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Bliss Baby Report 2008
Neonatal care in Northern Ireland

Introduction

Care services for sick and premature babies in Northern Ireland are provided by seven neonatal units. These units are broken down into three levels consisting of Intensive Care, High Dependency and Special Care. More information on these levels is provided in the main UK report, *Baby steps to better care*, which accompanies this briefing.

In 2005, a working group, commissioned by the Chief Medical Officer, assessed the provision of services across Northern Ireland. The report included a number of recommendations to improve services. As a result, £800,000 was allocated to improving both paediatric and neonatal intensive care services in 2007/08. In particular this money was allocated to increasing intensive care capacity and introducing a dedicated transport service.

Recent independent data from the Royal Maternity Hospital provides clear evidence that this extra capacity is badly needed.[1] An audit showed that because of improved survival, 2.5 extra staffed cots were needed in each of the last three years compared to in 2001/02.

A unit's ability to care for babies is mainly limited by their number of appropriately trained nurses and doctors. A report conducted in 2007 drew attention to a worrying characteristic of the neonatal workforce in Northern Ireland.[2] It said that the "age profile of existing neonatal staff suggests that there will be a staff crisis in the next 5-10 years."

Families and babies often need help making the transition from the hospital to the home. This ongoing support is provided by TinyLife, the dedicated Northern Ireland premature baby charity. TinyLife Support Officers ensure parents receive the essential emotional support needed at this very stressful time.

This briefing sets out the challenges that face Health Boards and the Department of Health, Social Services and Public Safety as they seek to improve care services for sick and premature babies.

Bliss survey of neonatal units in Northern Ireland

In spring 2008, Bliss sent a Freedom of Information request to every neonatal unit in the UK. The data returned to us provides a comprehensive picture of the care provided for sick and premature babies. All seven units in Northern Ireland responded to our survey.

Approximately 2,000 babies were admitted to neonatal care in Northern Ireland in 2007. This is around five babies every day. Around 500 babies needed life-saving intensive care.

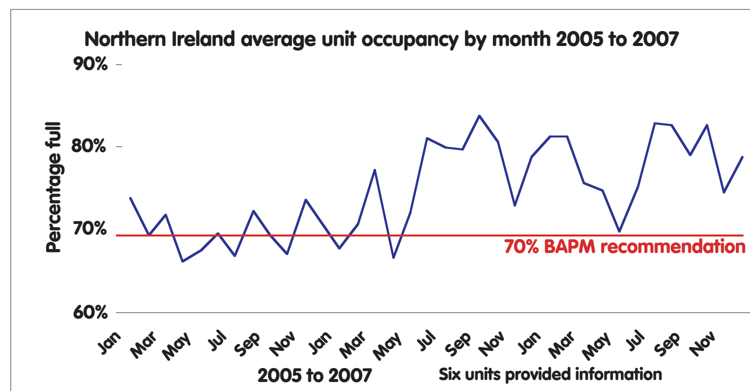
Staffing

The number of specialist neonatal nurses has increased from 156 in 2006 to 168 in 2007.[3] At the same time the number of consultant neonatologists increased from eight to eleven. This is an encouraging sign that improvements can be made. However, none of the units in Northern Ireland said they had enough nursing staff to provide the care that the babies they admitted in 2007 needed. To receive the minimum nursing standards that experts say they require, the babies admitted in 2007 needed another 70 nurses.[4]

What's more, experts maintain that this is an underestimate of the number of nurses a unit actually needs.[5] This is because nurses need time away from their clinical duties to study new techniques and update their knowledge. It is also because certain nurses will have a specific responsibility such as helping mothers to breastfeed or looking after the training of other nurses. These nurses will be included in the unit's total number of nursing staff but they will not necessarily be available to provide 'hands on' care to babies.

Occupancy

In the five months between April and September 2007, five of the seven units in Northern Ireland had an average occupancy above the recommended 70 per cent. The chart overleaf clearly demonstrates that units in Northern Ireland are becoming increasingly busy. Based on information from six units, the average occupancy was 70 per cent in 2005, 76 per cent in 2006 and 78 per cent in 2007. These figures, averaged across all levels of care, mask the fact that several units frequently exceed 90 or even 100 per cent occupancy.



The shortage of neonatal nurses combined with the high levels of activity means that many units in Northern Ireland are overstretched. If a unit becomes full, staff will always provide emergency care to any new baby that needs it. However, this means they may have to find an appropriately staffed cot in another unit to move the baby to.

In the five months between April and September 2007, 65 babies (37 per cent of all transfers) had to be transferred from one hospital to another due to a lack of capacity. This equates to around 150 babies a year. Thirty eight per cent of these babies were transferred outside their local area.

Conclusion

While there are encouraging signs that the shortage of neonatal nurses can be tackled, there is, however, a very long way to go. Health Boards need to commit to a long-term recruitment and training strategy that takes into account the rising birth rate and increasing demand for neonatal care.

This demand is evident as the average occupancy has risen steadily above the recommended level from 2005 to 2007. This results in babies being transferred because of a lack of available cots.

Recommendations

- Neonatal care must be provided 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.
- Health Boards and commissioners must commit to a long-term recruitment and training strategy for the whole neonatal workforce to achieve full BAPM compliance by 2015 at the latest. Changes in the birth rate, the demand for neonatal care and retirement of the existing workforce must be factored into this strategy.
- 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.
- Each unit should provide a support pack for families of babies who need to be transferred. The pack should include information about the unit and local area that they are going to and help them to access financial support to cope with the additional burden that they face.
- The work of voluntary organisations such as TinyLife and Bliss must be recognised as playing a part of joined up services aiming to meet the longer-term medical and social needs of babies and families. These services should be properly resourced to deliver this much needed care.

References

1 Sehyeon Kim, David Sweet, and Colette Fisher, *Survival Trends and Cot Usage in Babies 23-26 weeks gestation in the Neonatal Intensive Care Unit*, Royal Maternity Hospital 2000-2008.
2 Hallsworth et al, *The Provision of Neonatal Services: Data for International Comparisons*, RAND Europe (2007).
3 All staffing figures relate to whole time equivalents.
4 According to *Standards for hospitals providing neonatal intensive and high dependency care (Second edition)* British Association of Perinatal Medicine (BAPM), December 2001. Please see main report for details.
5 *Neonatal Intensive Care Review – Strategy for Improvement*, Department of Health (England) (2003).

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