

5. STRATEGIC PROPOSALS

- 5.1 Intensive care: A better balance of intensive care to special care is needed to meet future neonatal care requirements at BMH with a higher level of occupancy.

At 75% occupancy 10 intensive care cots would cope with present demand on more than 95% of occasions.

The increase in birth numbers of 11% would require an additional intensive care cot. This increase can be offset, however, by growth in intensive care facilities in Districts which underprovide currently. (A 50% reduction in bed day requirements from Cheltenham, Gloucester and Somerset in 1984 was equivalent to one cot at 75% occupancy.)

- 5.2 Special care: The number of special care cots will be determined by the available number of nurses.

The existing establishment of nurses is 43.25 WTE. Staffing ratios have related previously to recommendations of the Sheldon Report (1971) of 3 nurses per intensive care cot and 1 nurse per other cot. The 1984 District Review of Nursing Services identified a requirement of 6 WTE nurses to cover a shortfall of services for outpatients, the central delivery suite and neonatal care.

The British Paediatric Association and the Royal College of Midwives have recommended 4-5 nurses per intensive care cot and 1.25 nurses for other cots. These recommendations have not been adopted as yet by the DHSS but they do have the support of the House of Commons Social Services Committee.

A survey in the Northern RHA in 1984 estimated a nursing requirement for neonatal units with intensive and special care cots of 7 nurses per 1000 deliveries on the basis of actual nursing care given rather than cot numbers and ratios. This level of staff could cope with workload fluctuations on 95% of occasions.

If BMH delivers 5000 neonates by 1995, a provision of 35 nurses would be sufficient for inborn requirements. Six nurses are required to cover 2 high dependency neonates so that 10 intensive care cots would require 30 nurses. The remaining nursing establishment could cover only 5 special care cots.

There is, however, an existing establishment of 43.25 WTE nurses. Therefore another 8 cots could be covered bringing the total cot provision to 13 cots for special care. With fluctuations in demand for intensive care a larger number of special care cots could be staffed at differing times. Equally, priority for more intensive care at times through higher neonate-nursing ratios will leave some special care cots unused temporarily.