

NICU MIS Action Plan					
Date of commencement: Sept 2021			Reviewer: Jamie Steele		
No.	Description of issue/ area for improvement	Recommendation	Owner	Completion Deadline	Comment
1	Increase Nursing establishment @ band 6	Add 5 additional WTE	JRS	31/03/2023	Partial completion. Uplift from 10.43 in April 2021 to 14.2. This however includes new educator posts. Further work ongoing to create additional band 6 clincial care posts.
2	Increase Nursing establishment @ band 5	Add 5 additional WTE	JRS	Complete 01/04/2022	LTP monies secured. Band 5 nurse staffing wte increased from 50.95 in April 2021 to 63.2
3	Recruit permanent Matron	-	KR	Complete May 22	
4	Increase size of education team to aid skill development and subsequent retention of staff	Recruit additonal 1.8 wte band 6 education sisters	JRS	Complete June 22	
5	Ensure engagement with ongoing education / CPD	Neonatal Foundation Programme - Make attendance mandatory condition of employment.	JRS	Complete Sept 22	Contracts amended to make this a mandatory requirement of being recruited into a band 5 nursing role on the unit. All new starters must apply to join the course before their probation ends.
6	Ensure that we are growing our own QIS nurses	Close management of staff to ensure application to appropriate courses at appropriate times	JRS	Ongoing	Nov intake 22 = 6 nurses on the QIS course (2 more than agreement in 2021)
7	Develop ANNP workforce to meet future needs of service	Recruit a further 2 trainee ANNP's to commence training in Sept 2023	JRS/CH/LL/SW	Recruit by May 2023 so ready to start course in sept 23	Early work ongoing to prepare JD/PS. Hopefully will be out to advert by Jan 23
8	Develop recruitment/retention plan	-	JRS	Complete Aug 2022	Plans in place to achieve staffing at full establishment. This includes rolling out adverts for Band 5 staff nurses regularly, attending recruitment events, engaging with recruitment of overseas nurses, providing Student Nurses with HCA bank opportunities on the unit, skill mixing team to provide good leadership on all shifts. In terms of retention we feel that high level education and support will help to achieve this. Our growth of the education team will be instrumental in retention. We have also recruited psychology support for our team to ensure that staff mental health is prioritised.
9	Manage Risk appropriately and in a timely way	Continue to work with the MDT (Risk, triumvirate, IPCC) to support the risk action plan, monitor and update risk assessments and register.	JRS/SW/KR	Measures in place	RA and RR updated accordingly. Monitored by risk and governance facilitator and discuss at risk meetings

10	Maintain adequate and appropriate ICU cot availability	Work regionally to maintain and support bed bases locally ensuring that right baby is receiving right care, right time, right place	JRS	Ongoing	Staffing challenges related to high level of staff sickness have impacted the unit's ability to be open in recent months however all appropriate mitigations are put in place.
11	Engage with the network to ensure up to date accurate information including that regarding LTP requirement and funding, review regional data.	Matron attends Network meetings	JRS		
12	Engage with Network OPEL status reporting	Daily OPEL reports submitted to Network, Matron reviews	JRS		ongoing
13	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. Maintain regular establishment monitoring of skill mix.	-	JRS		ongoing 83% to 17% split currently
14	Minimum annual establishment reviews	-	JRS		review submitted in October 22
15	Over recruit x 5 RN to NNU as a result of over-recruitment paper	Progress once at full establishment	JRS		Not yet at full establishment