Royal College of Nursing Ty Maeth King George V Drive East Cardiff CF14 4XZ

Tina Donnelly TD, DL, CCMI, MSc (ECON), BSc (Hons), RGN, RM, RNT, RCNT, Dip N, PGCE Director, RCN Wales

Telephone

0345

456

7875 Fax

029 20680750

Email tina.donnelly@rcn.org.uk

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 <u>All Wales Neonatal Standards</u> 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.....

6 February 2012 2

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 <u>All Wales Neonatal Standards</u> 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 Yong 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 Jannelly

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.