Explore new





# **Exploring New Ways of Working In the Neonatal Unit** Dr Tanya Mitra<sup>1</sup>, Lorna Bramwells<sup>2</sup>, Dr Hilary Cass<sup>3</sup>, Dr Camilla Kingdon<sup>4</sup>

1 Medical Education Fellow, ST4 Paediatric Trainee, London. 2 Nursing Education Fellow, Head of Nursing Neonates, Children and Young People. Epsom St Helier University NHS Trust 3 Senior Clinical Advisor for CYP, Health Education England, Deputy Head of School for Paediatrics

4 Consultant Neonatologist and Honorary Senior Lecturer, Head of London Specialty School of Paediatrics and Child Health

## Background

Present model of neonatal care in the UK is not sustainable

There is a 14-18% vacancy gap on Tier 2 medical Neonatal and General Paediatric/Neonatal rotas nationally<sup>1</sup> 46-54% of vacancies are filled by locums<sup>1</sup>

Neonatal units nationally have gaps of experienced nurses who are Qualified in Speciality (49-92%)<sup>2</sup> and there is huge variance of enhanced and extended roles within nursing

*Aim*: To co-produce recommendations on ways to provide a more stable, mixed, neonatal workforce for London

## Identify existing neonatal workforce models Identify real-time stakeholder issues within neonatal workforce ways of working in neonatal care **Recommend** potential solutions for a safe & sustainable workforce

Publish report and recommendations from project and collaborative working

# Key Findings from Semi-Structured Interviews

ORGANISATIONAL		
Culture of unit is influential	Staffing issues despite consolidation	
Family Integrated Developmental Care Model is developing in London	Different models of Transitional Care	
MEDICAL		

Role of Associate Specialist used effectively in some units	Task orientated service provision $\rightarrow$ unsatisfactory experience
Effect of pay cap on locum doctors	Use of (MTI)scheme is variable
NURSING	
Band 6 QIS Nurses are difficult to recruit	2/3 of ANNPs on medical rotas in London
Nurses use enhanced skills often at own discretion	Pre-registered neonatal nursing modules currently only in 2 HEIs
NON-REGISTERED STAFF	
Variance of roles/responsibilities	Current training for Nursery Nurses does not include care of newborn

Specialty courses at graduate level: Development of the Nursing NN may not reach entry requirement Assistant role

### —— London Workforce

### **London Neonatal Nursing Workforce - ODN 2016**

16% vacancy rate across London for all levels of nurses

64% of all vacant posts are at Band 6

24% of vacant posts are at Band 5

Majority of nursing deficit occurring in tertiary NICUs (27%)

21% deficit in LNUs (Level 2) and SCUs (Level 1)

Less than 50% of units meet the BAPM standard of 70% QIS

Difficulty releasing nurses from clinical duties to do QIS course

Added pressure for LNU nurses to do NICU placements to complete QIS

### **Key Findings: London Neonatal Medical Workforce – Oct 2016**

15 out of 24 units had a separate neonatal rota

4 units have resident consultants

243 WTE Tier 2 middle grade posts: 73.7% are training posts

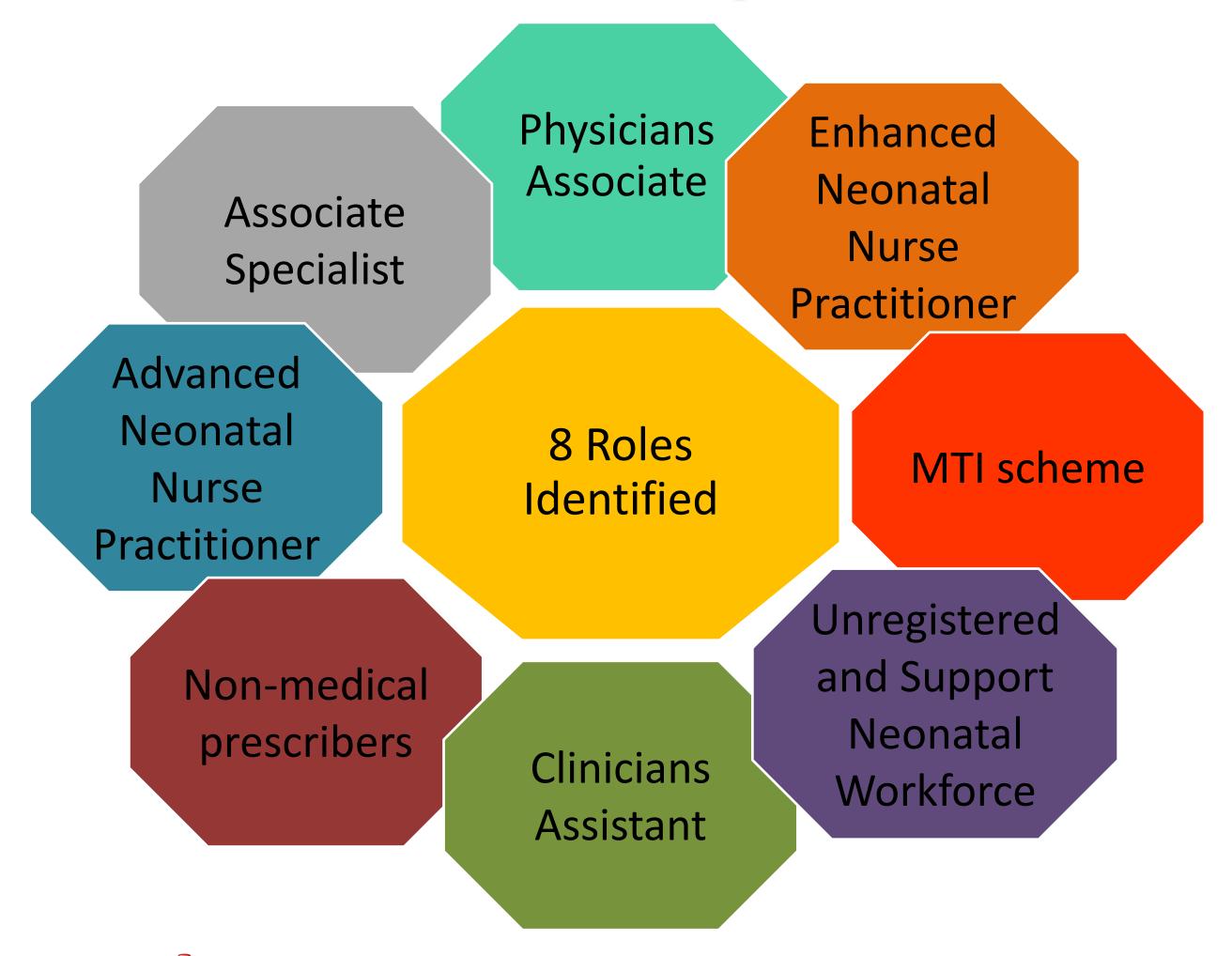
50% of neonatal units considered themselves to be understaffed

33.25 WTE ANNPs working across London

13.1 WTE Tier 2 (middle grade) rota gaps (equates to 5.4% gap)

16.5 WTE Tier 1 (SHO grade) rota gaps (equates to 6.7% gap)

# Role Development



## Going Forward

Dissemination of findings Capital Nurse Programme to develop Neonatal Nursing stream in London

London ODN/RCPCH to review Report to be platform for different working groups to build on findings