

NICU MIS Action Plan					
Date of commencement: Sept 2021				Reviewer: Sam Wallis - reviewed November 2022	
No.	Description of issue/ area for improvement	Recommendation	Owner	Completion Deadline	Comment
1	Junior medical cover - short term	Advertise for 2 x ANNPs (approved previously) Advertise for Tier 1+2 Staff grade posts to cover 1.8 WTE deficit Collaborative work with Airedale paediatrics (AGH previously paid for their junior Drs to work some Tier 1 shifts in Bradford to gain neonatal experience).	SW / CF / LL	Ongoing	Ongoing work. Difficult to recruit fully trained ANNPs as very limited numbers across the region. 2 Trainee ANNPs have been recruited, have passed Yr1 training and provide some support to the Tier 1 rota. One of the 2 established ANNPs has left but a replacement has been recruited (although will need some upskilling / additional training). There has been successful recruitment of a number of doctors into staff grade posts although most of these have been for 6 months - ongoing recruitment work continues. No further Doctors have come over from Airedale but we do have junior Doctors from Harrogate coming intermittently and they can provide some limited additional support.
2	Junior medical cover - medium/long term	Recruit 2 Trainee ANNPs Business case for further ANNP provision	SW / CF / LL	Ongoing	Trainee ANNP recruitment x 2 successful. Plan to recruit further ANNP Trainee(s) for Sept 23 intake. May need additional business case depending on staff grade recruitment at that time. Discussion at network (ODN and LMNS) level this is a problem/risk for all units. Some non-recurrent funding agreed to target network wide junior medical recruitment (looking to attract out of region / international doctors).
3	Neonatal Consultant	Business case for 8th Consultant – strong local candidate(s) available 2022 Review current on-call models to maximise on-site cover	SW / HJ / LL	Complete October 22	8th Consultant appointed
4	Allied Health Professionals	Agree AHP strategy between Paediatric and Therapies CBU Business cases to address priority areas of Physiotherapy and Psychology (where current gap is most significant) Revisit discussions about funding for Outpatient Physiotherapy / SaLT to comply with NICE guidance Incorporate AHPs more closely into inpatient neonatal interventional programmes (neurodevelopment, nutrition) and explore additional roles AHPs may be able to undertake in neonatal care. Work collaboratively with Neonatal Network and other units to benchmark current services and share good practice.	SW / JS / LL	Complete November 22	AHP strategy agreed. LTP funding secured. AHPs recruited (Physiotherapy, OT, Psychology, SALT) for sufficient hours to meet current unit needs. Additional Pharmacy and Dietetic resource also agreed to increase NNU provision. Initially posts were temporary but additional national funding now means that the majority of these posts can be made permanent.
5	Paediatric Surgery	Secure 1-2 PAs / week of Paediatric Surgical time at BRI for inpatient review.	LL / SW	Ongoing	Bradford does have a Paediatric Surgical consultant jointly appointed with Leeds. She provides excellent support but additional inpatient NNU provision not yet agreed as part of job planned time. Risk remains that this is dependent on single surgeon.
6	Ophthalmology	Support Ophthalmology colleagues/ CBU to appoint replacement for retiring consultant and agree appropriate job planned time to provide ROP service.	LL / RP	Ongoing	Unable to recruit full replacement. Siutation mitigated by Calderdale surgeon agreeing to provide additional cover for remaining Ophthalmologist (Prof Pilling) but risk remains. On Risk Register and under regular review.