



Too Little, Too Late?

Are we ensuring the best start for
babies born too soon?

The BLISS Baby Report 2007

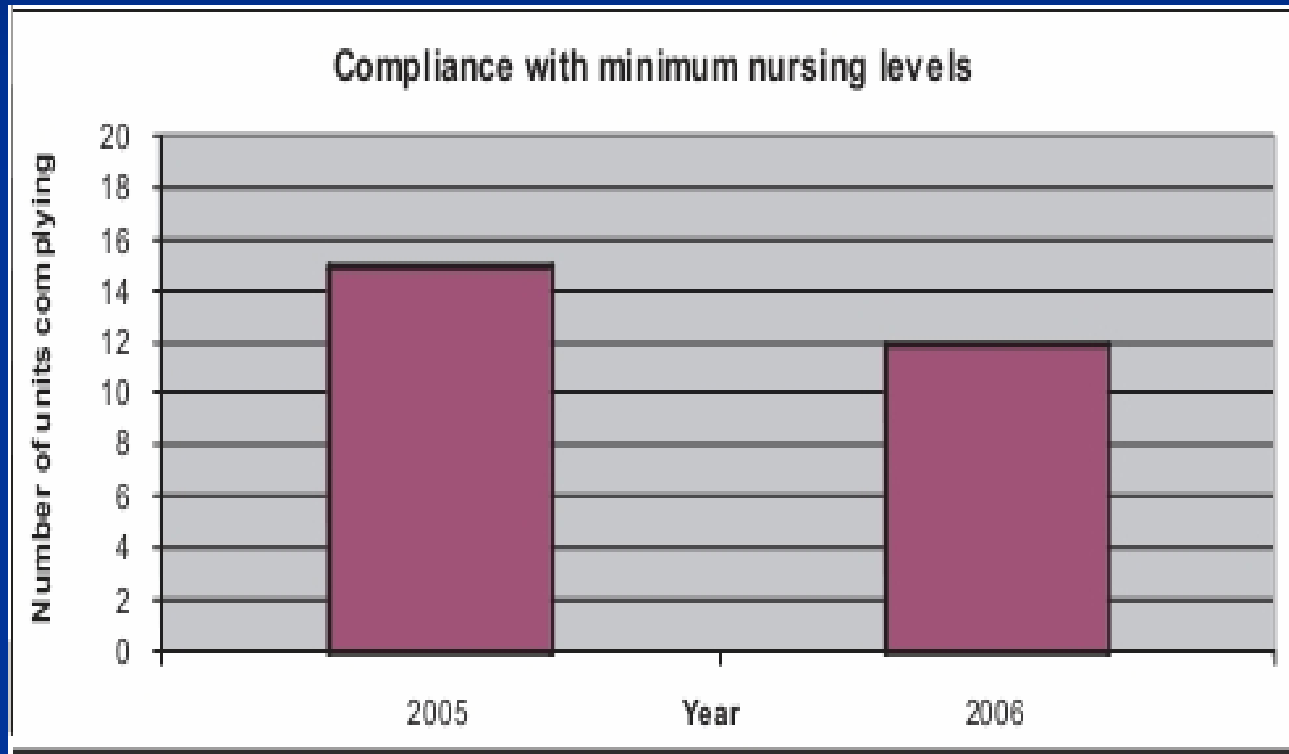
Purpose of Report

- The report looks at service provision
- Information was gathered by
 - at beginning of year a survey was sent to all neonatal units within the country
 - reviews of current literature and reports supplied by neonatal health professionals
 - parents were invited to complete a BLISS online survey about the care their babies received

Staffing Issues

- Only 5 % of units across the UK claim to operate at or above the recommended BAPM guidelines (2001) for minimum nursing levels
- To meet these guidelines there is a need for 2,600 more neonatal nurses!!
- Although since the last report there has been a 2% increase in the number of nurses, workload has increased by 5%
- Conclusion that demand is outstripping supply

Trend in Compliance with BAPM Guidelines



- *‘We have seen a steady increase in the number of babies needing neonatal care over the last few years. An increase in the number of nurses is desperately needed not only to bring staffing levels up to the minimum standard but also to match the increasing demand’*

BLISS 2007

- If the increase in nurses that has been seen between 2005 and 2006 continues at the same rate, it will take 16 years to reach the number of nurses needed to comply with minimum standards at today's level
- Not only has the BAPM compliance worsened, but increasing demand means there is further to go reach the minimum nursing standard

Payment by Results

- BLISS endorses PbR believing that the method may help achieve minimum nursing levels
- PbR is a recent DH initiative intended to link allocation of funding for healthcare with the actual activity that hospitals carry out
- The key to its success is a specific 'neonatal tariff' adjusted to meet BAPM guidelines

Cot Occupancy

- The report found that often units are overwhelmed with new admissions leading to over occupancy
- Emergency situations require staff to respond quickly – clearly more difficult if they are already overstretched
- BLISS recommend for these reasons that the optimum occupancy is kept at 70%

Working Over Occupancy

- BLISS fully supports the work of nurses and doctors who provide neonatal care and are concerned by the pressure we are under
- They believe there is a danger that the scale of the problem is underestimated as a result of working beyond capacity
- BLISS encourages the DoH to endorse their earlier recommendations and ensure adequate funding to meet minimum requirements

- ‘In many respects, these staff are victims of the system in the same way that (our son) is’

Parent’s experience of staffing issues



Clinically Managed Networks

- BLISS strongly supports neonatal networks
- Believe they have resulted in improvements in staff training, developments in transport systems, improved patient flow between units and have helped identify variations in practice
- If networks are to be successful, they need clear commitment and support from PCT's on a long term basis

Neonatal Transport

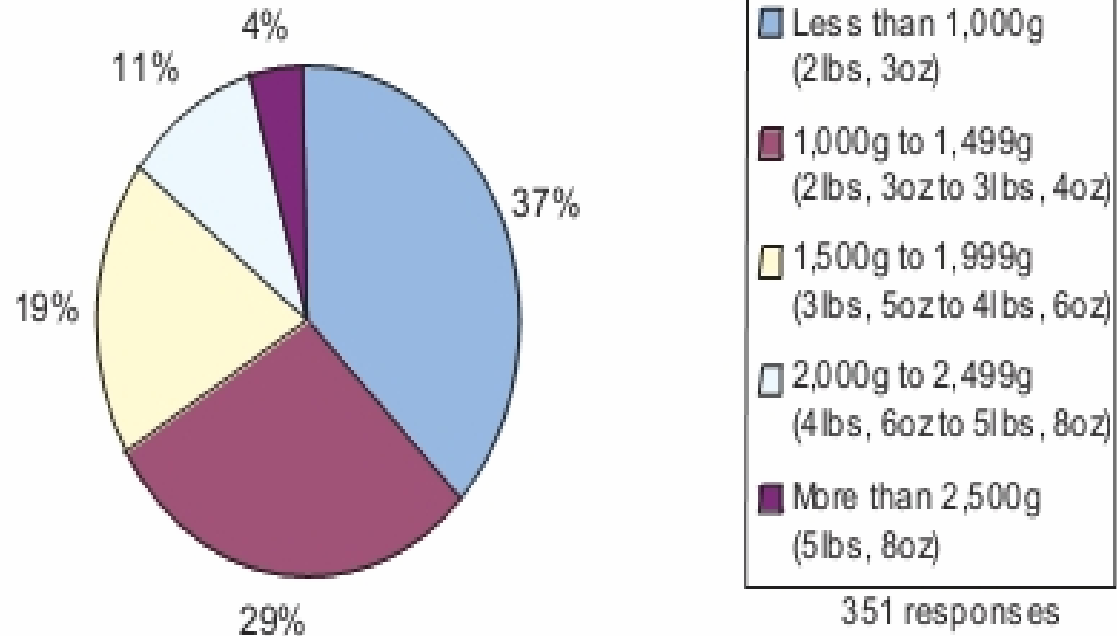
- Neonatal transport is an essential element of neonatal care
- Without dedicated transport teams, units are deprived of their staff while transfers are taking place
- Also found to help tackle over occupancy as one of the key contributing factors to units working above their capacity is a lack of a dedicated transport team

Parent's Experiences

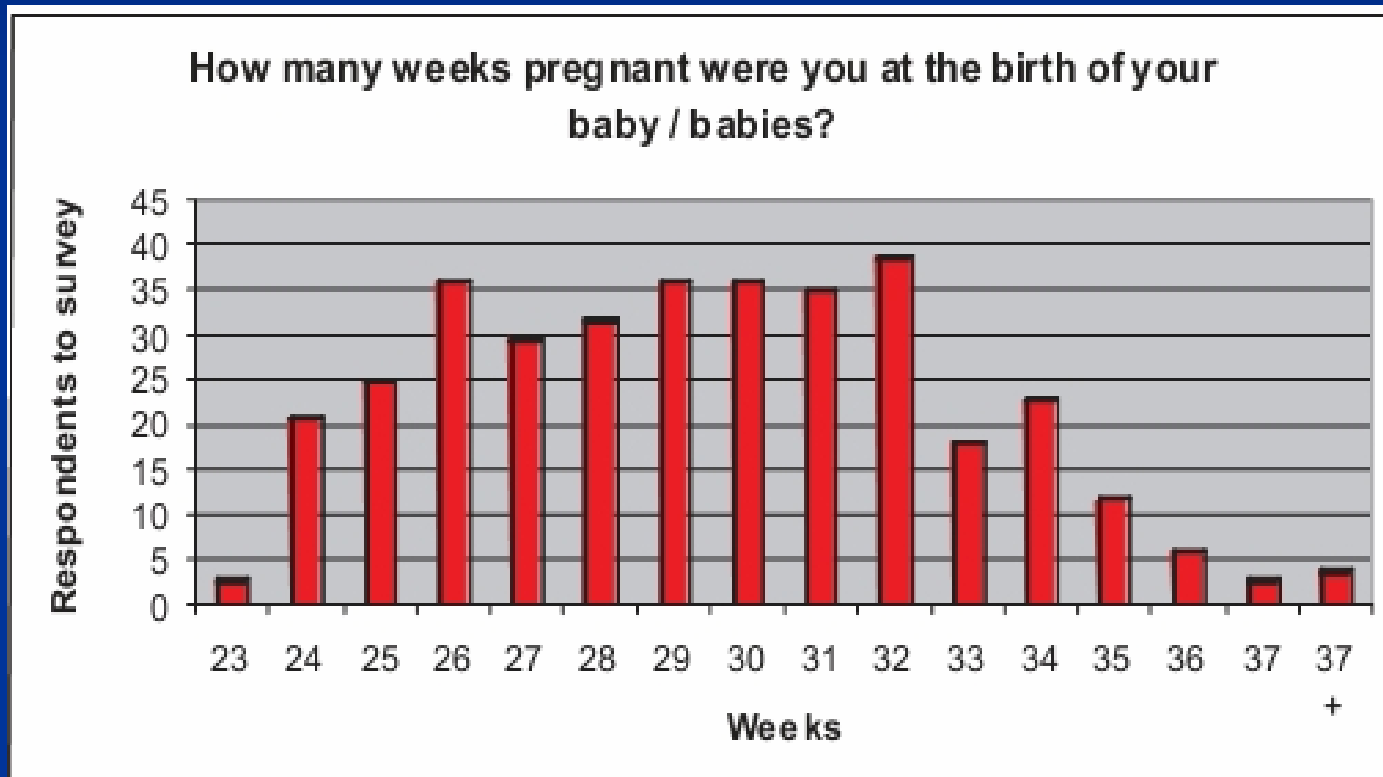
- 351 replies – (approx) to parental questionnaire
- A quarter had their babies transferred from one unit to another – 38% did not know prior to the birth this may happen
- Need to bring maternity, obstetric and neonatal services into closer working relationship
- Cost implications for these parents – Average daily travel cost £9.17

Parental Responses

How much did your baby weigh at birth?

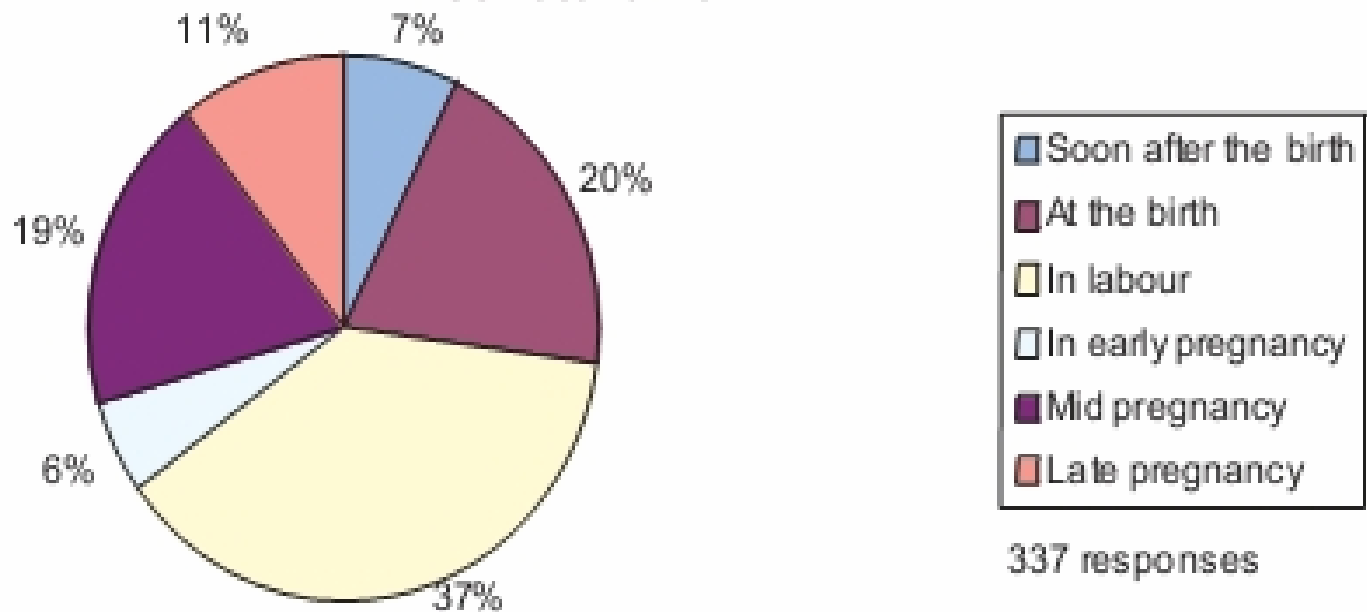


Parental Responses



Timing of Information Given

When did you first know your baby would be admitted to a neo natal unit?



Parent's Experiences

When you visited your baby in the neonatal unit, did you feel... ¹⁶	Always	Sometimes	Never
...able to sit by your baby as long as you wanted?	69%	28%	2%
...that you could have skin to skin contact with your baby?	28%	50%	21%
...that you were in the way?	6%	57%	37%
...that staff were critical of you?	11%	42%	47%
...included in your baby's care?	64%	33%	3%
...that you had adequate support with breastfeeding or expressing breast milk?	49%	35%	16%
...that the staff were aware of parents' needs?	46%	49%	5%

Facilities Available for Parents

Were the following facilities available for you as parents?	Yes	No
Accommodation for mothers in or next to the neonatal unit?	69%	31%
Accommodation for both parents in or next to the neonatal unit?	57%	43%
Tea and coffee making facilities?	73%	27%
Room for breastfeeding or expressing?	91%	9%

Parental Views of Care Provided

- 67% felt care always discussed with them
- 61% equipment and procedures always explained
- 48% not given enough time to ask questions
- 53% felt staff always or sometimes critical of them
- 63% felt they were in the way at some point

Conclusion

- Struggle to provide minimum levels of care is caused by staff shortages
- All other concerns and problems that report raises stem from the shortage of qualified neonatal nurses
- Shortages arise from DoH failure to ensure BAPM guidelines compulsory

- ‘Standards of care have been widely implemented for children and adults but not for babies. The time has come for the DoH to formally endorse the BAPM standards and mandate PCT’s to bring the quality of care for babies into line with that of children and adults’