

Our Ref: TA/MU/CD

Skipton House
80 London Road
London
SE1 6LH

4th July 2014

Email - Michele.upton@nhs.net
Telephone Number – 07918 368346

Dear Neonatal Colleagues

Re: Reasons for term admissions to neonatal care

I am writing as follow up to my letter sent in late February outlining the work the Patient Safety Domain within NHS England are doing in relation to reducing term admissions to neonatal units as part of Indicator 5.5 of the Outcomes Framework. Many thanks to so many of you for your enthusiasm and support for this work.

NHS England commissioned the Neonatal Data Analysis Unit to undertake a review of your data held in the National Neonatal Research Database to identify:

1. The reasons for term admissions to neonatal care.
2. Whether term admissions to neonatal care are increasing.

Data were extracted from the NNRD for infants whose first admission to neonatal care occurred between 01 January 2011 and 31 December 2013.

Due to variation in admission policies across neonatal units a location of care filter was applied based on a field, "*Location of Care*", completed daily by neonatal unit staff. This enables differentiation between infants who had some care on a neonatal unit from infants who received neonatal care at a location other than a neonatal unit (transitional care ward; post-natal ward; other obstetric area; missing).

This phase 1 analysis identified an increase in admissions between 2011 and 2103 as outlined in the tables below.

Table 1

Number of infants admitted to neonatal care (% all infants admitted to neonatal care) by gestational age category (completed weeks), and admission year, 01 January 2011 to 31 December 2013 (England).

Gestational age category (completed weeks)	2011		2012		2013		Total	
	N	%	N	%	N	%	N	%
≤ 25 weeks	1334	1.8	1274	1.6	1089	1.4	3697	1.6
26-32	10049	13.5	9782	12.2	8990	11.2	28821	12.3
33-36	20929	28.1	22301	27.9	22152	27.6	65382	27.8
≥ 37 weeks	42135	56.6	46626	58.3	48000	59.8	136761	58.3
Missing	25	0.03	15	0.02	20	0.02	60	0.03
Total	74472		79998		80251		234721	

Table 2

The primary clinical reason for neonatal admission of full-term infants by location of care, 01 January 2011 to 31 December 2013 in England is outlined in table 2 below.

Primary clinical reason for neonatal admission	At least 1 day of care spent in NNU		Rank	No days of care spent in NNU		Rank
	N	%		N	%	
Respiratory disease	28335	30.1	1	1138	2.7	6
Other	18276	19.4	2	10781	25.3	2
Hypoglycaemia	9050	9.6	3	1063	2.5	7
Missing	8975	9.5	4	18087	42.5	1
Infection	8608	9.1	5	6180	14.5	3
Jaundice	4888	5.2	6	1554	3.6	4
Asphyxia	2940	3.1	7	34	0.1	16
Poor feeding	2454	2.6	8	630	1.5	9
Congenital abnormality	1903	2.0	9	176	0.4	12
Cardiovascular disease	1821	1.9	10	42	0.1	15
Investigation	1278	1.4	11	444	1.0	10
Weight loss	1093	1.2	12	863	2.0	8
Social issues/foster care	1035	1.1	13	178	0.4	11
Surgery	819	0.9	14	7	0.02	19
Other neurological disease	791	0.8	15	54	0.1	14
Convulsions	659	0.7	16	5	0.01	20
Cardiac disease	584	0.6	17	21	0.05	17
Failed oximetry screening	389	0.4	18	20	0.05	18
Preterm	192	0.2	19	68	0.2	13
Short observation	147	0.2	20	1179	2.8	5
Total	94237			42524		

These tables give us helpful but limited insights into the issues and to enable us to explore these further so as to identify interventions, a Phase 2 analysis is being undertaken, using specific maternal and infant variables to build a more useful picture. In addition, the National Reporting and Learning System (NRLS) is being interrogated to understand the safety issues reported which lead to increased admissions.

To enable a manageable work programme, we are focusing on the top five reasons for admission, specifically those which can lead to severe harm or death. Once we understand the issues more completely, we aim to develop a suite of resources, tools, and best practice examples to support improvements. These will be shared electronically and through workshops.

We know from previous term admission audits that reasons for term admissions vary from unit to unit and depend on commissioning practices, variation in admission policies and clinical practices. In order to enable the right solution for the right unit we are asking you to undertake audits of reasons for term admission in your own areas to understand what your local issues are.

We would be very happy to share the variables and methodology used to analyse the top 5 national reasons for admission should you find similarities in your own units so as to streamline the approach. Once you have identified your local reasons for admission we would like to hear more from you so as to understand how we may be able to support improvements at both local and national level.

We will be publishing a regular newsletter update with the first edition issued prior to the start of the summer holidays. This will provide direction on how to share your findings, useful resources or interventions you have implemented and enable us to capture and share best practices.

If you have any queries relating to this work please don't hesitate to contact me using the details at the top of this letter.

Yours sincerely



Michele Upton
Patient Safety Lead, Maternity and Newborn, NHS England