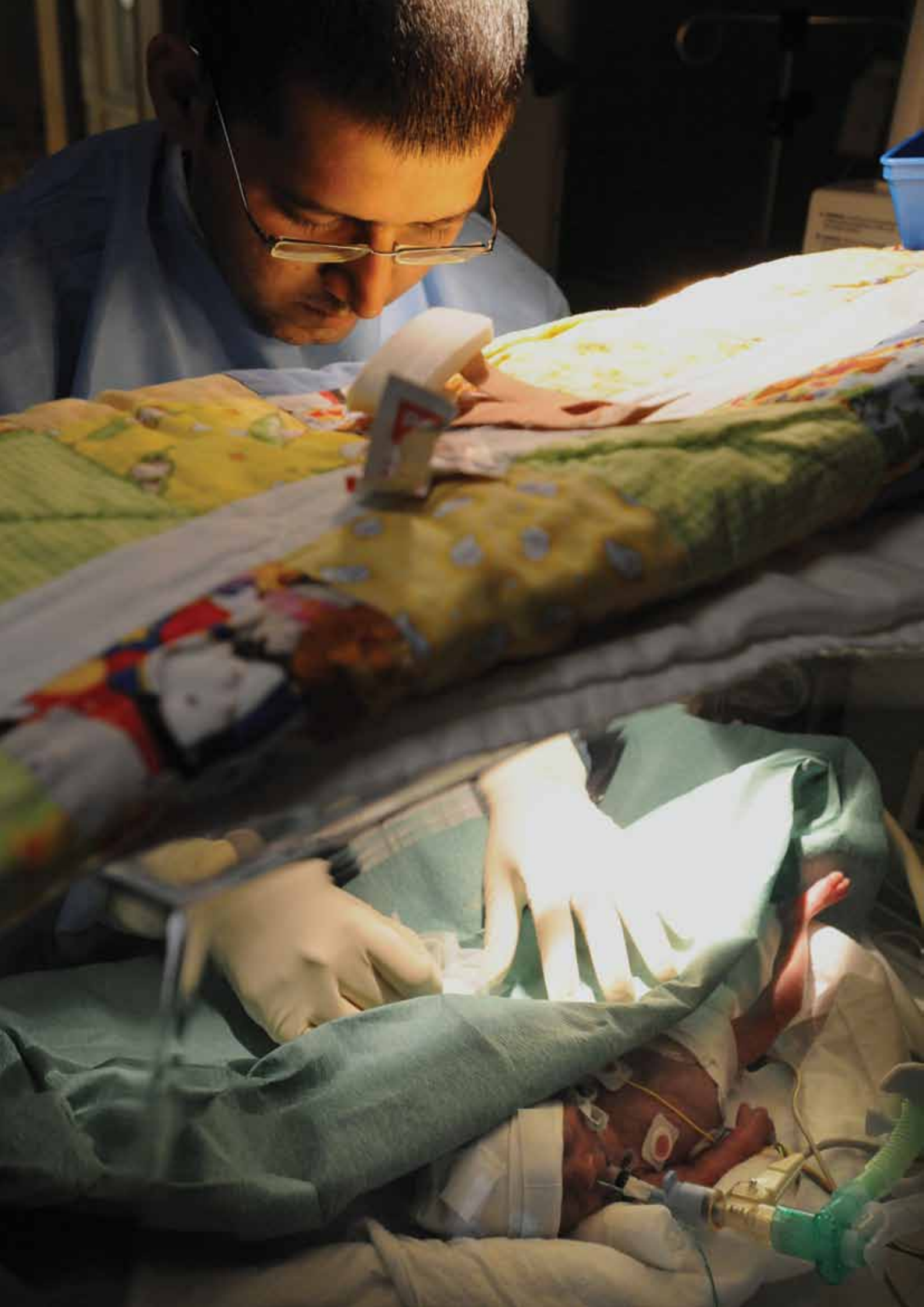
Still a long way to go

Bliss Baby Report and Manifesto: Wales 2010

Bliss

for babies born too soon, too small, too sick



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IT'S
A BOY!

Introduction

Approximately 4,000 babies are admitted to neonatal care in Wales every year[i]. This is equal to one in nine of all babies born in Wales[ii].

Neonatal care in Wales is provided in 12 established neonatal units with a further hospital providing short term neonatal care until a transfer can be organised to take the baby to another unit.

In 2008 the Welsh Assembly Government published the *All Wales Neonatal Standards*[iii], setting out how services for babies born premature and sick should be organised and delivered. Included in this document was a set of minimum standards on staffing levels in neonatal services.

Also in 2008 Edwina Hart AM, the Minister for Health and Social Services, announced a recurring additional investment of £2 million per year into neonatal services to fund the establishment of a 12 hour dedicated transport service, a managed clinical network to coordinate care throughout the different neonatal units in Wales and an improved clinical information system.

Categories of care

Neonatal care includes three categories of care. These are:

- **Special care** – the least intensive level of care and most common. This includes care such as monitoring of a baby's breathing and heart rate, provision of ultra violet light for jaundice, being fed by tube or supplied with extra oxygen.
- **High dependency care** – this level of care is for babies weighing less than 1,000g, or who are receiving help with breathing via continuous positive airway pressure or intravenous feeding but who do not require intensive care.
- **Intensive care** – highly specialised care for the most seriously ill babies who will often be on a ventilator or need constant care to keep them alive.

Levels of neonatal units

These three categories of care are delivered across three levels of neonatal units in Wales. These levels are:

- **Level 1 units** – provide special care but do not aim to provide any continuing high dependency care to babies.
- **Level 2 units** – provide high dependency care and some short term intensive care to babies, subject to local agreement.
- **Level 3 units** – provide special care, high dependency and intensive care.

While the British Association of Perinatal Medicine (BAPM) have recently recommended that neonatal unit levels should be redefined to reflect the fact that all unit levels provide a range of categories of care, at least for short periods[iv], services in Wales have not yet been reclassified.

In July 2010 Bliss sent a survey to all 12 neonatal units in Wales. We received responses from nine units, an overall response rate of 75 per cent. The findings of this report are based on the units' responses.

This report looks at how services are performing in relation to the *All Wales Neonatal Standards*, setting out where further improvements are needed in the care of babies born premature and sick. The report also sets out a number of recommendations for the NHS, Welsh Assembly Government and all of the main political parties in Wales ahead of the May 2011 elections.

Pressures facing neonatal services in Wales

Nursing levels

Bliss has been reporting for a number of years that neonatal services in Wales face a severe shortage of nurses to provide care for babies born premature or sick. The All Wales Neonatal Standards published in 2008 outline the staffing levels needed for babies to get the care they need.

Staffing of neonatal services

- A nursing ratio of 1:1 is provided for babies requiring neonatal intensive care. The named nurse has a post-registration certificate in neonatal intensive care.
- A nursing ratio of 1:2 is provided for babies requiring high dependency care. The named nurse has training in neonatal care.
- A nursing ratio of 1:4 is provided for babies requiring special care.

All Wales Neonatal Standards, Welsh Assembly Government (2008)

However, the findings from our survey show that two years on from the publication of these standards, in four of the six units that provided nursing and occupancy data the number of funded nurse posts is set at a level that is insufficient for them to be able to meet the standards. Agency nurses are being relied upon to fill some of these gaps, however, even when this short term solution is taken into account, three of the six units that responded still do not have enough nurses to meet the staffing standards.

"Due to long term sickness, the lack of bank staff and job vacancy restrictions we are frequently struggling to cover the unit with the minimum (required number) of qualified nurses. The workload often means staffing ratios fall below the minimum standard recommended by BAPM." (Sister)

Unit closures

Because of the pressures facing neonatal services, many units are having to close their doors to new babies born needing extra care. Eight out of the nine units that responded to our survey told us that they were closed to new babies born in their hospital for a total of 440 days in 2009, and closed to babies born in other hospitals for 890 days in 2009. Scaled up to all 12 neonatal units, we estimate that units were closed for 580 days to babies born within their own hospital grounds, and for 1300 days to babies born elsewhere.

Occupancy levels

There is evidence that babies' health outcomes are better when neonatal units have average occupancy levels of not more than 80 per cent[v]: that is if a unit has ten staffed cots, on average only eight of the cots should be filled. This additional capacity provides a safety net to ensure that if there are of sudden peaks in the number of babies admitted to a unit, all babies will get the care and attention they need.

Our survey showed that four out of the seven units that responded to this question were running at over 80 per cent occupancy on average over the whole year. This shows that services are constantly stretching themselves to meet demand. More staff are urgently needed to ensure that babies get the care they need and deserve.

Access to therapy services

Recently published clinical standards by BAPM set out that babies looked after in neonatal care should have access to a wide range of other health professionals known as allied health professionals, in addition to nurses and doctors, to provide services such as physiotherapy, specialist feeding and nutritional support.[vi]

We asked units if they had provided any access to a range of allied health professionals in the month of June 2010, to establish a snap shot of babies' access to these services at a recent point in time.

Access to assess babies' daily activities to help detect any developmental issues was minimal: only one unit reported that babies had access in the month of June.

Only three out of nine units said babies had access to speech and language therapy, to assess and provide specialist care for babies with feeding and swallowing problems. Two of the three units that did provide this therapy, said babies only had access for one hour per month.

Babies only had access to physiotherapy to help with movement and posture in four of the nine units. However specialist nutritional support was available in five out of six units.

"(There is a) severe shortfall in therapy support in our unit." (Consultant)

Emotional and practical support for families

Over the month of June 2010, only three out of nine units reported that parents had access to counselling. In one of these three units, access was only for one hour for the entire month.

Each of the nine units told us that they have some overnight accommodation either on the unit or within hospital grounds to enable parents to be close to their babies when they are critically ill. However on average only 3.5 rooms are available per unit, meaning that most parents will not be able to stay with their babies.

Some welcome developments, still much to do

Neonatal network and transport service

As mentioned previously in this report, in 2008 the Welsh Assembly Government released an additional £2 million per year for neonatal services. This investment was to fund:

- a 12 hour dedicated neonatal transport service to ensure babies can be safely transferred to a unit providing the level of care that they need
- the development and running of a managed clinical network to coordinate neonatal care throughout Wales
- an improved clinical information system to capture data on the care provided and babies' outcomes so that any areas for improvement can be identified.

In recent months some real progress has been made with getting these new services into place. A Clinical Lead and Network Manager have been appointed to the neonatal network and have started to gather information on the issues facing services in Wales. The data system is due to be fully up and running by the start of January.

The transport service is also getting ready to start operating in early January 2011 and specialist nurses and doctors have now been appointed to care for babies being transferred between units. This will help to ease some of the pressures on units as, during the operating hours of the transport service, ward staff will no longer have to accompany babies being transferred.

Remaining concerns

Despite these welcome developments, there are still many challenges facing services for premature and sick babies in Wales. The additional investment, while much needed, will not solve the critical shortage of trained neonatal nurses.

We are concerned that while the £2 million investment is being directed into the service developments mentioned above, Health Boards may cut money from these services, for example by freezing nurse posts when they retire or change jobs. Bliss wants Health Boards to account for how much they are spending on services for vulnerable babies.

A 2005 review[vii] estimated the full cost of delivering all of the improvements needed to neonatal care in Wales to be £10.4 million. With the steep rise in birth rates since this review, this figure is likely to be an underestimation of the current cost.

While the number one priority for further investment in neonatal services in Wales must be addressing the staffing shortages on the units, it is important that the new transport service is monitored to ensure that babies born in the middle of the night are not receiving sub standard care, as 24 hour neonatal transport is the agreed standard in Scotland and England.

Conclusions

Services for babies born to soon, too small and too sick in Wales are being stretched to breaking point. While some much needed improvements are about to start making a difference to the care that these fragile babies receive, there is much more to do.

The 2005 review of neonatal services in Wales stated that currently "the service has been sustained based on the goodwill of staff".[viii] Our survey has found that this still applies to services today.

Recommendations

We recommend

- **As a minimum, the Welsh Assembly Government and all political parties commit to continue the additional investment of £2 million per year into the transport service for premature and sick babies, the neonatal network and data system ahead of the elections in May 2011.**
- **The Welsh Assembly Government and all political parties set out how they will provide better support for families of babies admitted to neonatal care including improvements in access to counselling as well as accommodation and facilities for parents.**
- **The Welsh Assembly Government and all political parties commit to review the effectiveness of the 12-hour transport service in January 2013, when it has been up and running for two years. The review should focus on whether the service is able to meet demand and babies' and families' needs. It should look at whether a 24-hour transport service would better meet patients' needs.**
- **Health Boards set out comprehensive plans about how they will implement the *All Wales Neonatal Standards*, in particular the standards on staffing levels.**
- **Health Boards account for how much funding they provide to neonatal services and ensure that front line services for vulnerable babies are not subject to NHS cuts.**

Methodology

In July 2010, Bliss sent a survey to all 12 neonatal units in Wales. We received responses from nine units: a response rate of 75 per cent. Four of the nine responses were from Level 3 units, four were Level 2 units, and one was a Level 1 unit.

We asked 21 questions about the units' facilities, designation, staffing and occupancy, with a further two sections where respondents could add comments. Some questions related to the current staffing of the unit at the time of completing the survey, others referred to data for 2009. Further questions were focussed on a particular month/week to get a snap shot of how services across the country are working at one time.

To calculate the number of nurses needed to care for the babies admitted in 2009, we used the average monthly occupancy rate for each level of care the hospitals provides, taken from their response to our survey. We divided this figure by 30.42 to work out the average number of occupied cots per day. We then applied the following formula to calculate the number of nurses needed according to the BAPM 2001 standard:

((number of intensive care cots) + (number of high dependency cots/2) + (number of special care cots/4) +1) x 5.75

All posts in this report refer to whole time equivalent positions.

References

[i] *Directory of Critical Care,* CMA Medical Data (2008)

[ii] There were 34,937 live births in Wales in 2009 according to the *Birth summary tables for England and Wales,* Office for National Statistics (July 2010)

[iii] *All Wales Neonatal Standards for Children and Young People's Specialised Healthcare Services,* Welsh Assembly Government (December 2008)

[iv] *Service Standards for Hospitals Providing Neonatal Care (Third Edition),* British Association of Perinatal Medicine (August 2010)

[v] *Patient volume, staffing and workload in relation to risk-adjusted outcomes in a random stratified sample of UK neonatal intensive care units: a prospective evaluation,* UK Neonatal Staffing Study Group, Lancet (2002); 359: 99-107

[vi] *Service Standards for Hospitals Providing Neonatal Care (Third Edition),* British Association of Perinatal Medicine (August 2010)

[vii] *Review of neonatal services,* Health Commission Wales (this was not published)

[viii] *Review of neonatal services, Health Commission Wales* (this was not published)

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