

# Neonatal Work Stream Plans Implemented Through NHS Provider ULHT

## Neonatal Services Improvement Plan

includes:

- E.Roster Compliance report
- Neonatal dashboard – LCH. PHB
- Trajectory of QIS staff
- AHP Risk Assessment document
- Family Integrated care plan
- Education Plan
- Neonatal Outreach Plan


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## Family Health Division Neonatal Services Improvement Plan


Governance Meeting responsible for oversight: Family Health Cabinet Meeting

Responsible Leads: Cathy Franklin, Dr Ajay Reddy, Rachel Wright, Carole Chapman


Key: BLUE=COMPLETE, GREEN=ON TRACK, AMBER=COMMENCED NOT REACHING TIMESCALE, RED=NOT STARTED/ TIMESCALE PASSED

No.	Objective	Action	Lead	Timescale	Progress	Evidence	RAG
1.	Engagement with Network  Source of Recommendation: Peer Review 2018 and 2019	1 – Identify key dates for meetings 2 – Identify lead for each meeting to represent ULHT 3 – Monitor attendance 4 – Feedback to be disseminated through our meetings and governance.	Matron/Dr Ajay Reddy	November 2020	Calendar of key dates obtained  Rota Compliance document with network meetings included  Leads identified for key meetings  Attendance being monitored through EMNODN and Rota	 E-Roster Compliance Report	

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No.	Objective	Action	Lead	Timescale	Progress	Evidence	RAG
					compliance tool		
2.	To ensure LCH LNU establishment meets BAPM Standards nursing ratios: 1:4 Special care 1:2 High dependency 1:1 Intensive Care  Source of Recommendation: Neonatal Toolkit	1 – Acuity and dependency 2 – Activity levels 3 – Review peer review recommendations 4 – Meeting with Finance / Nurse 5 – Consider impact on 32/40 6 - Impact of 27/40 7 – RAG score each shift utilising Network tool feeding into neonatal escalation	Divisional Nurse / HOM  Matron	August 2020	Peer Review Report Outlines required cot capacity.  QA report agenda item at Cabinet meeting  Establishment review booked for November – Establishment undertaken – no change until full workforce review undertaken against activity and acuity  Activity being reported on internal Dashboard	 Neonatal Dashboard - LCH - E	

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	(DoH 2009)  Peer review 2018 and 2019	policy 8 – Input staffing data into Badger			Neonatal Oversight Group established. Meetings taking place Bi-monthly		
3.	To ensure SCBU PHB establishment meets BAPM Standards nursing ratios: 1:4 Special care 1:2 High dependency 1:1 Intensive Care  <i>Source of Recommendation:</i>	1 – Acuity and dependency 2 – Activity levels 3 – Review peer review recommendations 4 – Meeting with Finance / Nurse 5 – Consider impact on 32/40 6 – RAG score each	Divisional Nurse / HOM  Matron	May 2020	Peer Review report outlines required cot capacity. Findings currently being worked through. Activity being reported on internal Dashboard Establishment review booked for November – establishment reviewed and unchanged until full workforce review undertaken against activity and acuity	 Neonatal Dashboard - PHB - Dec 2019.pdf	

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	<i>Neonatal Toolkit (DoH 2009) Peer Review – 2018 and 2019</i>	shift utilising Network tool 7 – Input staffing data into Badger			Paper to be submitted to Executive board April 2020		
4.	To explore model of one team/2 sites nursing workforce  <i>Source of Recommendation: ULHT TOM</i>	1 - HR advice 2 – Develop options 3 – HR process for staff engagement	Matron & Consultant Midwife	March 2020	Awaiting full workforce review against activity and acuity  Meeting arranged January 21st 2020 with Penny Snowden, Jacky Lloyd and Cathy Franklin		
5.	Fully established consultant workforce across both sites providing 24 hour availability  <i>Source of Recommendation:</i>	1 – Develop trajectory for vacant post/recruitment. 2 – Monitor through Neonatal Dashboard 3 – Assurance updates to Specialist commissioners/	Dr Ajay Reddy/Bev Bolton	July 2020	Rota's sent monthly to commissioners  Job planning progressing  New Consultant commenced – another consultant expected to commence shortly.		



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	<p><i>BAPM framework for Practice (2018)</i> <i>Neonatal Toolkit (DoH 2009)</i></p> <p><i>ULHT Trust Operating Model</i></p>	<p>Network</p> <p>4 – Rotas to be sent to Commissioners monthly</p> <p>5 – Exit interviews – offer opportunity and analyse themes</p> <p>6 – Job plans</p>			<p>Second wave of interviews completed</p> <p>Medical workforce compliance now monitored through the internal neonatal dashboard</p> <p>Job plans completed 3 Consultants appointed</p>		
6.	<p>Provision of an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit e.g. between 09.00-</p>	<p>To undertake gap analysis including costings</p>					

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	<p>22.00, seven days a week</p> <p><i>Source of Recommendation: BAPM framework for Practice (2018) Neonatal Toolkit (DoH 2009)</i></p> <p><i>ULHT Trust Operating Model</i></p>						
7.	<p>Resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7</p> <p><i>Source of Recommendation:</i></p>						

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	<p><i>BAPM framework for Practice (2018)</i> <i>Neonatal Toolkit (DoH 2009)</i></p> <p><i>ULHT Trust Operating Model</i></p>						
8.	<p>A minimum of 70% of the registered nursing and midwifery workforce establishment hold an accredited post registration qualification in specialised neonatal care (QIS)</p> <p><i>Source of Recommendation:</i></p>	<p>Develop trajectory plan</p> <p>Source multiple providers</p> <p>To gain divisional approval and funding</p> <p>Monitor monthly via Neonatal Dashboard</p>	Matron / Lead Nurse	July 2020	<p>1 – Trajectory completed</p> <p>2 – RNs accessing training from Nottingham &amp; Leicester</p> <p>3 – Funding received from LBR</p> <p>4 – Metric in dashboard</p> <p>5 – Matron’s &amp; Education report monthly updates</p> <p>QIS Sept19 = 55.5% LCH 60% PHB</p> <p>6 – Leicester course not being held in January 2020 due to tutor leaving</p>	<p> Copy of Trajectory of QIS staff numbers:</p> <p> QIS Trajectory - LCH - up to end of Jan20</p>	




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	<i>Neonatal Toolkit (DoH 2009)</i>						
9.	To review AHP workforce  <i>Source of Recommendation: Neonatal Critical Care Review (NCCR) 2019 Neonatal Toolkit (DoH 2009) Peer Review 2018 and 2019</i>	1 – Gap analysis with BAPM 2 – Risk assessment 3 – Identification of need 4 – Business case Define job roles	Matron / Anita Cooper/ Katy Milligan/ Lesley Bradley	May 2020	Risk assessment completed Matron to meet with AHP Lead  Emailed Anita Cooper 11.12.19 to arrange a date to meet  28.01.2020 Met with AHP Leads  Dietitian currently writing business case for 1wte to include neonatal provision in job plan  Physiotherapist to have	 Risk Assessment - Allied Health Profes:	

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					designated neonatal time included in job plan on return from maternity leave May 2020  AHP Lead liaising with LCHS re provision of SALT		
10.	Implement a Family Integrated Care Lead and roll out FIC project as per Network programme  <i>Source of Recommendation: EMNODN Peer Review 2019</i>	1 – Identify job role 2 – Identify funding 3 – Create work plan 4 – Monitor impact	Matron	December 2019	FIC 0.2wte B6 each site-funding agreed through EMNODN FIC Lead post advertised – Closing date 10/11/19- interviews to take place Nov 19 date TBC	2 x B6's appointed To commence in post 6.1.20   Work stream 2 - FIC Feb 2020.docx	


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11.	To implement an Infant Feeding Coordinator to support the Midwifery and Neonatal BIF  <i>Source of Recommendation: Peer Review 2018 and 2019 Unicef Neonatal Standards</i>	1 – Create job description 2 – Analysis need 3 – Create job plan 4 – Monitor impact	Emily Exell / Matron	August 2020	Matron met with IFC JD's from other areas obtained  Band 7 ward managers to implement improvement plan with Emily Exell Monies to be identified for B6wte Neonatal BF Lead to commence in post August 2020		
12.	To implement an education strategy across ULHT Neonatal Services to meet the BAPM and national standards  <i>Source of Recommendation:</i>	1 – To complete an education strategy 2 – To complete annual training needs analysis through appraisal process 3 – To complete and update education plan monthly, through	Matron/ Ward Managers/ Clinical Educators/ Sara Terry/Y McGrath/ ANNPs	Dec 2020	Monthly education plan updated/escalated through speciality governance  TNA in progress  QIS trajectories completed  Monthly in house	 Education Plan Version 2 August 20	

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	<p><i>Neonatal Toolkit (DoH 2009)</i></p> <p><i>Peer Review 2018 and 2019</i></p>	<p>governance process</p> <p>4 – QIS trajectory</p> <p>5 – Monthly in-house multi-disciplinary development days facilitated through the Education Team</p> <p>6 – Monthly multi-professional SIM training</p> <p>7 – To utilise opportunities available through ULHT Talent Academy, through staff appraisals</p> <p>8 – To implement competency document for succession planning and development.</p>			<p>development days commenced</p> <p>SIM programme in place across both sites</p> <p>Matron commencing Senior Leadership Masters course through University of Lincoln- January 20<sup>th</sup> 2020 – Funded through ULHT Talent Academy</p> <p>To utilise RCN competency documents</p> <p>Working collaboratively with maternity education team to access multi professional training</p>		

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5	To develop outreach model in partnership with the Neonatal Network  Source of Recommendation: Peer Review 2019 Neonatal Toolkit (DoH 2009)	To attend neonatal network meetings to shape and influence model of outreach. To obtain draft Business Case for Outreach Services. To work with contracts and finance to assess impact of outreach on income, CNST reward.  To submit proposal paper to CYP and Neonatal Clinical Governance Meeting and FH Divisional Cabinet Meeting.  To submit proposal to CEG for signoff of new	PS/CF/AJR/ BB/SH	March 2020	Network Business case submitted to specialist commissioners – awaiting outcome  Lack of outreach provision – risk assessment completed and placed onto risk register  Meeting with HR arranged for 20/1/20  Business case successful. Met with project lead, finance and Clinical Eng – 28.01.2020. Action plan created  Matron to meet with Clinical Director 20.02.2020 to discuss outreach. Proposal paper currently in process	 Action plan - Outreach Jan 2020.c	

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		<p>service</p> <p>To risk assess current lack of outreach and ensure risk register reflects the issues accurately.</p> <p>To work with HR to develop workforce model and process</p> <p>When approved, to develop implementation schedule with check-points up to implementation</p> <p>To develop staff communication and engagement plan</p>					

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		<p>To work with Better Births, Neonatal Voices and Communications regarding public facing comms.</p> <p>To develop evaluation metrics and include in local neonatal dashboard for monitoring through clinical governance</p>					