

Our Ref: TA/MU/CD

Skipton House
80 London Road
London
SE1 6LH

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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 - Wales*.

Gestational age category (completed weeks)	2011		2012		2013		Total	
	N	%	N	%	N	%	N	%
≤ 25 weeks	.	.	8	1.0	54	1.9	62	1.7
26-32	.	.	147	17.8	466	16.7	613	16.9
33-36	.	.	295	35.6	892	32.0	1187	32.8
≥ 37 weeks	.	.	378	45.6	1377	49.4	1755	48.5
Missing	.	.	-	-	-	-	-	-
Total	.	.	828		2789		3617	

*Data may not be complete as Welsh neonatal units submit selective data to the NNRD

Table 2

The primary clinical reason for neonatal admission of full-term infants by location of care, 01 January 2011 to 31 December 2013 - Wales.

Primary clinical reason for neonatal admission	At least 1 day of care spent in NNU		Rank	No days of care spend in NNU		Rank
	N	%		N	%	
Respiratory disease	643	38.2	1	13	17.6	3
Hypoglycaemia	284	16.9	2	16	21.6	2
Other	252	15.0	3	2	2.7	6
Infection	142	8.4	4	33	44.6	1
Jaundice	58	3.4	5	.	.	.
Asphyxia	54	3.2	6	1	1.3	8
Poor feeding	42	2.5	7	3	4.0	5
Congenital abnormality	34	2.0	8	.	.	.
Investigation	32	1.9	9	4	5.4	4
Other neurological disease	24	1.4	10	2	2.7	7
Social issues/foster care	22	1.3	11	.	.	.
Surgery	22	1.3	12	.	.	.
Cardiovascular disease	20	1.2	13	.	.	.
Convulsions	20	1.2	14	.	.	.
Weight loss	18	1.1	15	.	.	.
Short observation	6	0.4	16	.	.	.
Preterm	4	0.2	17	.	.	.
Cardiac disease	4	0.2	18	.	.	.
Failed oximetry screening	.	.	.	.	.	.
Missing	.	.	.	.	.	.
Total	1681			74		

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

A handwritten signature in black ink, appearing to read 'Michele Upton', written in a cursive style.

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