



Trust
LMNS

Sherwood Forest Hospitals
Nottinghamshire
APPENDIX B

Implementing the Recommendation of the Neonatal Critical Care Transformation review: Neonatal Implementation Plan 2020-2025



East Midlands Neonatal
Operational Delivery Network

Neonatal Implementation Plan 2020-2025

Aligning Capacity

Action 1: Review and Invest in Neonatal Capacity											Timeline					Consultation
Action	Lead	Baseline	Trajectory	Current position	RAG	Where do we want to be	What is the gap?	Solutions	Implementation Plan/Actions	February & March 2020	2020/21	2021/22	2022/23	2023/24	Consultation	
1.1 Service Specification Requirements	Simon R	100%	0%	LNU - 27 weeks gestation, 800g minimal weight	Blue	No change	No gap.	None required	Already functioning as LNU; activity appropriate for level						EMNODN	
1.2 Cot Configuration	Simon R	100%	80%	IC 2, HDU 2, SC 11 (total 15 cots)	Green	IC 1, HDU 2, SC 8 (80% occupancy)	IC -1, HDU 0, SC -3	Describe changes with NTC stage 3 completed.	Important to consider role of TC and physical space needed - see NTC pathway and action plan.							
1.3 Adequate Capacity	Simon R	100%	100%	Adequate for size of unit and workload	Blue		Improve nursing ratios by physical changes to unit	Review possible layout changes to best fit.	Business cases for changes - 1) do nothing, 2) change configuration to accommodate improved ratios ie. Wall removal (IMPACT ASSESSMENT OF WORK DONE)							
1.4 Data & Outcomes	Simon R			Actual activity - IC 250, HD 514, SC 2047	Blue	Modelled activity - IC 100, HD 526, SC 3030										

Develop Expert Neonatal Workforce

Action 3: Develop the Neonatal Nursing Workforce											Timeline					Consultation
Action	Lead	Baseline	Trajectory	Current position	RAG	Where do we want to be	What is the gap?	Solutions	Implementation Plan/Actions	February & March 2020	2020/21	2021/22	2022/23	2023/24	Consultation	
2.1 QIS Nurses	Rachel B/Andrew M			19.22w.t.e.	Green	17.42w.t.e	minus 1.8w.t.e	natural wastage	monthly review of establishment to remain on track							
2.2 Registered Nurses	Rachel B/Andrew M			5.77w.t.e	Blue	5.78w.t.e	0.01w.t.e	recruitment	recruit to vacant posts within establishment							
2.3 Non-Registered Workforce	Rachel B/Andrew M			3.28w.t.e	Green	3.85 w.t.e	0.57w.t.e	recruit into post	recruitment in progress							
2.4 QIS Training	Rachel B/Andrew M	75%		52.69%	Amber	75%	22.40%	continue to plan the release of RNs to complete training course	2 RNs to attend course in Feb and Sept each year = 4 RNs a year	58%	63.80%	69%	74.20%	76%		

Optimise Medical Staffing

Action 4: Optimise Medical Staffing											Timeline					Consultation
Action	Lead	Baseline	Trajectory	Current position	RAG	Where do we want to be	What is the gap?	Solutions	Implementation Plan/Actions	February & March 2020	2020/21	2021/22	2022/23	2023/24	Consultation	
3.1 Tier 1	Colin D		100%	Dedicated time M-F 9-5.	Blue	Staffing as per CCR.	M-F 20 hours gap; W/E 48 hours gap.	ANNP role/medical staffing	Business case - additional hours as per tier 1/ANNP							
3.2 Tier 2	Colin D		100%	Dedicated time M-F 9-5.	Blue	Staffing as per CCR.	M-F 25 hours gap; W/E 26 hours gap.	ANNP role/medical staffing	Business case - additional hours as per tier 2/ANNP							
3.3 Tier 3	Colin D	100%	100%	Fully staffed rota at Tier 3 as per requirements	Blue	No change	No gap.	None required	None required							
3.4 ANNP	Colin D/Rachel B	0	6 over 6 years	No ANNP's in post.	Red	Increase ANNP posts over 6 year plan to provide support at Tier 2 level.	No ANNP's currently.	Formal ANNP role on NICU	Business case for implementation of 6 year plan- Train and keep in post 6 ANNP's over 6 year period.							

Develop Strategies for the Allied Health Professions

Action 5: Develop Strategies for the Allied Health Professions											Timeline					Consultation
Action	Lead	Baseline	Trajectory	Current position	RAG	Where do we want to be	What is the gap?	Solutions	Implementation Plan/Actions	February & March 2020	2020/21	2021/22	2022/23	2023/24	Consultation	
4.1 Dieticians	Katy C	0%	100%	No dedicated time allocated.	Red	0.23 - 0.47 WTE	0.23 - 0.47 WTE	Formal Dietetic role on NICU	Business case - allocated dietetic time 0.23-0.47 WTE							
4.2 Occupational Therapists	OT	0%	100%	No dedicated time allocated.	Red	0.19 WTE	0.19 WTE	Formal OT role on NICU	Business case - allocated OT time 0.19 WTE							
4.3 Physiotherapists	Physio	6%	100%	0.02-0.04 WTE (1-2 hours per week)	Amber	0.33 - 0.55 WTE	0.31 - 0.53 WTE	Increase WTE for physio	Business case - increase allocated time for Physio							
4.4 Speak & Language Therapists	Helena C/Colin D	0%	100%	No dedicated time allocated.	Red	0.26 WTE	0.26 WTE	Re negotiate inpatient SALT	Business case and renegotiate with CCG/specialised commissioners							
4.5 Pharmacists	Kevin I	750%	100%	Dedicated time but not specified	Amber	0.16 WTE (1 hour 15 minutes/day=6.25 hours/week)	Needs defining	Describe typical input	Review of current practice and requirement.							
4.6 Psychologists	Andrew M/Kate R	0	100%	Charitable funds only - not dedicated.	Amber	0.5 WTE	0.5 WTE	Formal Psychology input	Business case - allocated Psychology input - OR increase current provision. Role of Specialised commissioning ?							

Enhancing the Experience of Families

Action 6: Develop and Invest in Support for Parents											Timeline					Consultation
Action	Lead	Baseline	Trajectory	Current position	RAG	Where do we want to be	What is the gap?	Solutions	Implementation Plan/Actions	February & March 2020	2020/21	2021/22	2022/23	2023/24	Consultation	
5.1 Family Integrated Care	Sarah R			0.2 w.t.e funded by network	Amber	0.2 w.t.e funded from establishment	0.2 w.t.e	source funding	business case to division							
5.2 Psychological Support	AndrewM			3 hrs a week plus addition 121s as needed funded from Emily Harris foundation also funds coffee mornings every wednesday	Amber	no change	No gap.	continue to support charity fundraising	none required							
5.3 Care Coordinator	none			No dedicated time allocated.	Blue											
5.4 Parent Accommodation	AndrewM			Adequate Parent accommodation all fit for purpose	Blue	No change										
5.5 Parent Facilities	AndrewM			Emily harris funds meal vouchers, welcome bags for new parents, car parking, bus passes and coffee and cake meetings	Blue	No change										
5.6 Resources					Blue											
5.7 Staff Training	Kate R			preparing for 1st baby friendly accreditation breast feeding updates for all HCAs	Green	achieve accreditation			working group given allocated time to implement baby friendly standards							

Key:	
Red	Off track requires support
Amber	Off track but within control
Green	On track
Blue	Complete

Blue
Amber
Red
Green

Nottingham University Hospitals
University Hospitals of Leicester
Sherwood Forest Hospitals
United Lincolnshire Hospitals
University Hospitals of Derby & Burton
Northampton General Hospital
Kettering General Hospital

Nottinghamshire
Leicestershire & Rutland
Lincolnshire
Derbyshire
Northamptonshire