

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 regarding LTP requirement and funding, review regional data.	Regular meeting with medical staff, matron and AND agreed.

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.