

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

NEONATAL STAFFING UPDATE

Presented by	Sam Wallis, Consultant Neonatologist and Clinical Lead		
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Lead Director	Helen Jepps, Clinical Director		
Purpose of the paper	Update on staffing action plan As part of certification process for Maternity Incentive Scheme year 4		
Key control	For information		
Action required			
Previously discussed at/ informed by	Maternity Incentive Scheme Year 3 (2021) Neonatal Critical Care Review 2019 – Exec Team Meeting June / July 2021 Bradford Neonatal Staffing Strategy – agreed July 2021 Neonatal Services GIRFT review February 2022 (action plan as appendix)		
Previously approved at:	Academy/Group	Date	
	Executive Team Meeting	June / July 2021	
	People Academy PA.3.22.12	30.03.22	

Key Options, Issues and Risks

As part of the Maternity Incentive Scheme Year 4 (2022)¹

Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Neonatal medical workforce.

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing^{2,3}. No

Neonatal nursing workforce

The neonatal unit meets the service specification for neonatal nursing standards^{3,4}. No

Analysis

Current situation as of March 2022

Neonatal medical workforce.

Tier 1 = 7 WTE rota

Rota not fully compliant with weekend cover even when fully staffed.

Dependent on internal / external locum cover

1.4 WTE gap

Including 2 Clinical fellows in post and ANNP (Advanced Nurse Practitioner) cover

Gap drops to **0.4 WTE** April-June as temporary FY3 cover

FY2 remains supernumerary as per training requirement

Tier 2 = 8 WTE rota (Middle Grade / Registrar)

Daytime rota shared with Child development service.

0.6 WTE on-call rota gap

Shifts picked up by Staff grade / ANNPs

Further gap anticipated in May 2022 with 1 WTE ANNP leaving (affecting cover Tier 1+2).

Neonatal nursing workforce

At last establishment review (June 2022)

Toolkit establishment required to meet activity (80% occupancy) = **97.85 WTE**

Current funded establishment = **87.33 WTE**

variance against funded establishment = **10.52 WTE**

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

Current Vacancies against establishment (including new recruits) = **9.03 WTE**

2.88 Band 7 Interviewed Friday 11.3.22

1.66 Band 6

3.13 Band 5 At present vacancy gap at Band 5 is **14.35** but 11.2 recently recruited. However 5 WTE will not commence until Oct 22.

0 Band 4

1.36 Band 3

There is an additional **3.44** WTE gap in Transitional Care not included in these numbers

Recommendation

As per Maternity Incentive Scheme Year 4 (2022)¹

Neonatal medical workforce.

If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies

Action Plan updated March 2022



NNU medical AHP
action plan March 2022

Recruitment to cover gaps in the junior medical rota has been partially successful through appointments of staff grade / clinical fellow doctors. However gaps remain and a more sustainable model of ANNP (Advanced Neonatal Nurse Practitioner) recruitment remains challenging. 2 trainee ANNPs are employed but not yet able to provide clinical cover.

Evidential Requirement for Trust Board

The Trust is required to formally record in Trust Board minutes whether it meets the recommendations of the neonatal medical workforce training action. If the requirements are not met, Trust Board should evidence progress against the action plan developed in year 3 of MIS to address deficiencies.

Neonatal nursing workforce

If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies...and share this with the Royal College of Nursing, LMS and Neonatal Operational Delivery Network (ODN) Lead

Action Plan updated March 2022 (and see appendix)



NNU nursing action
plan March 2022.doc

There have been significant nurse staffing issues in recent months. Risk score has been increased (to 15) due to insufficient numbers of qualified staff. Issues related to Covid, increased vacancy rate and access to training. Infection outbreak in Nov/Dec 2021 led to unit closure for a period. Risk assessment as appendix.

Recent progress with recruitment (see above) but these nurses are not yet in post. Progress with Recruitment / Retention / Education actions, including appointment of 2 new

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

educators but more time is needed to make sure these produce positive results. Escalation / capacity guideline in place aiming to work as close to BAPM staffing standards as possible

Of note additional LTP nurse funding has been secured for the forthcoming financial year (£600k) to deliver direct clinical care. This is recurrent.

Evidential Requirement for Trust Board

The Trust is required to formally record to the Trust Board minutes the compliance to the service specification standards annually using the neonatal clinical reference group nursing workforce calculator. For units that do not meet the standard, the Trust Board should evidence progress against the action plan developed in year 3 of MIS to address deficiencies.

A copy of the action plan, outlining progress against each of the actions, should be submitted to the Royal College of Nursing (doreen@crawfordmckenzie.co.uk), LMS and Neonatal Operational Delivery Network (ODN) Lead.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients						
To deliver our financial plan and key performance targets						
To be in the top 20% of NHS employers						
To be a continually learning organisation						
To collaborate effectively with local and regional partners						
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS Improvement Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendices

The bulk of the narrative should be in the appendix, but clearly referenced within the body of the paper.

1. Maternity Incentive Scheme Year 4 <https://resolution.nhs.uk/wp-content/uploads/2021/08/MIS-Y4-guidance.pdf>
2. BAPM Optimal Arrangements for Neonatal Intensive Care Units 2021 <https://www.bapm.org/resources/296-optimal-arrangements-for-neonatal-intensive-care-units-in-the-uk-2021>
3. Neonatal Critical Care Review 2019 <https://www.england.nhs.uk/publication/implementing-the-recommendations-of-the-neonatal-critical-care-transformation-review/>
4. Neonatal Critical Care service specification <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e08-serv-spec-neonatal-critical.pdf>

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

Neonatal Medical Staffing Action plan

March 2022 Update

Number	Issue/Recommendation	Timescale/Compliance – updated March 2022
1	<p>Junior Medical Cover – short term:</p> <p>Advertise for 2 x ANNPs (approved previously)</p> <p>Advertise for Tier 1+2 Staff grade posts to cover recurrent deficit</p> <p>Locum shifts to cover additional gaps / weekend cover (Tier 1 rota non-compliant for weekends)</p>	<p>Qualified ANNP recruitment unsuccessful x 2. Further vacancy expected in May. To re-advertise.</p> <p>2 Tier 1 Clinical fellows in post. 1 Tier 2.</p> <p>Internal locum where possible</p>
2	<p>Junior Medical Cover – medium / long term</p> <p>Recruit 2 Trainee ANNPs Business case for further ANNP provision</p> <p>Collaborative work with Airedale paediatrics (AGH previously paid for their junior Drs to work some Tier 1 shifts in Bradford to gain neonatal experience).</p>	<p>2 Trainees recruited for Sept 21 intake. Supernumerary at present.</p> <p>Airedale have contributed to our Tier 1 rota, but in practice of limited value to do due to variation in their experience, and need for training here. No-one suitable at present.</p> <p>Harrogate junior doctors doing CESR route (attending Bradford to support training /experience) have been able to provide some support to rota but depends on experience and not always present. No-one at present.</p>
3	<p>Neonatal Consultant</p> <p>Business case for 8th Consultant – strong local candidate(s) available 2022</p> <p>Review current on-call models to maximise on-site cover</p>	<p>Spring/Summer 2022</p>
4	<p>Allied Health Professionals</p> <p>Agree AHP strategy between Paediatric and Therapies CBU Business cases to address priority areas of Physiotherapy and Psychology (where current gap is most significant)</p> <p>Revisit discussions about funding for Outpatient Physiotherapy / SaLT to comply with NICE guidance Incorporate AHPs more closely into inpatient neonatal interventional programmes (neurodevelopment,</p>	<p>Therapies business case submitted and supported by Trust Exec .</p> <ul style="list-style-type: none"> - Physio - 1.4 WTE appointed. - Psychology - 1.0 WTE post out to advert. - Pharmacy, Dietetic, OT and SaLT inpatient provision under discussion with relevant service leads. <p>Summer/Autumn 2022</p>

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

	<p>nutrition) and explore additional roles AHPs may be able to undertake in neonatal care.</p> <p>Work collaboratively with Neonatal Network and other units to benchmark current services and share good practice.</p>	<p>Summer/Autumn 2022: On appointment</p> <p>Initial benchmarking complete. Ongoing work with Neonatal Network</p>
5	<p>Paediatric Surgery</p> <p>Secure 1-2 PAs / week of Paediatric Surgical time at BRI for inpatient review.</p>	<p>Still in discussion with LTHFT</p>
6	<p>Ophthalmology</p> <p>Support Ophthalmology colleagues/ CBU to appoint replacement for retiring consultant and agree appropriate job planned time to provide ROP service.</p>	<p>Funding agreed but unable to appoint replacement.</p> <p>To be added to Risk register as imminent retirement of consultant which leaves single clinician provided service.</p>

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

Neonatal Nurse Staffing Action plan

March 2022 Update

Number	Issue/Recommendation	Timescale/Compliance
1	Review nursing establishment numbers Continue to monitor activity /staffing balance through 12 monthly establishment reviews. Calculate workforce numbers 6 monthly.	Yearly establishment reviews, last performed June 21. Additional LTP recurrent funding (£600k) secured to increase clinical nursing, starting in next financial year. To review establishment numbers once funding received.
2	Develop recruitment/retention plan	Plan ongoing <ul style="list-style-type: none"> - OD team / Culture work - Engagement with Network recruitment programme - Review recruitment opportunities via universities / schools / overseas - 2 x Clinical Educators recruited - QiS training / career progressions pathway developed (see below) - Innovative nursing roles (infant feeding practitioner, and perinatal bereavement / palliative care specialist) - Clinical Psychology support (out to advert) - AHP and Additional specialist role recruitment / development to support Nursing team - Incorporate into OMS / ONS Review progress July 2022
3	Recruit to Matron Post	Interim Matron / Deputy Associate Director of Nursing in post until June 2022. Out to advert
4	Maintain regular establishment monitoring of skill mix To monitor registered:unregistered ratio in line with recruitment (maintaining 70:30 split in special care). Neonatal Nursing Workforce does not specify nurse banding only WTE numbers.	Skill mix review required after April 2022 to determine registered :non registered workforce Review TCU skill mix to create Band 6 role: aim to recruit by June 2022.
5	Engage with network staffing / transformation Engage with Network Lead Nurse for Workforce Transformation to ensure up to date accurate information including that	Regular meeting with medical staff, matron and AND agreed.

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.38

	regarding LTP requirement and funding, review regional data.	
6	Nursing education / career progression plan Place emphasis on an education plan enabling NQN through Induction and QIS with these being mandatory if a career in NNU is chosen. Competency based. Secure adequate QIS/foundation course places.	Draft on paper
7	Risk Assessment / Register for staffing Continue to work with the MDT (Risk, triumvirate, IPCC) to support the risk action plan, monitor and update risk assessments and register.	RA and RR updated accordingly. Monitored by risk and governance facilitator and discuss at risk meetings
8	Capacity / Escalation Work regionally to maintain and support bed bases locally ensuring that right baby is receiving right care, right time, right place	Daily morning huddle with midwives and daily ADN huddle identifies issues with staffing/ flow. Updated escalation / capacity tool in use. Daily rag circulated to Matron and ADN 7/7. Twice daily contact with Network to ensure appropriate capacity reviews across the region are undertaken.
9	Clinical supervision / skills distribution within NNU Supernumerary co-ordinator on each shift. Senior oversight within lower dependency nurseries.	Embed educator roles to support nurse training / development Agree equivalent level of training required to look after intensive care babies. Review of low dependency monitoring tools
10	Infection control practices Related to risks caused by insufficient staffing numbers	Ensure adequate training and engagement in IPC practices Appropriate nurse allocation / use of nurseries to minimise risks of cross infection. Limit number of student nurses to manageable levels.

See also **GIRFT Neonatal Action plan** (February 2022)

- Staffing covered in Action 8



GIRFT Neonatology
Bradford Action Plan I

See also **Nurse Staffing Risk Assessment** (February 2022)

- Score = 15



Neonatal Nurse
staffing risk assessm