPM	AWNS	BAPM
ABMU	POW										
	Singleton										
Aneurin Bevan	RG					0.2					
	NH					0.025					
BC	Wrexham										
	GC										
	Gwynedd										
C+V	CHfW					0.5					

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Cwm Taff	Rglam	Partially compliant with standard	Non-compliant with standard	Non-compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard
	PC	Partially compliant with standard	Non-compliant with standard	Non-compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard
Hywel Dda	WWG	Partially compliant with standard	Non-compliant with standard	Non-compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard
	WB	Partially compliant with standard	Non-compliant with standard	Non-compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard	Partially compliant with standard	Non-compliant with standard

Tudalen 30

- AWNS All Wales Neonatal Standards - Children and Young Peoples Specialised Services (2008)
- BAPM British Association of Perinatal Medicine Service Standards (2010)

	Fully compliant with standard
	Partially compliant with standard
	Non-compliant with standard



**AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS**

Tudalen 31

UHB	Hospital	Dietician	OT	PT	Psychology	SLT
ABMU	Princess of Wales  Singleton	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities.	No Service Provision	Services to the NNU are provided from generic therapy services on an ad hoc "as needed basis" and provided by clinicians with a clinical interest in this speciality hence maintain their skill levels however these services will not be sustainable in the long term and are vulnerable to episodes of sick leave etc No dedicated service Provision to NNU.	No return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities
C+V	UHW	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities Services to the NNU are not sustainable as demands on our service are increasing with limited funding streams to support them.  We are therefore unable to	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	0.5 WTE Band 7 to include community follow up	No return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities

WTAC Representative – Nursing and Therapies sub group

Tudalen 32

		support a robust succession planning framework for this cohort of patients and clinical interest is a problem as with the limited time available to the unit there is no opportunity to develop the role.				
<b>UHB</b>	<b>Hospital</b>	<b>Dietician</b>	<b>OT</b>	<b>PT</b>	<b>Psychology</b>	<b>SLT</b>
Cwm Taf	Prince Charles  Royal Glam	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	No Service Provision	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities
Aneurin Bevan	Royal Gwent  Neville Hall	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	No Service Provision	0.225 WTE Band 7 to include community follow up	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities

WTAC Representative – Nursing and Therapies sub group

Hywel Dda	Withybush  West Wales General	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	No Service Provision	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities
Betsi Cadwaladar	Wrexham Maelor  Glan Clywd	As a dietician I visit SCBU once a week to see patients. I then see patients in OPD as needed with nutritional problems (mostly faltering growth and feeding problems).  No Service Provision	No dedicated service therefore covered by paediatric team called in to be involved in planning for discharge and do not have any involvement with the very premature babies  Would need up skilling if needed earlier involvement- nurses position and provide respiratory management currently for the severe premature babies	Have a regular link with SCBU and patients seen as required, liaising on discharge and attending SCBU follow up clinic.	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paed specialities

Tudalen 33

Table 3

**JOINT WORKING AND LINKS WITH COMMUNITY SERVICES**

Tudalen 34

Health Community	Dietician	OT	PT	SLT
North (Bangor, Glan Clywd-Rhyl, Wrexham)	There is currently no joint working between dietetic services within BCUHB with relation to neonatal units – mainly because there is currently v little service in any of the neonatal units. At Wrexham, I see babies who have been referred to me on SCBU in the community – the SCBU community nurse is the main referrer in the community of babies discharged from SCBU. <b>Kate Harrod-Wild Senior Paediatric Dietician Betsi Cadwaladr University Health Board</b>			
South West (Aberystwyth, Haverford west, Carmarthen, Swansea , Bridgend )	I agree with the consensus statements. There is 1 area I would like to highlight, as an example of good practice, in Hywel Dda Carmarthen unit there has been considerable work undertaken to develop and implement neonatal feeding guidelines and it will be important to facilitate the sharing of good practice, such as this work, developed at levels 1 and 2 as well as level 3 leading such development work. I would be happy to provide more information as required.  <b>Karen Thomas Joint Head of Dietetics Hywel Dda LHB</b>			
South Central (Merthyr, LLantrisant , Cardiff)	There is currently no funded Specialist SLT support to the NNU at UHW.  Transfer of babies to Community SLT colleagues within Cardiff and Vale UHB relies on good will of the receiving SLT and infants are usually prioritised over existing caseloads and other new patients.  Infants transferred outside Cardiff and Vale UHB are subject to individual UHB waiting times, which may be 14 weeks. Beyond Cardiff and Vale UHB the number of SLTs with adequate training skills to manage paediatric dysphagia in children under 2 years is limited. The number of SLTs with training and skills in managing neonates is limited further.  The current transfer process includes phone/email contact to advise receiving SLT of an anticipated discharge, and a discharge report. The SLTs at UHW reluctantly have no capacity to provide support to SLTs managing infants on discharge, or to support SLTs working in level 1 or 2 units. Phone advice is given if requested.			

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	The need for support, training and a competency-based framework is well recognised but simply unachievable in the absence of any dedicated SLT for neonatology in Cardiff. <b>Delyth Lewis Head of SLT , Cardiff and Vale UHB</b>
South East (Abergavenny, Newport)	I now cover RGH and NHH Units in a liaison role, similar to Sian Howells at Cardiff and Vale UHB.  I spend half a day a week on the Unit - 1 afternoon a month at NHH, the rest at RGH.I then provide Community developmental follow up of all <30wk babies and the others referred, which takes another5-6 hours a week.  <b>Debbie Paris , Senior Paediatric Physiotherapist Aneurin Bevan LHB</b>

Tudalen 35

**Table 4**

**MINIMUM RECOMMENDED SPECIALIST THERAPY STAFFING LEVELS**

Health Community	LHB	Dietician		OT		PT		SLT	
		Acute	Community	Acute	Community	Acute	Community	Acute	Community
South West	POW	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	Singleton	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3
	WWG	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	HW	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
<b>Total</b>		<b>0.55</b>	<b>0.45</b>	<b>0.55</b>	<b>0.45</b>	<b>0.45</b>	<b>0.45</b>	<b>0.45</b>	<b>0.45</b>
Workforce planning calculation (+24%)		1.34 WTE Health community		1.34 WTE Health community		1.34 WTE Health community		1.34 WTE Health community	
North	Wrexham	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	GC	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
	Bangor	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Totals		0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Workforce planning calculation (+24%)		0.8 WTE per Health community		0.8 WTE per Health community		0.8 WTE per Health community		0.8 WTE per Health community	
South Cent	C+V	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
	Royal G	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	PC	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Totals		0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Workforce planning calculation (+24%)		1.5 WTE per Health community		1.5 WTE per Health community		1.5 WTE per Health community		1.5 WTE per Health community	

Tudalen 36

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South East	RG	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	NH	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Totals		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Workforce planning calculation (+24% )		1.1 WTE per Health community		1.1 WTE per Health community		1.1 WTE per Health community		1.1 WTE per Health community	