Agenda Item
2.5

Joint Commissioning Committee

Neonatal Transformation Programme Phase 2

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Pwrpas yr Adroddiad / Report Purpose	For Noting For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
N/A	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan UHB
C&VUHB	Cardiff and Vale UHB
CTMUHB	Cwm Taf Morgannwg UHB
SBUHB	Swansea Bay UHB

JC	Joint Committee
DoPs	Directors of Planning
HB	Health Board
CHfW	Children’s Hospital for Wales
LNU	Local Neonatal Unit
SCBU	Special Care Baby Unit
NICU	Neonatal Intensive Care Unit
NHSE	NHS England
JCC	Joint Commissioning Committee

1. SITUATION/BACKGROUND

As part of the agreement of the Phase 1 Rebasing of Neonatal Services in South Wales, in March 2023 the predecessor WHSSC Joint Committee (JC) agreed a Phase 2 review to undertake strategic planning on the service model and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales. This was subject to discussion with DoPs to scope the review (given the service interdependencies) and determine whether the work should be led by the National Joint Commissioning Committee (JCC).

In June 2023 the recommendation of DoPs was that the programme should be a collaborative piece of strategic planning, owned by Health Boards (HBs), with the Programme Management undertaken by the Joint Commissioning Committee (JCC). This was supported by the predecessor WHSSC Joint Committee in September 2023.

This report describes the engagement which has been undertaken with the NHS Wales Directors of Planning Executive Peer Group (DoPs) and other Executive Peer Groups in the course of designing the Neonatal Phase 2 Programme; outlines the scope and indicative timescales for the programme; and seeks approval for the resources required to successfully deliver the programme.

1.1 Neonatal Services Background

Across the UK neonatal care is delivered across three different designations of unit; Neonatal Intensive Care Unit, Local Neonatal Unit and Special Care Unit. Each unit has prescribed acceptance criteria based on gestation and weight set out by the British Association of Perinatal Medicine which also details the number of care days that each designation of unit should deliver.

The JCC’s commissioning remit includes Neonatal Intensive Care and High Dependency Care/ Local Neonatal units, as well as Neonatal Transport. Neonatal Special Care is the commissioning responsibility of Health Boards.

In south Wales there are three Neonatal Intensive Care Units, located in The Grange University Hospital (Aneurin Bevan University Health Board), The Children's Hospital for Wales (Cardiff and Vale University Health Board), and Singleton Hospital (Swansea Bay University Health Board). All surgery required for south Wales Neonates is undertaken at the CHfW with the exception of Cardiac surgery which is delivered by University Hospitals Bristol NHS Foundation Trust (UHBNFT).

There are three Special Care Baby Units located across the network; one in Prince Charles Hospital (Cwm Taf Morgannwg University Health Board), one in the Princess of Wales Hospital (Cwm Taf Morgannwg University Health Board), and one in Glangwili Hospital (Hywel Dda University Health Board), Cwm Taf Morgannwg University Health Board is the only Health Board within south Wales with two units.

1.2 Maternity Services Background

Maternity and transitional care is the commissioning responsibility of Health Boards. Across the six Health Boards (HBs) in south and mid-wales there are 12 freestanding Midwifery led units and seven Obstetric led units that are located alongside a Midwifery led unit. The distribution of units is outlined in **Table 1**.

Table 1 – Current Configuration of maternity services

Freestanding Maternity Led Units	Obstetric Led Unit alongside Midwifery led units
Neville Hall Hospital	The Grange University Hospital
Royal Gwent	University Hospital Wales
Ysbyty Ystad Fawr	Prince Charles Hospital
Royal Glamorgan Hospital	Princess of Wales Hospital
Withybush Hospital	Glangwili General Hospital
Brecon War Memorial Hospital	Bronglais General Hospital*
Victoria War Memorial Hospital	Singleton Hospital
Knighton Hospital	
Llandrindod Wells Hospital	
Llanidloes War Memorial Hospital	
Montgomery County Memorial Hospital	
Neath Port Talbot Hospital	

1.3 UK Positon on reconfiguring neonatal and maternity services

Work is ongoing across the UK to reconfigure neonatal and maternity services in order to improve the outcomes of mothers and babies as outlined below.

1.3.1 NHS England (NHSE)

NHS England (NHSE) has recently undertaken a Review of Neonatal Critical Care and has published 'Implementing the Recommendations of the Neonatal Critical

Care Transformation Review'[1]. Within this document there are 5 key findings: activity, demand and capacity, transfers, staffing levels and pricing. The report notes 'Operational Delivery Networks (ODNs) and provider Trusts should then develop a plan, in conjunction with all key stakeholders including Regional Specialised Commissioning Teams, to address any mismatch between the criteria and the existing capacity and demand. Where a Neonatal Intensive Care Unit (NICU) does not meet the criteria, the ODN and the provider Trust should produce a viable plan to develop the unit to meet it within a 5-year timescale.' The reconfiguration of services is being managed via the individual Operational Delivery Units.

1.3.2 NHS Scotland

In 2017, a review of neonatal and maternity services, "The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland"[2], was published. This set out recommendations aimed at improving the quality of care and outcomes for babies across these services. The 2017 review found that Scotland had too many NICUs for the number of babies born yearly who needed long term intensive care or very specialist treatment. It recommended that some of the NICUs become Local Neonatal Units (LNUs) instead, with the care for the sickest babies concentrated in three NICUs. The final report notes that this decision has been made because evidence shows that outcomes for very sick and small babies, including survival rates and long-term neurodevelopment, are better when these babies are delivered and/or treated in a larger neonatal intensive care unit.

1.3.3 South Wales Programme

The final Report of the South Wales Programme was published in January 2014 and recommended 'that the key services affected, namely specialist accident and emergency, inpatient paediatrics, neonatal services and consultant-led maternity services should be located on 5 sites.' The South Wales Programme has facilitated a number of these changes with the consolidation of maternity services already in place in Hywel Dda University Health Board and Aneurin Bevan University Health Board. The Bridgend boundary change, which changed the organisational position of the Princess of Wales hospital, meant that Swansea Bay University Health Board has consolidated obstetric-led care and Cwm Taf Morgannwg University Health Board remains the only Health Board with more than one obstetric-led maternity unit.

1.3.4 Improving Together for Wales

Improving Together for Wales, published in July 2023 makes a series of recommendations to improve the care for women and babies across the maternity and neonatal landscape. There are specific recommendations within the report for the configuration of neonatal care:

- Ensure there is a joined-up review of all perinatal services and that neonatal services encompass care from cot to community,

[1] Implementing the Recommendations of the Neonatal Critical Care Transformation Review
[2] The best start: five-year plan for maternity and neonatal care - govv.scot (www.gov.scot)

- Ensure efficient use of cot capacity across Wales,
- Ensure efficient flow of babies to their local hospitals or back home with their families,
- Ensure babies are born in the right place where possible,
- Ensure Local Neonatal Units (LNUs) / Special Care Units (SCUs) teams are skilled in managing repatriated babies from NICUs; and
- Maintain emergency care skills and confidence for all neonatal clinical staff, particularly those working in LNUs and SCUs.

1.4 Further strategic context

As noted within A Healthier Wales the first 1,000 days of life (from conception to 2 years of age), is the most critical time to influence health outcomes for both individuals and nations. Getting things right at the start of life is an important foundation for the health and wellbeing of our future generation.

A number of steps have been take in Wales to improve maternity and neonatal care most notably the implementation of the South Wales Programme, however, since its publication there have been changes to birth rates, clinical standards and practices, as well as learning from independent and external reviews such as the Ockenden report and the 'Independent review of the quality and safety of maternity care at the former Cwm Taf University Health Board'. The need for further change aligned with the evidence of improved clinical outcomes with consolidating activity are robust drivers to further review the configuration of maternity and neonatal services across south and west Wales.

1.5 JCC Neonatal Contract Rebasing – Phase 1 and Approval of Phase 2

There is evidence that meeting the BAPM standards improves outcomes for babies and families. As shown in section 3.0 below, outcomes for babies and families in South Wales are not comparable with areas of the UK at present.

There is now a £35.5 million commissioning budget for Neonatal care within the JCC. In 2023 the Joint Committee supported the release of £5.2 million to support the contract rebasing of cots across the south and west Wales Network, this investment was a combination of an increase in the cot tariff across all levels of care, following a benchmarking exercise and an increase in cots at both Intensive Care and High Dependency Level. The additional investment was designed to facilitate a further move towards BAPM standards. The final paper noted that with the current configuration of units, despite the additional investment, it was not feasible or affordable for units to fully meet BAPM standards.

As a consequence, the then Joint Committee agreed to a Phase 2 review of the service model. The JCC Director of Planning and Performance was requested to seek the advice of DoPs on the best approach to the strategic planning for Phase 2 of the neonatal cot review, to ensure that the review fully addresses the interdependencies with Health Boards commissioned services such as neonatal special care, maternity services and transitional care; and the Clinical Services

plans of Health Boards. A positive discussion was held with the DoPs group in May 2023 where it was agreed that the JCC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This has been followed up with a factual briefing to the DoPs on Phase 1, and two further discussions on the design of the Phase 2 programme. As laid out in section 2.2 discussions have also taken place with other key Peer Groups to inform the programme design and to develop the Clinical Case for Change outlined in the next section.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Clinical Case for Change

The BAPM Service and Quality Standards for the Provision of Neonatal Care in the UK (2022, pg.11)[3], note "NICUs should admit at least 100 very low birth weight (VLBW) (<1500g) babies per year and undertake at least 2,000 IC days per year." This is further supported in the" Implementing the Recommendation of the Neonatal Critical Care Review" (2019, pg. 9&10)[4], "survival is improved if NICUs look after at least 100 very low birth weight (VLBW) infants (2,000 intensive care days)". Kmietowicz (2014)[5] supports the notion "Premature babies are more likely to survive if treated in high volume neonatal centres". Imison et.al (2014)[6] references within the King's Fund document 'The reconfiguration of clinical services, what is the evidence?'

"extremely preterm and very low-weight (<1500g) babies do better in specialist hospitals providing neonatal intensive care and survival is further improved in units with higher volumes of activity."

In recent years only one of the three NICUs has achieved 2000 cot days and no unit has admitted over 100 very low birth weight babies over the same period. The data for the last three years is noted in Tables 2 and 3 below and was sourced from Badgernet.

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[3] Services and Quality Standards for Provision of Neonatal Care in the UK
[4] Implementing the Recommendations of the Neonatal Critical Care Transformation Review
[5] Premature babies are more likely to survive if treated in high volume neonatal centres, survey finds The BMJ
[6] The reconfiguration of clinical services (kingsfund.org.uk)

Table 2 – The number of VLBW (<1500g) admitted to each unit

Hospital	2020/21	2021/2	2022/23
Glangwili General Hospital	4	4	5
Neville Hall	5		
Prince Charles	12	17	7
Princess of Wales - Bridgend	2	8	6
Royal Gwent	45		
Singleton Hospital	52	57	55
The Grange University Hospital	9	57	55
University Hospital of Wales, Cardiff	72	52	44
Grand Total	**201**	**195**	**182**

Table 3 – Average activity data (2019/20 and 2020/21) at each level of care at each NICU

Health Board	IC	HD	SC
Aneurin Bevan UHB	1619	2307	5072
Cardiff and Vale UHB	**2736**	3109	3982
Swansea Bay UHB	1561	2321	2639
Grand Total	**5915**	**7737**	**11692**

Neonatal mortality is affected by a wide range of factors including maternal health factors, public health factors, poverty, ethnicity as well as neonatal care. Recently published MBRACE data, which is noted in ***figures 1 and 2***, demonstrate significant improvements are required across maternal and neonatal care in Wales with Wales having the second highest rate of extended perinatal deaths per 1,000 total births.

Figure 1- Perinatal Mortality trends for the UK from 2013-2021

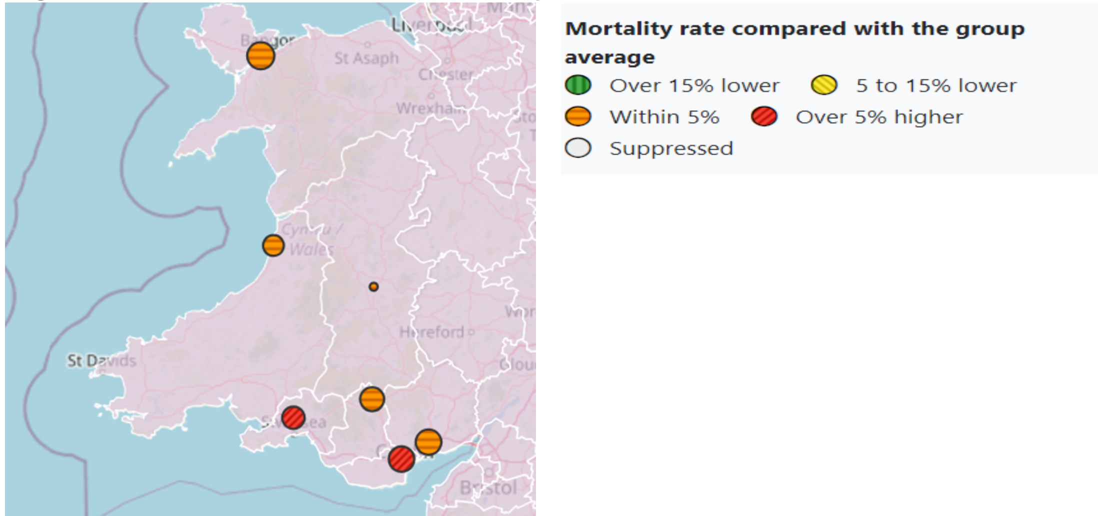


Figure 2 - Stabilised and adjusted extended perinatal mortality rate per1000 live births for each Health Board in Wales, with units compared with similar units across the UK

Description of Figure 1: Line charts showing stillbirth (all, antepartum and intrapartum), neonatal death and extended perinatal mortality rates for the UK, England, Scotland, Wales and Northern Ireland, from 2013 to 2021. Stillbirths and extended perinatal deaths are shown as rates per 1,000 total births. Neonatal deaths are shown as rates per 1,000 live births. Terminations of pregnancy and births at less than 24 completed weeks' gestational age are excluded.

2.2 Pre-Planning Engagement

As referenced previously several discussions have taken place to inform this paper with key Peer Groups and individuals since the approval of Phase 1, these include:

- Directors of Planning,
- Assistant Directors of Planning,
- Welsh Government Director of Nursing
- Welsh Government Maternity and Neonatal Policy Team,
- Health Education and Improvement Wales,
- Maternity and Neonatal Network Manager and Clinical Lead; and
- Executive Directors of Nursing
- All Wales Medical Directors.

The overwhelming advice from clinical colleagues was that reconfiguration needs to take place as a matter of urgency, and that maternity and neonatal services need to be considered together. The DoPs had concerns about the scale and timeliness of the programme in the context of all the other service change ongoing across South Wales but were reassured following further discussion on the provision of programme support via the JCC team, and the scale of change required in both maternity and neonatal services (see section 3.4 below). DoPs have further advised on the design and structure of the programme.

2.3 Scope of the Programme

The advice from all Peer Groups suggested that the following four services need to be within the scope of the Programme, across South, West and Mid Wales. As outlined previously some of these are the commissioning responsibility of Health Boards, and others the commissioning responsibility of the JCC. The following services across all Health Boards apart from BCUHB are therefore within the proposed scope of the programme of work:

- Maternity services (HB commissioned),
- Neonatal services (intensive and high dependency care JCC commissioned, special HB commissioned),
- Transitional care services (HB commissioned); and
- Neonatal Transport (JCC commissioned)

All components are intrinsically linked therefore impact assessments will need to be undertaken at all stages of the process.

2.4 Principle - interdependency of obstetric-led maternity services and neonatal services

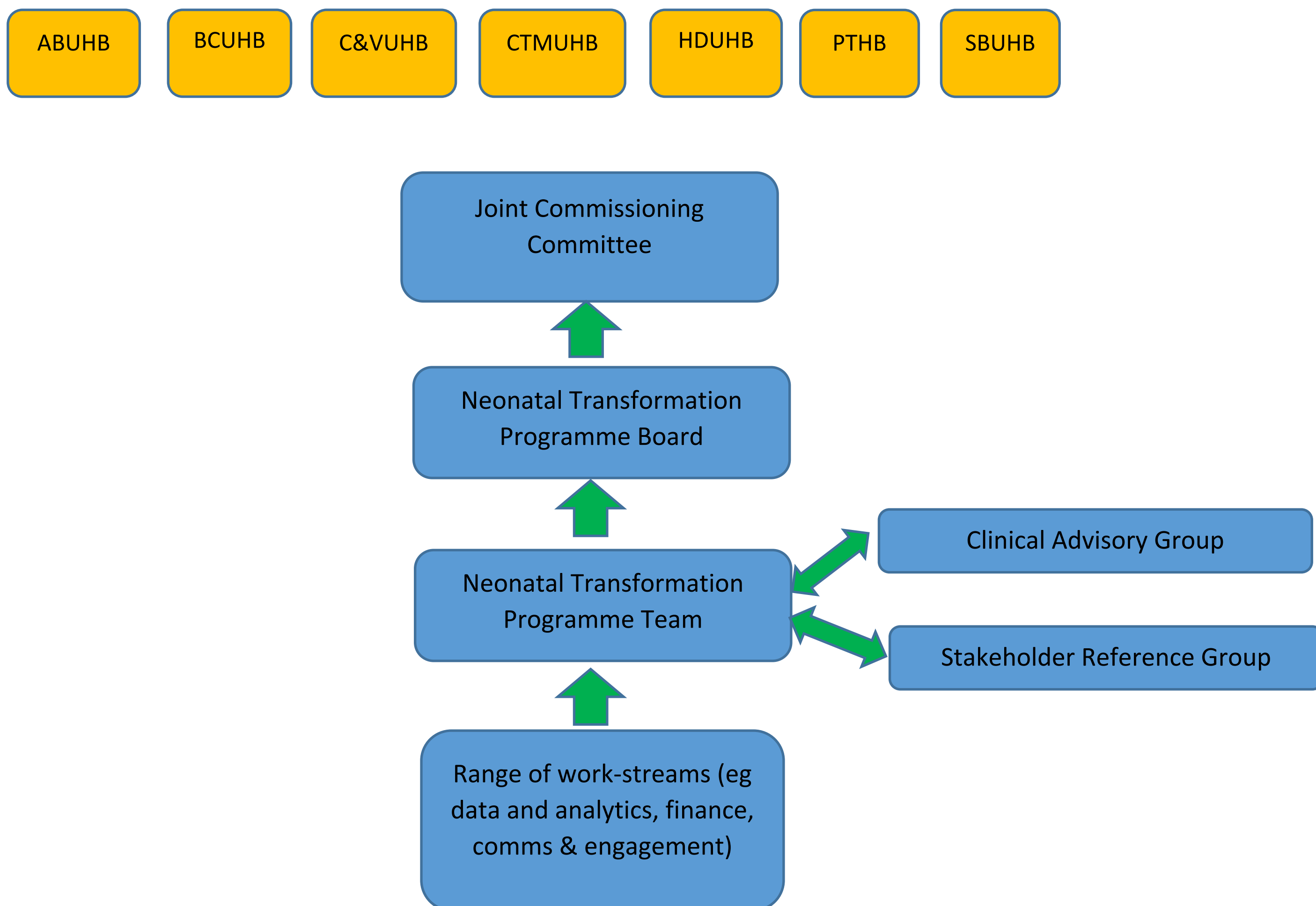
A number of observations were made by the Peer Groups about the critical interdependency between neonatal and maternity services. A key principle of the review is therefore that that every Health Board retains an obstetric-led maternity unit and a supporting Neonatal unit in line with national standards. As outlined previously, the consolidation of obstetric-led care in South Wales over the last 10

years means there is now only one Health Board that has two obstetric-led units; this is largely due to the Bridgend boundary change. The designation of the supporting neonatal units will be informed by evidence on optimal configuration to achieve best outcomes, workforce availability and resource utilisation.

2.5 Programme Structure

The proposed high-level Programme structure in Figure 3.

Figure 3 – Proposed Programme Structure



Note this structure is a simple programme structure, and does not outline the varying organisational governance arrangements – the full programme documentation including PID will be developed following approval of this paper.

The proposed structure has taken account of all the advice from the relevant Peer Groups. As non-JCC commissioned services are included within the scope of the Programme, following advice from DoPs it is proposed that it is a Health Board owned process, led by a Health Board Chief Executive, with the JCC team providing Programme Management and associated support. JCC support will

span a number of directorates within the new Joint Commissioning Committee; Ambulance Services and 111; Planning, and Specialised Services commissioning.

The proposed membership of the Programme Board is:

- Senior Responsible Officer – Health Board CEO
- Joint Commissioning Committee Executive Lead
- A Health Board Director of Nursing
- A Health Board Director of Midwifery
- A Health Board Medical Director
- A Health Board Director of Therapies
- A Health Board Director of Planning
- A Health Board Commissioning Lead
- Independent Advisor (from outside of NHS Wales)
- Maternity and Neonatal Strategic Network Manager (NHS Exec)
- Chief Midwifery Officer
- Llais representative
- CVC representative
- Programme Manager

In order to support Health Boards and the Joint Commissioning Committee it is proposed that the new Strategic Network for Maternity and Neonatal Services has a strong role within the structure, and this is being further discussed with the Network and NHS Executive leadership team. Due to the alignment with Health Board Clinical Service Plans, the alignment with regional planning structures will also be worked through at the detailed programme planning stage.

This will be a major programme of change, managed on behalf of all Health Boards in Wales. Appropriate advice will be secured from Llais and the All-Wales Engagement Leads Group with regard any necessary engagement and consultation that may arise from the programme. It is also proposed that external expertise is sourced to both support and quality assure engagement and consultation activities. There will be a dedicated work-stream within the programme on engagement and consultation.

The proposed programme structure aligns closely with the review structure used by NHS Scotland when developing the 'The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland'.

3. KEY RISKS / MATTERS FOR CONSIDERATION

The assessment of next steps and risks with regard to the programme start are outlined in the following section.

4. ASSESSMENT

Subject to approval of this paper, the appropriate resources will be secured to deliver the programme, and initial programme documentation prepared immediately following. This assessment sets out high level timescales and the resources required to establish and deliver the programme.

4.1 Programme resources required

Learning from the experience of cross-Health Board programmes of strategic service change, in order to ensure successful delivery of the programme a number of DoPs have advised that additional resources will be required order to deliver the programme successfully and achieve the intended benefits set out below:

- Improved outcomes for the women of south and west Wales that access maternity services
- Improved outcomes for babies across south and west Wales that require access to Neonatal care
- Efficient model of delivery ensuring there is value for money demonstrated across all aspects of the pathway
- Equitable access to services regardless of Health Board of residence, ensuring mothers and babies can access the right care at the right time
- A resilient and skilled workforce that can deliver quality care across the region.

As such it is proposed that the following resources are funded and secured for the duration of the programme.

Table 4 – Funding resource required

Post	Band	WTE	2024/25 PYE (£)	2025/26 (£)	2026/27 PYE (£)
Senior Planning / Programme Manager	8c	1.0	52,153	104,307	52,153
Project Support Officer	5	1.0	21,867	43,734	21,867
Finance/ Contracting Analyst	7	0.5	15,967	31,934	15,967
Administration support	3	0.5	7,601	15,203	7,601
Independent Advisor	Consultant	25 sessions	3,125	6,250	3,125

Engagement, consultation and communication			7,500	15,000	7,500
Total			108,214	216,428	108,214

The contribution required by each Health Board has been calculated based on population size and is set out in Table 5.

Table 5 – Health Board risk share

Risk share							
Year	ABUHB	C&VUHB	CTMUHB	Hywel Dda	Powys	SBUHB	Total
	£	£	£	£	£	£	£
2024/25	26,116	22,050	19,777	17,108	5,864	17,299	108,214
2025/26	52,232	44,099	39,554	34,216	11,727	34,599	216,427
2026/27	26,116	22,050	19,777	17,108	5,864	17,299	108,214
Total	104,464	88,199	79,108	68,432	23,455	69,197	432,855
	ABUHB	C&VUHB	CTMUHB	Hywel Dda	Powys	SBUHB	Total
	%	%	%	%	%	%	%
	24.13	20.38	18.28	15.81	5.42	15.99	100.00

4.2 High level timeline

Table 6 - High-level timeline

Indicative Period	Milestone
Sept 2024 – Dec 2024	• Establishment of Programme arrangements including Board and sub-group structure • Initiation of EQIA and QIA
Jan 2025 – Jan 2026	• Collaborative programme work on all phases of the programme (to be outlined in detail within the programme initiation document) • On-going and continuous engagement • Review EQIA and QIA
Jan 2026 – Apr 2026 (dependent on pre-election period)	• Formal Consultation on a preferred option
Apr 2026 – Jun 2026	• 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

Jun 26 – Sep 2026	• Implementation Planning and agreement of implementation governance

Note: These timescales are indicative at scoping stage. As the detailed programme is developed, they may be subject to change (specifically when governance steps are mapped) and will be reported accordingly through the Programme Board and thereby to JCC.

4.2 Risks

A robust approach to risk management will be developed as part of programme arrangements. At the current time, risks associated with the current phase of programme scoping and organisation are:

- Absence of dedicated programme management resource; and personnel changes within the Women and Children's Commissioning Team (mitigated by recruitment and documentation of handover).

5. CONCLUSION

This report has established the context and the previous agreement to undertake Phase 2 of the Neonatal transformation programme; it has also set out the scope and high level programme arrangements. The indicative timescales as well as identifying the benefits and resources which will be needed to successfully deliver the programme are also included.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CBC / Link to JCC Strategic Goal(s)	Improving Care
	Sustaining our Future
Dolen i Feysydd Strategol BIP CBC / Link to JCC Strategic Areas	Starting Well
	Growing Well Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals [150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)]	A Healthier Wales
	A More Equal Wales
Dolen i Hwyluswyr Ansawdd	Learning, Improvement & Research
	Whole systems perspective

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** *([Duty of Quality Statutory Guidance (gov.wales)])*	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *([Duty of Quality Statutory Guidance (gov.wales)])*	Safe
	Effective Efficient Equitable Person Centred Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Repurpose
	:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome:	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	The Programme will comply with the 'Guidance on Changes to Health Services'.	

	Equality impact assessments will be undertaken throughout key milestones within the programme.
Enw da / Reputational	Yes (Include further detail below)
	The strategic planning programme for Neonatal phase 2 transformation is a strategic priority identified within the draft 2024/27 ICP.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	The paper requests additional funding as set out in section 2.0 of the report.

6. RECOMMENDATIONS

Members are asked to:

- **Note** the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services,
- **Note** the pre-planning engagement that has taken place to design the Programme and develop the Case for Change,
- **Approve** the scope, remit and high-level design of the Programme; and
- **Approve** the financial resource requirements to support the successful delivery of the Programme.