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Joint Commissioning
Committee

NHS Wales - JCC

The Path to Safer Beginnings

Quality, Safety and Outcomes Sub-Committee

27/04/2025

A national assurance assessment of Maternity and Neonatal care and services (Feb 2026)

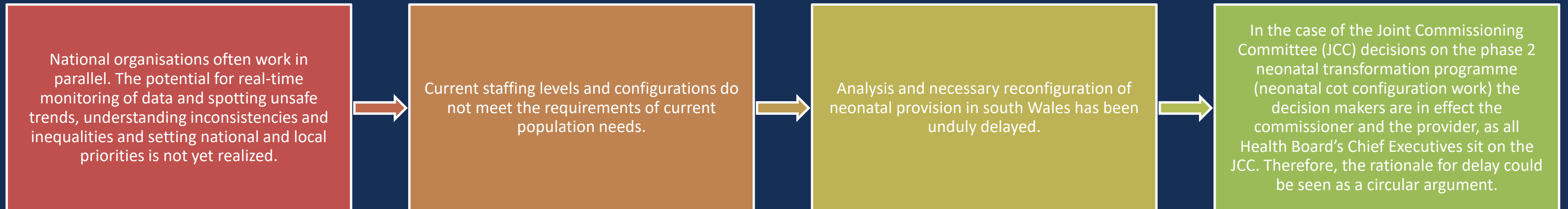
The path to safer beginnings in Wales is an independent report about maternity and neonatal services across Wales. It assesses the quality, safety, equity and consistency of care.

The all-Wales Maternity and Neonatal Assurance Assessment was commissioned by the Cabinet Secretary for Health and Social Care in response to ongoing concerns and variability in the safety, quality, and experience of maternity and neonatal care across Wales.

Independent Chair

Many strengths in Welsh maternity and neonatal services found, but some important vulnerabilities in some of the key conditions required for safe and reliable care were noted with 9 recommendations.

Key vulnerabilities and weaknesses relevant to the JCC.



Neonatal provision

Six provide neonatal care; three neonatal intensive care units (NICUs) provide care for the smallest and sickest babies. There is one Sub regional Neonatal Intensive Care Centre (SuRNICC), and five Special Care Baby Units (SCBUs).

The British Association of Perinatal Medicine (BAPM)⁴³ provide frameworks to support a multidisciplinary workforce model and sets clear standards for staffing of neonatal units

Relevant Key Issues

The commissioning of acute neonatal transport services in south Wales. The panel was surprised to learn that the commissioning arrangements for out-of-hours staffing for this service have been 'interim' since 2021

- A Neonatal Transformation Programme. Phase 1 which included the review and rebasing of neonatal cots across south and west Wales was completed in 2023 but has not yet been fully implemented. Phase 2 work is 'on hold'. Some Health Boards report that they are waiting for this work to be completed before making staffing decisions
- Maternal medicine. The National Strategic Clinical Network for Maternity and Neonatal Services wrote a paper for the JCC in October 2025 recommending the development of a maternal medicine network in Wales stating that care for women with complex health conditions is 'fragmented and inequitable'. This network would ensure that standardised care is provided throughout Wales for pregnant women who live with complex conditions such as cancer and cardiac conditions. Many such networks exist in the rest of the UK with evidence that they reduce maternal mortality and improve women's experiences. While this case has been developed relatively recently and therefore cannot be classed as 'stalled', it appears to be a gap that should be considered urgently

Priority 6: Optimal Neonatal Care Commissioning

Commissioning: there is an urgent need for the NHS Wales Joint Commissioning Committee, to complete the required analysis and commissioning decisions relating to neonatal cot configuration and neonatal transport. This should also include consideration of how to maximise the quality and capacity of transitional care

The Welsh Government should accelerate implementation of a national maternity bed and neonatal bed/cot locator with 24/7 availability, dedicated staffing, senior clinical oversight and a single point of access.

The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK Nov 22

- Definitions Core activity levels in both neonatal intensive care units (NICUs) and local neonatal units (LNUs)
 - Maternity services with co-located NICU services should be appropriately resourced normally to operate an “open door” policy for their linked LNUs and SCUs, supported by reciprocal agreements in LNU/SCUs to receive appropriate in- or ex-utero transfers.
 - Access to a specialised neonatal transport service is essential for each neonatal network for transfer and repatriation.
 - Neonates requiring surgical care should be managed in a combined medical/surgical NICU
 - The Neonatal Nursing Workforce Tool (2020) provides a standardised tool to support units and networks to understand their nurse staffing requirements based on their activity.
- Medical workforce

Neonatal Review IMTP

<p>Current position</p>	<ul style="list-style-type: none"> • Neonatal service configuration in South Wales are not reflective of the population requirements • 2024 saw the lowest number of live births in Wales (26,944) since records began, ONS assumptions assume that the birth rate in Wales will continue to decline or remain very low <ul style="list-style-type: none"> • Six units provide neonatal care; • Three neonatal intensive care units (NICUs) provide care for the smallest and sickest babies. • There is one Sub regional Neonatal Intensive Care Centre (SuRNICC), • There are five Special Care Baby Units (SCBUs). The JCC does not commission SCBU or Transitional care. • The recent Maternity and Neonatal assessment recognised that the analysis and necessary reconfiguration of neonatal provision in south Wales has been unduly delayed. • The current service model for the neonatal transfer service is not sustainable.
<p>Key deliverables / milestones</p>	<ul style="list-style-type: none"> • Presentation of findings of Mat/Neo Assessment to QSOC 27/4/2026 • Externally commissioned Demand and Capacity review of Neonatal Intensive Care Cot and Neonatal transport requirements including options for cot reconfiguration in South Wales to match demand and capacity requirements in line with extant guidance by September 2026. • Findings presented to Welsh Government by end of Q3 • Formal consultation on a preferred option • Due consideration of feedback from consultation and update of EQIA /QIA. • Recommendations to the Joint Commissioning Committee to inform 2027/28 ICP, approval by Health Boards and final recommendations to the JCC • Implementation planning and agreement of implementation governance
<p>Relevant national reports</p>	<ul style="list-style-type: none"> • Welsh Government The Path to Safer Beginnings Feb 2026 • Fox Review Dec 2019 • Previous work undertaken by the former WHSSC • NHS England Neonatal Critical Care Service Specification (updated 2024)
<p>Relevant evidence / research</p>	<p>Neonatal intensive care requires regular exposure to complexity, infrequent exposure increases clinical risk, skill fade, and staffing fragility</p> <p>BAPM Standards, NHSE service Specification and NHSE recommendations from the Neonatal Transformation Review all note that a Neonatal Intensive Care Unit should undertake more than 2,000 Intensive Care level cot days per year, as the published evidence suggest an improvement in outcomes for patients in NICU's that look after at least 100 very low birth weight babies (VLBW) and perform over 2000 intensive care cot days per year.</p>
<p>Benchmarking</p>	<ul style="list-style-type: none"> • National Data • BAPM Standards • MBBRACE • Bagernet • Data used to inform The Path to Safer Beginnings
<p>Commissioner intent</p>	<p>•To enable the NWJCC to take a definitive commissioning decision on the required scale and configuration of commissioned service to determine the most clinically safe, sustainable, and standards-compliant configuration of neonatal intensive care services in Wales, The review will explicitly test whether the current number and distribution of NICUs remains appropriate, or whether alternative models would better meet national standards and Welsh policy intent.</p>

Points for consider following JCC Strategy discussion

- Commission Independent external resource to support work
- Clear articulation of case for change
- Neonatal care should be provided under a network model and must operate in close collaboration with maternity services
- Role of the Neonatal Network
- Importance to link with Welsh Government, National Programme Board for Maternity & Neonatal Service (3 year programme)



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