Bliss Baby Report 2008
Neonatal care in England

Bliss
for babies born too soon, too small, too sick

Background

Approximately 68,000 babies were admitted to neonatal care in England in 2007. Around 19,500 were admitted for intensive care. This is equal to one baby being admitted to intensive care in England every half an hour. This briefing reviews some of the main developments in neonatal care in England in 2007 and 2008, as well as the results of a Bliss survey of all hospitals that care for vulnerable babies.

NHS Taskforce

In December 2007, the National Audit Office (NAO) released a report entitled Caring for Vulnerable Babies: The reorganisation of neonatal care in England. This report identified that £25 million of the £72 million of the money that was supposed to have been spent on the improvement of neonatal care was unaccounted for. It also found that there was no strategic planning in place to manage the increasing demand for neonatal services.[1]

In February 2008, the Public Accounts Committee (PAC) met to discuss the NAO's report. During the meeting, the NHS Chief Executive David Nicholson announced the creation of an NHS Neonatal Taskforce to resolve the issues that had been identified. The Taskforce would not create new policy because, Mr Nicholson said, 'we know what needs to be done; the issue is just getting it done'.

Four months later, the PAC published their report on the topic and recommended that 'the Department [of Health] should set the Taskforce clear objectives and associated milestones to ensure delivery of the objectives by the end of 2008–09'.

Bliss is pleased to be working with the NHS Taskforce to ensure that their work continues to focus on the needs of babies and their families.

NHS operating framework

For the first time, neonatal care was written into the NHS 2008/09 Operating Framework. Maternity services are listed as one of the four areas in which Primary Care Trusts (PCTs) need to take particular action. It tasks PCTs with ensuring "that sufficient numbers of maternity staff and neo-natal teams are in place to meet local needs".

Healthcare Commission maternity services review

In July 2008, the Healthcare Commission reported that over a six-month period 56 per cent of neonatal units closed to new admissions for one or more days because of insufficient staff and all cots being full. More worryingly, the average vacancy rate for neonatal units was double that of maternity units, and in London it was as high as 13 per cent.[2]

Bliss 2008 survey of units across England

In spring 2008, Bliss sent a Freedom of Information request to every neonatal unit in the UK. In England, 159 units responded to our survey out of a total 176 (90 per cent).[3] The results give a comprehensive picture of the care provided for sick and premature babies.

Staffing

One hundred and fifty three units gave us information on the number of nurses they employed. Between 2006 and 2007 this figure increased by 129, an increase of three per cent. One hundred and thirty six units told us about the number of babies they admitted and the care they needed as well as about their nursing staff. Over the same period, the amount of care being provided increased by one per cent. For these units it is possible to estimate to what extent they had enough nursing staff to provide the care the babies needed under the BAPM minimum standards. The table below sets out the results. All staffing figures relate to whole time equivalents.[4]

	Total number of nurses		**Total number of consultants**		**Number of units meeting BAPM standards for the babies they admitted**		**Shortage of nurses in units not meeting BAPM standards**	
	2006	2007	2006	2007	2006	2007	2006	2007
Level 1 (28 units)	380	396	38	38	4	4	204	192
Level 2 (67 units)	1,442	1,454	114	129	12	11	641	624
Level 3 (41 units)	2,237	2,329	177	185	9	12	482	399
Total (136 units)	4,059	4,179	329	352	25	27	1,327	1,215

To receive the minimum nursing standards that experts say they require, the babies admitted to the hospitals not meeting the BAPM standards needed an extra 1,215 nurses. In 2007, only 12 out of 41 level 3 units (less than a third) had enough nurses to provide the care that their patients needed. This demonstrates that it is possible to meet the minimum standards. What's more, there has been improvement from 2006 to 2007 but there is clearly a long way to go.

In England, 149 out of 176 units (85 per cent) gave us information on the number of neonatal consultants they employed. Between 2006 and 2007, the number of consultants in these units increased by 25, an increase of seven per cent.

Transfers

Between 1 April and 1 September 2007, over half of units in England had an average occupancy above the 70 per cent level recommended by experts.[5] Units told us that, during this period, 407 babies had to be transferred from one hospital to another due to a lack of capacity. Of the babies who were transferred from one hospital to another, 35 per cent of them went outside their local neonatal network area.

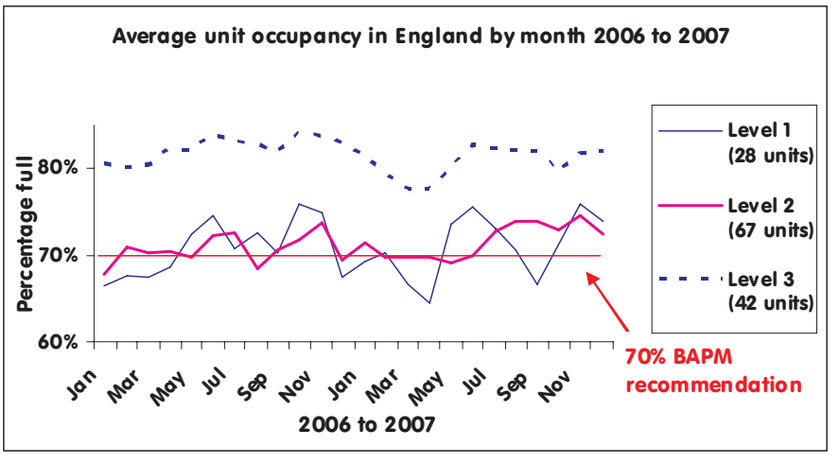
Over a quarter of all transfers in England were to London hospitals. In London, the percentage of babies who went beyond their local network boundary was 49 per cent. This may partly reflect the way in which the five London networks work together in an overarching structure, and also the medical expertise concentrated in the capital. However, it is also clear that understaffing leads to babies being transferred inappropriately.

The NAO's report found that only half of England's neonatal networks provided specialist neonatal transport 24 hours a day,[6] and NHS Chief Executive David Nicholson pledged at the PAC meeting that the NHS would "pursue each of [the remaining networks] to make sure that next year we can get 24/7 transport across the whole country".[7]

Occupancy

Between 1 April and 1 September 2007, 55 per cent of units were forced to close to new admissions at some point. These units have to refer babies on to other units with spare staffed cots. On average, units had to do this for a total of 16 days (equal to 39 days a year), and five per cent of units said they had to close for a total of three months or more (equal to nine and half months a year).

The chart below shows the average neonatal unit occupancy across England from January 2006 to December 2007. Level 3 units clearly operate at a higher level of occupancy. At no point does the average occupancy of level 3 units meet the 70 per cent level that is recommended by experts. Level 1 and 2 units, although closer to the recommended occupancy, are gradually getting busier.



Conclusion

Neonatal care has never received as much attention from the Government and media as it has in the past year. The National Audit Office, the Public Accounts Committee, the Healthcare Commission and the NHS have all made public statements about what needs to be achieved in neonatal care in England. Current problems have been allowed to continue for far too long. The responsibility now lies with the Department of Health, Primary Care Trusts and Strategic Health Authorities. These bodies must work together and commit to a long term strategy to bring neonatal care services not just up to the minimum standard, but to the best possible standard. Babies, families and the doctors and nurses that care for them deserve nothing less.

Recommendations

- Neonatal care must be commissioned in complete compliance with BAPM 2001 standards. Babies are entitled to the same level of nursing care as adults and children in intensive care. Anything less than one to one nursing for babies in intensive care is unacceptable.
- Primary Care Trusts must draw up action plans to tackle the drastic shortage of neonatal nurses.
- Strategic Health authorities must ensure that Primary Care Trusts have the resources necessary to implement these action plans and they must set them objectives to ensure that progress is made.
- Neonatal care must be seen as an integrated part of maternity services. Increasing the number of midwives, neonatal nurses and community neonatal nurses must be part of a long-term strategic plan to improve care for mothers and babies.
- Round-the-clock access to dedicated neonatal transport services should be available to all units in England by the end of 2009, as outlined by David Nicholson at the meeting of the PAC in February 2008.
- The Department of Health, Primary Care Trusts and Strategic Health Authorities need to fully support the work and implement the recommendations of the NHS neonatal taskforce.

Neonatal care and the NHS Next Stage Review

The major review of the NHS, led by the Parliamentary Under-Secretary of State Lord Ara Darzi in 2008, saw all the Strategic Health Authorities (SHAs) in England conduct a review of services in their region. Here, we summarise SHAs' stated commitments to improving neonatal care.

Both the **NHS West Midlands** and **NHS Yorkshire and Humber** SHAs make neonatal care one of their top priorities, with detailed sections on the need to improve services and bring them up to accepted standards. **NHS East Midlands** and **NHS East of England** place a similarly high emphasis on specialist neonatal care. East Midlands recognises the importance of perinatal networks, skilled and experienced staffing and transport services while East of England emphasises that specialist services such as neonatal care are not organised well enough to deliver the best. The report says that "by failing to do this we are contributing to unnecessary deaths". All four of these SHAs stress the importance of linking neonatal care more effectively with mainstream maternity services.

The **NHS London, NHS North East** and **NHS South Central** reviews all acknowledge the importance of neonatal care. North East recognise that there is no formal network in their area but have plans to introduce one, while South Central mention the importance of neonatal community outreach teams. The London review was conducted prior to the NHS Next Stage Review and in 2007 the five perinatal networks were formally linked in a pan-London management structure. There is now a dedicated transfer service that covers the London region as well Kent, Surrey and Sussex.

The **NHS North West, NHS South East Coast** and **NHS South West** SHAs make no or only brief reference to neonatal care. The North West report references the 'Making it better' review, which was finalised in 2007 and consists of a plan to reorganise neonatal services in Greater Manchester into 'three centres of excellence'.

A more detailed summary of SHAs' commitments to neonatal care is available from the Bliss website at **www.bliss.org.uk**

References

1 National Audit Office, *Caring for Vulnerable Babies: The reorganisation of neonatal services in England* (2007).
2 Healthcare Commission *Towards better births: A review of maternity services in England* (2008).
3 The neonatal units on the Isle of Man, Jersey and Guernsey and neonatal surgical units are not included in this survey. Two units declined to provide information.
4 This is a unit of measure that is equal to one filled, full time salaried position.
5 Standards for hospitals providing neonatal intensive and high dependency care (Second edition) British Association of Perinatal Medicine (2001) and Neonatal Networks in London: Proposals by the Neonatal Intensive Care Steering Group on behalf of the London RSCG (2003).
6 National Audit Office (2007).
7 House of Commons Committee of Public Accounts, *Caring for Vulnerable Babies: The reorganisation of neonatal services in England* (2008).

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