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Committee

Neonatal Services (Intensive Care, High Dependency and Special Care)

Commissioning Policy: CP263

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COMMISSIONING POLICY:
CP263 NEONATAL SERVICES (INTENSIVE CARE, HIGH DEPENDENCY AND SPECIAL
CARE)

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Contents

Statement.....	5
Welsh Language	5
Decarbonisation.....	5
Disclaimer.....	5
1. Introduction.....	7
1.1 Background.....	7
1.2 Aims and Objectives.....	7
1.3 Population Covered	8
1.4 Current Services	8
1.5 Category of Care.....	8
1.6 Relationship with other documents.....	9
2. Service Delivery	12
2.1 Service description.....	12
2.2 Referral Criteria	12
2.3 Acceptance Criteria	13
2.4 Service provider / Designated Centre	13
2.5 Exceptions	15
3. Quality and Patient Safety	16
3.1 Quality Indicators (Standards).....	16
3.2 National Standards.....	17
3.3 Other quality requirements	17
4. Performance Monitoring and Information Requirement	18
4.1 Performance Monitoring	18
4.2 Key Performance Indicators	18
4.3 Date of Review	18
5. Equality Impact and Assessment	19
6. Putting Things Right	20
6.1 Raising a Concern	20
6.2 Individual Patient Funding Request (IPFR).....	20
Annex i Abbreviations and Glossary	21
Appendix A – Exception Report	23

Appendix B – Cot configuration 24

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission Neonatal Services in accordance with the criteria outlined in this specification.

In creating this document NWJCC has reviewed the requirements and standards of care that are expected to deliver this service.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

COMMISSIONING POLICY:
CP263 NEONATAL SERVICES (INTENSIVE CARE, HIGH DEPENDENCY AND SPECIAL
CARE)

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This document has been developed as the Commissioning Policy for the planning and delivery of neonatal services in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit.

Units are a part of hospitals which provide care for babies who are born either prematurely (before 37 weeks' gestation), with a medical or surgical condition which needs treatment, or at a low birthweight.

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering neonatal care.

The objectives of this policy are to:

- ensure babies are born in the right place to access the care that they need immediately after birth
- ensure commissioning of neonatal care is evidence based
- ensure equitable access to Neonatal care
- ensure care is delivered close as possible to patient home where clinically appropriate
- improve babies' chances of survival by supporting optimal outcomes in all aspects of development and minimise the morbidity associated with being born either premature or term and sick.
- provide family-integrated care, a model of neonatal care which promotes a culture of partnership between families and staff; enabling and empowering parents to become confident, knowledgeable and independent primary caregivers promote the uptake and duration of breastfeeding supporting families to make informed decisions about how to feed their baby in line with Welsh Government objectives
- improve quality and continuity of care for neonates by working in partnership with other provider units
- ensure that appropriate arrangements are in place to provide care for the postpartum mother. Mother and baby should be co-located, where possible to facilitate early nutrition, bonding and family integrated care

1.3 Population Covered

Neonatal care is for babies up to the age of 44 weeks corrected gestational age¹ requiring intensive care, high dependency care or special care.

1.4 Current Services

Current Neonatal services provide care for babies up to the age of 44 weeks corrected gestational age and younger that require on-going medical or surgical care within a variety of settings dependent on their clinical condition and needs. Dedicated Neonatal transfer services ensure the safe retrieval and transfers of neonates to an appropriate unit that can deliver the care that they need.

1.5 Category of Care

Intensive Care

Intensive care is the care provided for babies who are the most unwell or unstable and have the greatest needs in relation to staff skills and staff to patient ratios.

The British Association of Perinatal Medicine (BAPM)² definition of Intensive Care as:

- Any day where a baby receives any form of mechanical respiratory support via a tracheal tube
- **BOTH** non-invasive ventilation (nasal CPAP, SIPAP, BIPAP, HHFNC) and Parenteral Nutrition (PN)
- Day of surgery (including laser therapy for ROP)
- Day of death
- Any day receiving any of the following:
 - Presence of an umbilical arterial line
 - Presence of an umbilical venous line
 - Presence of a peripheral arterial line
 - Insulin infusion
 - Presence of a chest drain
 - Exchange transfusion
 - Therapeutic hypothermia
 - Prostaglandin infusion
 - Presence of repleg tube
 - Presence of epidural catheter

¹ [6e69e665-7b75-41c7-b2ee-ed8768122c06 \(vuelio.co.uk\)](https://www.vuelio.co.uk) NHS England Neonatal Critical care service specification currently out for consultation

² [British Association of Perinatal Medicine Categories of Neonatal Care 2011](#)

COMMISSIONING POLICY:
CP263 NEONATAL SERVICES (INTENSIVE CARE, HIGH DEPENDENCY AND SPECIAL CARE)

- Presence of silo for Gastroschisis
- Presence of external ventricular drain
- Dialysis (any type)

High Dependency

High dependency is the care provided to babies who require highly skilled staff, but where the ratio of nurse to patient is less than intensive care.

BAPM definition of High Dependency Care is where a baby does not fulfil the criteria for intensive care, and where any of the following apply:

- Any day where a baby receives any form of non-invasive respiratory support (e.g. nasal CPAP, SIPAP, BIPAP, HHFNC)
- Any day receiving any of the following:
 - parenteral nutrition
 - continuous infusion of drugs (except prostaglandin &/or insulin)
 - presence of a central venous or long line (PICC)
 - presence of a tracheostomy
 - presence of a urethral or suprapubic catheter
 - presence of trans-anastomotic tube following oesophageal atresia repair
 - presence of NP airway/nasal stent
 - observation of seizures / cerebral function monitoring (CFM)
 - barrier nursing
 - ventricular tap
 - Infusion of blood products (red cells, fresh frozen plasma, platelets, cryoprecipitate, intravenous immunoglobulin).

1.6 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
 - [All Wales Neonatal Standards 3rd Edition \(nhs.wales\)](#)
 - [Improving Together for Wales 2023](#)

- **NHS Wales Joint Commissioning Committee policies and service specifications**
 - Neonatal Transport Service Specification (CP190), November 2020 (in development)
 - Neonatal Services (Intensive Care, High Dependency and Special Care) Service Specification (SS263)

- **National Institute of Health and Care Excellence (NICE) guidance**
 - Neonatal Specialist Care, [NICE Quality Standard \(QS4\)](#), October 2010
 - Specialist neonatal respiratory care for babies born preterm, [NICE Guideline \(NG124\)](#), April 2019
 - Preterm labour and birth. [NICE Guideline \(NG25\)](#), June 2022
 - Neonatal infection, [NICE Quality Standard \(QS75\)](#), December 2014
 - Jaundice in new-born babies under 28 days, [NICE Clinical Guideline \(CG98\)](#), October 2016
 - Jaundice in new-born babies under 28 days, [NICE Quality Standard \(QS57\)](#), March 2014
 - Developmental follow-up of children and young people born preterm, [NICE Guideline NG72](#), August 2017
 - [Neonatal parenteral nutrition Nice guideline \(NG154\) February 2020](#)
 - Developmental follow-up of children and young people born preterm, [NICE Quality Standard \(QS169\)](#), May 2018

- **Relevant NHS England policies**
 - [Neonatal Critical Care \(Intensive Care, HDU and Special Care\), E08/S/a, 2015](#)
 - [Specialised Services Quality Dashboard \(SSQD\): Neonatal Critical Care \(Intensive Care, HDU and Special Care\), E08/S/a, 2022/23](#)
 - [NHS England and NHS Improvement, Implementing the Recommendations of the Neonatal Critical Care Transformation Review, January 2020](#)
 - [NHS Improvement on behalf of the National Quality Board \(NQB\), Safe, sustainable and productive staffing: An improvement resource for neonatal care, June 2018](#)

- **Other published documents**
 - [Service and Quality Standards for Provision of Neonatal Care in the UK | British Association of Perinatal Medicine \(bapm.org\)](#)
 - <https://www.bapm.org/resources/157-calculating-unit-cot-numbers-and-nurse-staffing-establishment-and-determining-cot-capacity>

COMMISSIONING POLICY:

CP263 NEONATAL SERVICES (INTENSIVE CARE, HIGH DEPENDENCY AND SPECIAL CARE)

- [The British Association of Perinatal Medicine, Optimal arrangements for Local Neonatal Units and Special Care Units in the UK including guidance on their staffing: a framework for practice, November 2018](#)
- [The British Association of Perinatal Medicine, Neonatal Service Quality Indicators: Standards relating to Structures and Processes supporting Quality and Patient Safety in Neonatal Services, June 2017](#)
- [GIRFT Programme National Specialty Report: Neonatology, April 2022](#)
- [GIRFT Programme National Specialty Report: Neonatology – Workforce, April 2022](#)
- [Royal College of Midwives and Royal College of Obstetricians and Gynaecologists Review of Maternity Services at Cwm Taf Health Board, January 2019](#)
- [Bliss Baby Charter: Helping to make family-centred care a reality on your neonatal unit 2020](#)
- [Royal College of Obstetricians and Gynaecologists \(RCOG\) in partnership with the Royal College of Midwives \(RCM\), the Royal College of Paediatrics and Child Health \(RCPCH\) and the London School of Hygiene and Tropical Medicine \(LSHTM\), National Maternity and Perinatal Audit: Organisational report 2017](#)
- [The BAPM Service and Quality Standards for provision of neonatal care in the UK, November 2022](#)
- [Home - Family Integrated Care Website link](#)
- [Perinatal Management of Extreme Preterm Birth Before 27 weeks of Gestation \(2019\) | British Association of Perinatal Medicine \(bapm.org\)](#)
- [UNICEF UK Baby Friendly Initiative - Guide to the Neonatal Standards](#)

2. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the service of Neonatal care for neonates up to the age of 44 weeks corrected gestation, in line with the criteria identified in this policy.

2.1 Service description

There are currently three Neonatal Intensive Care units (one of which provides neonatal surgery) and three Special Care Units in South Wales and two Special Care Units and one sub-regional Neonatal Intensive Care Centre (SurNICC) in North Wales.

NWJCC also commissions Neonatal activity from across NHS England. Babies accessing care in NHS England will access care from Neonatal Intensive Care Units, Local Neonatal Units and Special Care Units.

A full description of the provision of each unit are defined within the Neonatal Service Specification (SS263).

2.2 Referral Criteria

Neonatal services should accept referrals from:

- Obstetric, maternity or Fetal medicine services. Within the antenatal period, high risk mothers or mothers with high risk babies will generally be under the care of an obstetrician and delivery planned to take place within a provider with the required designation of neonatal unit.
- Other providers of neonatal services within defined regional pathways. Pathways should clearly articulate the designation of unit required and referrals managed across these designations. When the baby's condition has stabilised, ongoing care will be undertaken at a designated provider closer to the family's home.

Referrals should meet one of the following criteria:

- From co-located maternity services in discussion with relevant medical staff.
- Within the network as per approved in utero transfer pathways and in discussion with parents and relevant multi-professional senior staff (to include direct consultant-to-consultant dialogue when required)
- Within referral thresholds as per approved network policies and following discussion with parents and multi-professional senior staff, including consultant-to-consultant dialogue when required.
- From other Neonatal Units (NNU) for referrals to specialist care (e.g. surgery) or diagnostic procedures and following discussion with parents and multi-professional senior staff, including consultant-to-consultant dialogue when required.

COMMISSIONING POLICY: CP263 NEONATAL SERVICES (INTENSIVE CARE, HIGH DEPENDENCY AND SPECIAL CARE)

- From outside the network when capacity allows following discussion with the transport service and following discussion with parents and multi-professional senior staff, including consultant-to-consultant dialogue when required.
- From other units which are closed due to capacity or staffing constraints or infection outbreaks and following discussion with parents and multi-professional senior staff, including consultant-to-consultant dialogue when required.
- The care, prioritisation and urgency of any transfer required should be based upon the individual needs of the baby, network policies / guidelines.
- Referrals will be accepted by the neonatal unit based on the baby's need and in accordance with referral criteria and the designation of the individual unit.
- Transfers should be discussed with the transport service and should follow the criteria as set out in the neonatal transfer service specification.

2.3 Acceptance Criteria

The commissioning criteria outlined in this policy are for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patient's resident in England who are registered with a GP Practice in Wales.

The service will accept inward referrals from obstetric, maternity or Fetal medicine services. Within the antenatal period, high risk mothers or mothers with babies at high risk will generally be under the care of an obstetrician. When the baby's condition has stabilised, ongoing care will be effectively undertaken at a designated provider closer to the family's home.

2.4 Service provider / Designated Centre

The commissioned number of cots at each unit is noted in Appendix B

Neonatal Surgical Intensive Care Units

Children's Hospital for Wales
Heath Park
Gabalfa
Cardiff
CF14 4XW

Alder Hey Children's Hospital
Eaton
Liverpool
L12 2AP

Neonatal Intensive Care Units

The Grange University Hospital
Caerleon Road
Llanfrechfa
Cwmbran
NP44 8YN

Singleton Hospital
Sketty Lane
Swansea
SA2 8QA

SurNICC

Glan Clwyd Hospital
Rhuddlan Road
Rhyl
LL18 5UJ

Special Care Baby Units

Ysbyty Wrexham Maelor
Croesnewydd Road
Wrexham
LL13 7TD

Ysbyty Gwynedd
Penrhos Road
Bangor
LL57 2PW

Glangwili Hospital
Dolgwilli Road
Carmarthen
SA31 2AF

Princess of Wales
Coity Road
Bridgend
CF31 1RQ

Prince Charles
Gurnos Road
Merthyr Tydfil
CF47 9DT

2.5 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults. This should include communication and information in accessible formats, Welsh language and other language/translation support.

3.1 Quality Indicators (Standards)

Locally defined outcomes

The Neonatal service should aim to deliver the following:

- Babies are delivered at a unit appropriate for the care of the mother and the baby.
- Babies are cared for at the appropriate type of unit for their needs.
- Mothers and babies remain in the same hospital for their care when clinically safe to do so.
- Neonatal units are staffed and skilled to the appropriate levels to optimise care of their babies in line with National Standards.
- Families report positive experiences in neonatal services.
- Parents report partnership in care.
- Parents and babies are supported on discharge.
- Robust data are collected and collated to inform the commissioning process.

Provider outcomes

The provider must report to NWJCC:

- All National Reportable Incidents (NRI'S)
- Complaints
- Themes and trends from NRI's, complaints and DATIX reports
- Workforce numbers across all professional groups that impacts on the service's ability to deliver commissioned activity levels
- Admission refusals (Exception report Appendix A)
- Repatriation delays
- Capacity Transfers due to lack of cots in regional centres
- Commissioning related Datix submissions
- Quality Improvement initiatives

- PREMS/PROMS
- Staff well-being and support

3.2 National Standards

The provider must comply with the submission of data to all relevant National Registries. NWJCC will work with the Maternity and Neonatal Network in the assessment of outcomes.

- [BAPM Neonatal Service Quality Indicators](#)
- [Toolkit for High-Quality Neonatal Services](#)
- [British Association of Perinatal Medicine Service and Quality Standards](#)
- [All Wales Neonatal Standards 3rd Edition](#)
- [NICE Quality Standards](#)

3.3 Other quality requirements

- The provider will have a recognised system to demonstrate service quality and standards.
- The service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- The quality system and its treatment protocols will be subject to regular clinical and management audit.
- The provider is required to undertake regular patient/staff surveys and other methods of collating feedback and develop and implement an action plan based on findings. All communication with family's needs to be in an accessible format.

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs. This should also include timeliness of referring/accepting repatriation to local units.

4.3 Date of Review

This document is scheduled for review before 2027, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

6.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

Annex i Abbreviations and Glossary

Abbreviations

AFC	Agenda for Change
AWMSG	All Wales Medicines Strategy Group
BAPM	British Association of Perinatal Medicine
BIPAP	Bi-level Positive Airway Pressure
CFM	Cerebral Function Monitoring
CPAP	Continuous Positive Airway Pressure
EQIA	Equality Impact Assessment
GIRFT	Getting It Right First Time
GP	General Practice
HHFNC	Humidified High-Flow Nasal Cannula
IPFR	Individual Patient Funding Request
NHS	National Health Service
NICE	National Institute of Health Care Excellence
NNU	Neonatal Unit
NRI	National Reportable Incident
NWJCC	NHS Wales Joint Commissioning Committee
PICC	Peripherally Inserted Central Catheter
PN	Parenteral Nutrition
PREM	Patient Reported Experience Measure
PROM	Patient reported outcome measure
RCOG	Royal College of Obstetricians & Gynaecologists
RCPCH	Royal College of Paediatrics & Child Health
ROP	Retinopathy of Prematurity
SCU/SCBU	Special Care Unit Special Care Baby Unit
SiPaP	Synchronized inspiratory positive airway pressure
SurNICC	Sub-Regional Neonatal Intensive Care Centre

Glossary

Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Appendix A – Exception Report

Neonatal referral refusal document

Date	
Time	

Unit Occupancy

Number of Neonatal nursing staff on shift	
Number of IC beds occupied	
Number of HDU beds occupied	
Number of SC beds occupied	

Referral Detail

Referring Hospital	
Patients Health Board	

Referral Reason

Uplift/Emergency Transfer	
Repatriation	
In utero transfer	
delay in delivery of baby that would require neonatal admission	
capacity transfers OUT of a unit	

Outcome

Stayed at local hospital	
Transported by CHANTS to another unit	
Destination Unit	

All exception reports to be submitted to NWJCC on the 10th of every month (to cover the refusal data from the previous month) via email to nwjccinformation@wales.nhs.uk

Appendix B – Cot configuration

The table below notes the number of cots available at each unit across the South and South East of Wales

Unit:	NICU	HDU	SCBU
Aneurin Bevan UHB (Grange University Hospital)	6.00	9.00	17.00
Cardiff & Vale UHB (Children’s Hospital for Wales)	11.00	12.00	14.00
Cwm Taf Morgannwg UHB (PCH)	0.54	3.00	9.00
Cwm Taf Morgannwg UHB (POW)	0.25	2.00	7.00
Hywel Dda UHB (Glangwili)	0.09	3.00	7.00
Swansea Bay UHB (Singleton)	6.00	9.00	9.00

The table below notes the number of cots available across North Wales (Betsi Cadwaladr UHB)

Unit:	NICU	HDU	SCBU
Ysbyty Glan Clwyd Hospital	5	5	9
Ysbyty Gwynedd Hospital	1	2	7
Wrexham Maelor Hospital	1	2	9