



# Scoping

## NEONATAL REVIEW

### CEO Sponsor

Carol Shillabeer

### SRO

Carole Bell

### Delivery Lead

Amy Lewis

### Summary

#### Expected Start Date

Q1

#### Expected End Date

Q3

### Aim

What is the overall intention or purpose of this activity?  
Write a short statement describing what you want to achieve.

Support the NHS Wales Joint Commissioning Committee to ensure the commissioning of efficient, effective and high-quality neonatal services within the context of the wider system and pathways and identify opportunities to mitigate the financial risk to the NWJCC for Neonatal services.

### Background / Context

Summarise why this work is needed, what prompted it, and any relevant context (e.g., policy drivers, service gaps).

Current configuration of neonatal services are as follows:

- 9 units in Wales (6 in South and 3 in North) provide neonatal care;
- 3 neonatal intensive care units (NICUs) provide care for the smallest and sickest babies;
- There is one Sub regional Neonatal Intensive Care Centre (SuRNICC) located in North Wales;
- There are five Special Care Baby Units (SCBUs) in Wales (3 in South and 2 in North);
- The JCC does not commission maternity services, special care cots or transitional care.

This configuration is not reflective of the population requirements and is a relatively high cost service per head of population with some out of area placements again adding to the cost of the service. 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.

In addition, a recent report a National Maternity & Neonatal Assurance Assessment (The path to safer beginnings in Wales- Feb 2026) noted many strengths in Welsh maternity and neonatal services, but some important vulnerabilities. Of the 9 recommendations some were directed at the JCC for consideration and action:

- The commissioning of acute neonatal transport services in south Wales remains interim since 2021;
- Current staffing levels and configurations do not meet the requirements of current population needs;
- Analysis and necessary cot reconfiguration of neonatal provision in South Wales has been unduly delayed.

In response, the NWJCC requires a single, population-needs-led analytical assessment to inform future neonatal commissioning decisions.



# Scoping

## Scope

### In Scope

- Analysis of neonatal population demand, based on historic and projected births.
- Assessment of prematurity rates, acuity and case-mix.
- Review of activity by level of care (IC, HD and SC).
- Analysis of seasonal and peak demand variation.
- Review of neonatal transport governance arrangements.

### Out of Scope

- Maternity services.
- Special Baby Care cot provision.
- Transitional care arrangements.

## Dependencies

- Alignment with national policy, clinical standards, and commissioning frameworks.
- Dependencies on clinical, analytical, and organisational capacity across participating Health Boards and partner organisations.
- Ongoing work with the Maternal & Neonatal Network, National Programme Board, Maternal & Neonatal Clinical Reference Group.
- Close working relationship with Welsh Government colleagues.
- Dependencies on future funding, investment, and capital decisions required to support implementation of agreed service models.

## Risks & Constraints

- Capacity constraints across commissioning, provider, and clinical teams may limit the pace at which work can be progressed.
- Availability of analytical data.
- Financial and capital constraints may limit the feasibility or pace of implementation of future service configurations.
- Dependencies on partner organisations and external stakeholders may introduce factors outside the direct control of the project
- Delivery of later phases is dependent on formal governance approval and may be subject to wider organisational or system priorities.



# Scoping

## Deliverables

List the main tangible outputs or products that will be produced by this activity (e.g., recommendations report, service specification, review findings, training materials).

- Report with commissioning recommendations for consideration through the NWJCC governance structure - **end Q2**
  - Presentation of findings of Mat/Neo Assessment to QSOC 27/4/2026 - **Q1**
  - Baseline review of current Neonatal commissioning via the JCC - **Q1**
  - Historical review analysis – Finding and recommendations implementation review – by Sept 2026 – **Q2**
  - Decision point to proceed to consider an external commissioned Demand and Capacity review of Neonatal Intensive Care Cot and Neonatal transport requirements in line with extant guidance including:
    - A quantified recommendation on required NICU cot numbers;
    - A clear recommendation on the number of NICU sites required;
    - A commissioner-ready executive summary;
    - A slide deck suitable for NWJCC decision-making. – **Q2**
- Recommendations to the Joint Commissioning Committee to inform 2027/28 IMTP, approval by Health Boards and final recommendations to the JCC. – **Q3**

## Lifecycle Phases & Target Dates

Use this table to show the main phases of your activity, from concept to review. Enter the expected target date for each phase to give a clear overview of when major parts of the work should be completed.

Milestone	Concept	Define and Scope	Design and Plan	Deliver	Close	Review & Learn
April 2026	April 2026	April 2026	May 2026	December 2026	December 2026	January 2027

## Intended Outcomes & Success Measures

Describe what will be achieved and how success will be measured (e.g., recommendations accepted, service improved, targets met, actions implemented).

- To enable the NHS Wales Joint Commissioning Committee to ensure the commissioning of efficient, effective and high-quality neonatal services within the context of the wider system and pathways.
- Consider available information/data and present an analysis to enable a recommendation based on the findings to proceed to an independent Demand and Capacity review of Neonatal Intensive Care Cot Configuration.
- This in turn could potentially identify opportunities to mitigate the financial risk to the NWJCC for Neonatal services.
- Secure a 24hr neonatal transport services for South Wales and align the governance structure for the delivery of the model.



# Scoping

## Governance Roles

List the key roles and individuals responsible for providing strategic oversight, leadership, governance and delivery coordination for this activity. Collectively, these roles will form the core governance and project board structure supporting oversight, decision-making and progression of the work.

Role	Identified Person	Part of Board
CEO Sponsor	Carol Shillabeer	✓
SRO	Carole Bell	✓
Delivery Lead	Amy Lewis	✓
Lay Member	Mandy Rayani	✓
Project Manager	Dave Williams	✓

## Stakeholders

List any individuals or groups already identified as important to involve, consult, or inform for this activity. This helps ensure early engagement and awareness.

Name	Organisation	Role
Carol Shillabeer	BCUHB	CEO Sponsor
Carole Bell	NWJCC	SRO (Chair)
Amy Lewis	NWJCC	Delivery Lead (Head of Commissioning)
Lee Davies	HDUHB	CCLG Representative
Alex Crawford	NWJCC	Senior NWJCC Planning Representative
Helen Munro	NWJCC	Clinical Lead(s) Associate Medical Director
Sandra Tallon	NWJCC	NWJCC Finance Representative
Rep	Welsh Government	TBC