

Rt Hon Carwyn Jones AM First Minister of Wales Welsh Government Cardiff Bay Cardiff CF99 1NA

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Dyddiad / Date: 29 November 2013

Dear First Minister

RCPCH Invited Review of the options for provision of neonatal care in north Wales

I refer to your letter dated 11th November enclosing a copy of the Royal College of Paediatric and Child Health (RCPCH) Review of the options for provision of neonatal care in North Wales.

As requested, I attach a response from the Health Board providing assurance that the governance arrangements are in place surrounding the transfer of some babies to Arrowe Park for neonatal intensive care from January 2014. The response focuses on Recommendation 1 of the RCPCH report which specifies a number of actions that were required to strengthen these arrangements.

The Health Board welcomes all the recommendations within the report and is developing an action plan to take them forward. We look forward to working with the Independent Panel and RCPCH to develop the business case by the beginning of March 2014 to enable a decision to be taken on the location of the proposed Sub Regional Neonatal Intensive Care Centre (SuRNICC). We look forward to receiving more details on how we can contribute to this work.

It is acknowledged that the link with obstetrics is of fundamental importance to the network of neonatal provision, and we plan to consolidate a greater degree of high risk in-utero babies to be co-located with the SuRNICC. Where there are concerns about the unborn baby, in-utero transfer to the obstetric unit co-located with the SuRNICC or Local Neonatal Unit will be arranged.

Gwefan: www.pbc.cymru.nhs.uk / Web: www.bcu.wales.nhs.uk



We have added relevant information on the changes to neonatal services to the Health Board website.

Yours sincerely

Dr Peter Higson

Chairman

Betsi Cadwaladr University Health Board

RCPCH Invited Review of the options for provision of neonatal care in north Wales

Assurance on governance arrangements surrounding the transfer of babies to Arrowe Park Hospital.

The Royal College of Paediatric and Child Health (RCPCH) conducted a review into the options for provision of neonatal care in north Wales in 2013. Recommendation 1 of the RCPCH report states:

Strengthen short term arrangements including clinical governance and implement effectively the current proposals for transfer of babies to Arrowe Park Hospital from January 2014.

This recommendation is broken down into a number of actions and the BCUHB response to each of these is addressed below.

1. Ensure contractual clarity about predicted intensive care cot-days rather than baby numbers

In contractual discussions between BCUHB and Arrowe Park Hospital it has been confirmed that the estimated required activity following the transfer of babies under 27 weeks (26+6) gestation will be:

40 under 27 weeks gestation in-utero transfers of which 20 will be delivered

10 under 27 weeks gestation babies transferred after birth in BCU units 10 =/over 27 weeks gestation babies requiring intensive care transferred after birth in BCU units ie total of 40 babies requiring neonatal care

The average length of stay at Arrowe Park for the intensive care element is 14.4 days which equates to $40 \times 14.4 = 576$ cot days.

It was agreed that 3 HDU days should be included in the contract to facilitate safe discharge and transfer and this equates to $40 \times 3 = 120$ cot days.

2. Ensure contractual clarity about in-utero transfers – pathway and decision making

A separate workstream of clinicians and managers from BCUHB, Arrowe Park Hospital, Liverpool Women's Hospital, Cheshire and Merseyside Network and Wales Neonatal Network has developed clinical pathways for both babies and in utero transfers to Arrowe Park. These pathways clearly define the step by step process for transfer to Arrowe Park and return to the local area service within BCUHB when appropriate. They also define the clinical criteria on which a decision

will be taken on the need to transfer and the clinical criteria for time critical transfers. The pathways have been shared widely with clinicians and were presented for scrutiny at a recent 'Confirm and Challenge' event which was well attended by a wide range of neonatal, paediatric and obstetric staff from BCUHB, Welsh Ambulance Service, neonatal staff from Arrowe Park, neonatal and obstetric staff from Liverpool Women's Hospital, and representatives from the Wales Neonatal Network, Cheshire and Mersey Neonatal Network, Transport Services and the Community Health Council.

The Women's Clinical programme Group has an agreed Actim Partus Protocol. In addition, a Guideline for Management of Pre-term Labour and In-utero Transfers Policies have been drafted and will be ratified by the Women's CPG in December 2013..

3. Ensure contractual clarity about retrieval arrangements and availability including involvement of Cheshire and Merseyside and North West Ambulance service

The service specification for the Cheshire and Merseyside Neonatal Transport Service (CMNNTS) has been developed jointly by the Health Board, CMNNTS and Welsh Health Specialist Services. This document sets out our requirements, expected outcomes, service description, referral criteria, response times, patient and carer information, Clinical Governance and quality requirements and activity. In summary The CMNNT service will provide a single point of contact for the referring units in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor. Expert medical and nursing staff will be available on a twenty four hour basis, 7 days a week to provide advice and support to the referring clinician. Where appropriate a specialised team will be mobilized to the referring centre within the agreed timescales and provide intensive care support during the safe transfer to Arrowe Park Neonatal Intensive Care Unit (NICU) or if insufficient capacity or the needs of the baby are such that transfer to Liverpool Women's Hospital (LWH) is deemed more appropriate.

Welsh Ambulance Service NHS Trust (WAST) will provide the vehicle and crew for the timely dispatch of the CMNNT team from LWH to the North Wales referring unit. This service will be provided by a dedicated team based in Dobbs Hill Ambulance Station in order to meet the dispatch time for time critical transfers. A conventional emergency ambulance with slight design alternations is already available and will be staffed by a team of dedicated staff qualified to UCS grade. This service will be separate from the provision of core services in the area.

As part of the service provided by CMNNTS the Health Board will have 24 / 7 access to the Perinatal Cot Bureau. This will act as the first point of contact for all acute antenatal and postnatal referrals. It will collate brief clinical details and liaise with clinical staff in obstetrics, neonatal units, the transport team and WAST. They will be responsible for

keeping all parties informed of the transfer status and maintain a record of all transfers undertaken.

This service will be monitored as per the clinical governance, quality requirements and transport service monitoring and evaluation as set out in the Service Level Agreement with CMNNTs and WAST Standard Operating Procedure. There will be a formal review after six months. Finally the CMNNTS will provide Transport Outreach Stabilisation Training Programme (Drills and Skills) for Health Board Staff who undertake repatriation and transfers within North Wales as well as developing educational link nurses for each unit within North Wales.

4. Ensure contractual clarity about repatriation arrangements including availability of north Wales ambulance

The repatriation of babies from the NICU and all internal North Wales transfers will be undertaken by the North Wales Transport Team and WAST. Projected activity has been agreed between WAST, BCU and WHSSC. These transfers will be predominantly planned and the appropriate crew and vehicle will be booked with 24 hours notice whenever possible. This service will not be providing any time critical transfers. A range of scenarios have been developed between the key providers setting out the logistical pathways. This is set out in the North Wales Transport Service and WAST Standard Operating Procedures. There will be a formal review after six months.

5. Ensure contractual clarity about risk-modelling of transport options

We recognise that providing a responsive and sustainable transport and transfer services is complex and critical to the safety and quality of Neonatal care for the population of North Wales. This not only applies to the transfer of babies to and from Arrowe Park but also the movement of babies between our North Wales neonatal units.

A range of transport logistical pathways have been developed setting out commissioning responsibility, type of vehicle and crew required, dispatch time, projected activity and the co-ordination of staff and equipment. These cover all aspects of transport associated with this change to services including transfer of the mother, baby, partner and returning staff and equipment to their base after completion of the transfer. A risk analysis has been undertaken identifying potential risks and mitigating actions for each organisation and will be reviewed regularly.

6. Ensure contractual clarity about clinical governance – accountability, audit, information sharing

A meeting was held between BCUHB, Wales Neonatal Network, Cheshire & Mersey Neonatal Network (C&MNN) and North West Neonatal Operational Delivery Network (NWNODN) on 28th October 2013 to clarify governance arrangements.

With regard to the governance of the neonatal service provided by Arrowe Park for BCUHB babies, it was confirmed that:

- BCUHB will be provided with assurance on governance through its
 formal agreement with Arrowe Park Hospital and specific quality
 standards that have been specified in the agreement. These quality
 standards have been drawn up and agreed by clinicians and
 approved by the Wales Neonatal Network. They include
 requirements for Arrowe Park to meet BAPM staffing standards,
 assurance that support and training will be provided for BCUHB
 medical and nursing staff, assurance that family accommodation is
 provided and assurance that Arrowe Park will meet the Wales
 neonatal standards.
- Arrowe Park has its own governance arrangements as a provider unit.
- C&MNN and NWNODN both have responsibility for the oversight of the governance arrangements for all provider units within their respective Networks and assurance that they are meeting required standards. Issues such as critical incidents and lessons learnt will be reviewed through Arrowe Park's own processes and also through the C&MNN clinical effectiveness group and reported to the NWNODN.
- A lead neonatal clinician and lead neonatal nurse from BCUHB will be members of the C&MNN clinical effectiveness group.

Routine performance data will be collected as part of the contract agreement with Arrowe Park. This is being finalised but will include performance against the quality standards and be matched to the requirements of the Wales Neonatal Network and Welsh Health Specialist Services Committee.

7. Develop the Arrowe Park FAB team to incorporate a specific Wales service – which may also be Welsh speaking.

FAB services at Arrowe Park already support Welsh Families when they are admitted there. Childcare, counselling and family support is provided free of charge and we are exploring how FAB can be reimbursed by Welsh funds should families require additional support.

All family information provided by FAB and Arrowe Park has been translated into Welsh and the need to speak Welsh has been added to new staff job roles as a desirable requirement. Translation services are already commissioned and in use by the unit.

8. Arrange orientation visits for staff and user group representatives from north Wales to Arrowe Park so that they can understand the arrangements and communicate to prospective parents about the facilities and process should transfer be required.

A series of drop in / tour sessions have been requested via the unit manager at Arrowe Park to allow staff and stakeholders to familiarise themselves with the facilities. These will be completed before the official date of change and will then be part of a set monthly programme to enable new staff to attend. A pool car will be provided for these visits to ensure that visitors do not incur personal travel costs. This arrangement will need to be longstanding and in future will be arranged to fit in with new staff's induction programmes and preceptorship. It has also been agreed that we will develop opportunities for staff to attend Arrowe Park's neonatal unit to ensure that staff in North Wales maintain a range of neonatal nursing competencies and links.

9. Seek input of parent groups in north Wales (e.g. Cuddles and Cherish) in developing information materials specifically for parents coming from Wales to Arrowe Park.

Following the Health Board's decision to transfer some services to Arrowe Park, we established a Family Support Workstream to develop supportive pathways for families during the period that babies are cared for in Arrowe Park and for the co-ordinated transfer back to local services.

The Family Support Workstream included representatives from parent support groups and parents themselves. They visited Arrowe Park and met with staff and with FAB support team members. They strongly expressed the need for North Wales to offer a similar level of support to families. This will be progressed as part of the wider neonatal review work which is ongoing. Both of the North Wales neonatal support groups (Cherish and Cuddles) will be included in this service improvement as will the new support group, Little Miracles. A meeting has been arranged for the 17th December 2013 to progress this.

10. Develop a clear agreement with the Cheshire and Merseyside and Wales Neonatal Networks setting out the responsibilities and governance for decision making and include arrangements with the Wales and Mersey Deaneries.

See 6 above

Finally, an operational event will be held approximately two weeks prior to the new service going live and will be attended by operational staff from all the obstetric units, neonatal units, WAST and transfer teams. The purpose of this event will be to ensure that all staff within each of the pathways are fully cognisant with their responsibilities and points of contact at each stage of the service. The Consultant Nurse from the CMNNTS will also be visiting each of the three North Wales units to provide information on the role of the cot bureau and transport service.

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A number of supporting documents are available on request, including:

- Notes of the Clinical Pathways workstream meetings
- Notes of the Family Support workstream meetings
- Notes of the Transport workstream meetings
- Notes of the Finance & Contracts workstream meetings
- Notes of the meeting between BCUHB, Wales Neonatal Network and NWNODN to agree governance arrangements on 28.10.13
- Notes of the neonatal Sub-group meetings
- Action points from the Confirm & Challenge Workshop on 18.11.13
- Neonatal Transfer Clinical Pathways
- Actim Partus Protocol
- Guideline for Management of Pre-term Labour
- In-utero Transfers Policies
- Quality Standards for inclusion within Arrowe Park contract
- Service Level Agreement with Liverpool Women's Hospital for the Transport Service
- Transport Pathways (Logistics)
- Transport Risk Assessment
- North Wales Transport Service Service Operational Policy Draft
- WAST Neonatal Transport Service Operational Policy Draft
- Implementation Plan