NHS
East Suffolk and North Essex
NHS Foundation Trust

Board of Directors

Thursday, 11 January 2024

Report Title:	Medical workforce planning in Maternity – report in line with CNST safety action 4
Executive/NED Lead:	Angela Tillett, Chief Medical Director Darren Darby, Chief Nurse
Report author(s):	Andrea Turner, Divisional Director, Women's and Children's Amy Bruce, Associate Director of Nursing, Women's and Children's Services Emma Hart – Matron, Neonatal Services
Previously considered by:	Women's and Children's Divisional Management Team

☑ **Approval** ☐ **Discussion** ☑ **Information** ☑ **Assurance**

Executive summary

As part of Year 5 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, Trusts must demonstrate an effective system of clinical workforce planning to the required standard.

As evidence of an effective planning system, Trust Boards must be sighted on the following indicators:

a) Obstetric medical workforce

1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:
a. currently work in their unit on the tier 2 or 3 rota or
b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or
c. hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.

Compliant - a 6-month audit of short-term locums has been undertaken from 01/04/23 to 30/09/23 and demonstrates that 100% of shifts met the above standard.

2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

Compliant – An SOP, outlining the process to be followed for engagement of long-term locums was implemented on 01/10/23. An audit of compliance with the requirements showed non-compliance in the four months prior to implementation of the policy, and full compliance since 01/10/23.

3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

Compliant – an SOP, *On call obstetric compensatory rest*, was approved on 30/09/23 and implemented from 01/10/23. An audit of compensatory rest has been carried out from 30/05/23 to 07/12/23. This shows occasions where consultants have chosen not to cancel their activity the next day. An action plan based on the SOP has been developed which enables compliance with this element of the standard.

4) Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level

as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.

Compliant – an audit of consultant attendance at the required emergency situations is recorded on both sites daily in the morning safety huddle. There was one occasion on the Colchester site in July where the consultant did not attend, which was reviewed and addressed at the time.

b) Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.

Colchester – compliant
On the Colchester site there is a resident duty anaesthetist for delivery suite, 24 hours a day, 7 days a week who holds bleep 400. In addition to this there is a dedicated obstetric anaesthetic consultant on delivery suite from 8am to 6pm Monday – Friday. Both are responsible for covering delivery suite emergencies, epidural requests, follow ups, multidisciplinary ward rounds and any other emergency delivery suite duties. From 5pm there is an on call consultant who covers main theatres and delivery suite out of hours. They are resident in the hospital until 10pm on weekdays and 8am-8pm at weekends and bank holidays. Between 10pm and 8am weekday and 8pm and 8am weekend nights they become non-resident but available to contact via telephone and to attend within 30 minutes in an emergency.

Ipswich - compliant

On the Ipswich site, there is a dedicated duty anaesthetist available for the obstetric unit 24 hours a day, 7 days a week. They hold the emergency bleep (066) and have a responsibility for covering the labour ward as well as the emergency obstetric theatre. They are also expected to participate in the multidisciplinary ward rounds on labour ward.

The duty anaesthetist is clearly displayed on the rota, as are the anaesthetists covering the late and night shifts for obstetrics. The daytime emergency obstetric lists are covered by consultants, senior trainee or staff grade anaesthetists (with a named supervising consultant with overall responsibility).

Out of hours the duty anaesthetist is a senior trainee or staff grade and they are resident within the hospital, supported by a consultant anaesthetist on call for both obstetrics and general emergencies from home.

c) Neonatal medical workforce

The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing. If the requirements have not been met in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies. If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

Compliant – The Colchester site has a compliant Tier 1 and Tier 2 rota. The Ipswich site has a compliant Tier 1 rota, and has made progress against the action plan developed previously for the Tier 2 rota. This rota is now fully funded to be compliant and is compliant on paper, but due to rota vacancies not every shift is covered with a dedicated Tier 2 doctor. The action plan has been updated.

Neither site has a Tier 3 (consultant) rota that meets the requirement. An action plan has been developed to address deficiencies, which therefore meets the requirements of the standard. This was presented to the LMNS Strategic Group on 08/11/23 and shared with the ODN network leads by email on 08/12/23.

d) Neonatal nursing workforce

The neonatal unit meets the BAPM neonatal nursing standards. If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. If the requirements had been met previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN)

Compliant

The trust is required to formally record to the trust board minutes compliance to BAPM nurse staffing standards annually using the neonatal work force calculator (2020). For units that do not meet the standard, the trust board should agree an action plan and evidence progress against any action plan previously developed to address deficiencies.

Colchester neonatal unit meets the BAPM neonatal nursing standards. The work force calculator has been submitted to the ODN on 3/10/23 and the LMNS in October 2023.

Ipswich Neonatal unit does not meet the requirement due to the qualified in speciality percentage of nursing staff. Whilst significant improvement has been made in the last 2 years 70% total has not been met. Ipswich hospital did not meet the standard in year 3 and or year 4 and 5 of MIS and therefore Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. Trust Board should develop an action plan in year 5 of MIS to address deficiencies. An action plan is written and has been to trust board in November 2023, as well as having been shared with the LMNS and Neonatal Operational Delivery Network (ODN) In November 2023.

Action Required of the Board/Committee

The Board is requested to receive and note this report as evidence that ESNEFT meets all of the requirements of safety action #4 of the CNST maternity incentive scheme for year 5, and recommend to the Trust Board that compliance with this safety action is confirmed within the CNST Maternity Incentive Scheme submission.

Link to Strategic Objectives (SO)		**Please tick**
SO1	Keep people in control of their health	☐
SO2	Lead the integration of care	☐
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☐

Risk Implications for the Trust *(including any clinical and financial consequences)*	A failure to achieve all 10 of the CNST Maternity Safety Actions, to which this programme of work contributes, will mean the Trust cannot recoup additional contributions already made to the Maternity premium, nor claim a share of unallocated funds (altogether circa £1.1m)
Trust Risk Appetite	Workforce: the board is prepared to take decisions that would have an effect on staff morale if there are compelling arguments

	supporting change, including some decisions with a high inherent risk if there is a potential higher reward

Legal and regulatory implications *(including links to CQC outcomes, Monitor, inspections, audits, etc)*	Implementation of the Saving Babies Lives care bundle is required by NHS England.
Financial Implications	A failure to achieve all 10 of the CNST Maternity Safety Actions, to which this programme of work contributes, will mean the Trust cannot recoup additional contributions already made to the Maternity premium, nor claim a share of unallocated funds (altogether circa £1m)
Equality and Diversity	No equality and diversity implications

a) Obstetric Medical Workforce

1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:
a. currently work in their unit on the tier 2 or 3 rota or
b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or
c. hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.

Compliant - a 6-month audit of short-term locums has been undertaken from 01/04/23 to 30/09/23 and demonstrates that 100% of shifts met the above standard.

Over this time period, 137 short-term locum shifts were used with breakdown as follows –

Month	Evening	Long day	Night	NWD	Grand Total
Apr	2	4	14	3	23
May	1	3	10		14
Jun	3	1	9	1	14
Jul	1	4	33		38
Aug	5	6	17		28
Sep	3	3	12	2	20
Grand Total	**15**	**21**	**95**	**6**	**137**

The position of the locum doctors against the standard is as follows –

Month	Currently in unit	Hold CEL	Specialist Register	Worked in last 5 years	Grand Total
Apr	8	3	4	8	23
May	5	2		7	14
Jun	5	3		6	14
Jul	15	14		9	38
Aug	13	13		2	28
Sep	16	3		1	20
Grand Total	**62**	**38**	**4**	**33**	**137**

There were no shifts that were not compliant with the standard.

2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

Compliant

An SOP, outlining the process to be followed for engagement of long-term locums was implemented on 01/10/23. This includes the checklist shown below, which summarises the RCPCH guidance.

Compliance	Completed Y/N	Date
Locum doctor CV reviewed by consultant lead prior to appointment		
Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment		
Departmental induction by consultant on commencement date		
Access to all IT systems and guidelines and training completed on commencement date		
Named consultant supervisor to support locum	Name:	
Supernumerary clinical duties undertaken with appropriate direct supervision		
Review of suitability for post and OOH working based on MDT feedback		
Feedback to locum doctor and agency on performance		

This checklist is now used for all locums employed for more than 2 weeks.

A 6-month audit (01/06/23 – 30/11/23) has been undertaken which shows non-compliance prior to the introduction of the checklist, but full compliance over the last 2 months from 01/10/23, since the policy was introduced.
A summary of audit data is as follows –

	Locums commencing in month			
Month	**Consultant**	**All checklist elements completed**	**Registrar**	**All checklist elements completed**
Jun-23	2	0/2	0	NA
Jul-23	1	0/1	0	NA
Aug-23	0	NA	0	NA
Sep-23	1	0/1	0	NA
Oct-23	1	1/1	1	1/1
Nov-23	2	2/2	0	NA

Actions
Ongoing audit to ensure checklist and processes underpinning this completed for all long-term (>2 weeks) locums

3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

Compliant
A series of meetings have been held with consultants on both sites, facilitated by the Obstetric Clinical Director and Clinical Leads. An SOP was approved on 30/09/23 with principles as follows:

- From 1st October 2023 to 31st December 2023 if the consultant has been disturbed overnight, therefore meaning compensatory rest is required, the on call Consultant will contact the operations team as promptly as practical in the morning for activity to be cancelled.

- From 1st January 2024 Consultant activity will be prospectively cancelled or the consultant will alter their planned work the morning after night on calls.
- We are looking at moving to fixed nights on call where possible to minimise cancellation of clinical activity, although full agreement on this has not yet been reached

An audit monitoring compliance has been completed from 30/05/23 to 07/12/23.

	Colchester				Ipswich			
Month	**Consultant disturbed overnight**	**Activity Stood down**	**Activity continued to Run**	**Non clinical or Weekend**	**Consultant disturbed overnight**	**Activity Stood down**	**Activity continued to Run**	**Non clinical or Weekend**
Feb	9	0	1	8	3	0	1	2
Mar	6	0	1	4	7	0	3	4
April	11	0	4	4	10	0	8	2
May	13	0	1	12	6	0	2	4
June	13	0	2	11	5	0	2	3
July	12	0	2	10	4	0	1	3
Aug	5	0	5	0	7	0	5	2
Sep	7	0	2	5	6	0	4	2
Oct	4	0	2	2	16	0	16	0
Nov	9	1	3	5	8	0	0	2
Dec	1	0	1	0	2	0	2	0
Total	**90**	**1**	**24**	**61**	**74**	**0**	**44**	**24**

This shows that we are often not meeting the compensatory rest requirement as the consultant on call has chosen not to cancel their activity on the following day. However, from 01/01/24, activity will be cancelled prospectively which will ensure compliance with the guideline. This is detailed in the action plan to ensure compliance with this safety action requirement.

The actions are as follows –

Date action agreed	Aim	Smart Action	Proposed completion date	Comments/progress	BRAG status
Oct-23	To ensure activity is stood down after night on call	Consultant discussion to happen with operational team, when consultant on call is called in, activity to be stood down.	Jan-24	Currently occuring, however where consultants have been happy to continue activity this has not been cancelled. Will need to modify this practice going forward.	
Oct-23	To look at rota on call	For colchester to look at fixed on call dates and agree with consultants	Jan-24	Discussions have started with the team on whether this could be implemented. Concerns from consultants being addressed/	
		Look at impact to activity	Jan-24		
Oct-23	2nd on call rota.	To look at implementation of 2nd on call rota, to support compensatory rest for weekends	Jan-24	To be discussed at next consultant meeting	
Oct-23	12 month planning	To forward plan activity loss for 12 months at colchester using the current on call pattern.	Jan-24	Data to be pulled.	
Oct-23		Activity to be cancelled prospectively after an on call from 01/01/24 as in SOP	Jan-24		

4) Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.

Compliant – an audit of consultant attendance at the required emergency situations is recorded on both sites daily in the morning safety huddle. There was a single occasion on the Colchester site in July 23 where the consultant did not attend when required. This was a locum consultant, who no longer is employed by the Trust. A full locum induction programme has been put in place since this incident and no further episodes have occurred.

Audit data is shown in the table below -

	Colchester				Ipswich			
Month	Calls	Attended	Not required	Did not attend - breach of SOP	Calls	Attended	Not required	Did not attend - breach of SOP
Feb	9	7	2	0	3	2	1	0
Mar	6	5	1	0	7	5	2	0
April	11	8	3	0	9	8	1	0
May	12	12	0	0	6	4	2	0
June	13	12	1	0	5	2	3	0
July	12	9	2	1	4	3	1	0
Aug	5	5	0	0	6	3	3	0
Sep	6	5	2	0	6	5	1	0
Oct	4	2	2	0	16	10	6	0
Nov	9	5	4	0	8	8	0	0
Dec	1	1	0	0	2	0	2	0
Total	**88**	**71**	**17**	**1**	**72**	**50**	**22**	**0**

b) Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.

Colchester – compliant

On the Colchester site there is a resident duty anaesthetist for delivery suite, 24 hours a day, 7 days a week who holds bleep 400. In addition to this there is a dedicated obstetric anaesthetic consultant on delivery suite from 8am to 6pm Monday – Friday. Both are responsible for covering delivery suite emergencies, epidural requests, follow ups, multidisciplinary ward rounds and any other emergency delivery suite duties. From 5pm there is an on call consultant who covers main theatres and delivery suite out of hours. They are resident in the hospital until 10pm on weekdays and 8am-8pm at weekends and bank holidays. Between 10pm and 8am weekday and 8pm and 8am weekend nights they become non-resident but available to contact via telephone and to attend within 30 minutes in an emergency.

Ipswich - compliant

On the Ipswich site, there is a dedicated duty anaesthetist available for the obstetric unit 24 hours a day, 7 days a week. They hold the emergency bleep (066) and have a responsibility for covering the labour ward as well as the emergency obstetric theatre. They are also expected to participate in the multidisciplinary ward rounds on labour ward.

The duty anaesthetist is clearly displayed on the rota, as are the anaesthetists covering the late and night shifts for obstetrics. The daytime emergency obstetric lists are covered by consultants, senior trainee or staff grade anaesthetists (with a named supervising consultant with overall responsibility).

Out of hours the duty anaesthetist is a senior trainee or staff grade and they are resident within the hospital, supported by a consultant anaesthetist on call for both obstetrics and general emergencies from home.

c) Neonatal Medical Workforce

The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing. If the requirements have not been met in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies. If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

Compliant

For the first time, all three tiers of medical staffing are included (the consultant workforce did not form part of this standard in previous years).

Both Colchester and Ipswich are Local Neonatal Units (previously described as level 2 units) and therefore must meet the BAPM standards specified for this level of unit.

The BAPM standards relating to Tiers 1, 2 and 3 of medical staffing for LNUs are set out below, together with the current ESNEFT position.

Tier 1

At least one resident tier 1 practitioner immediately available dedicated to providing emergency care for the neonatal service 24/7

In large LNUs (>7000 births) there should be two dedicated tier 1 practitioners 24/7 to support emergency care, in keeping with the NICU framework

At each of our two sites we have between 3,500 and 3,800 births per year so are required to have one resident Tier 1 practitioner dedicated to the Neonatal Unit on each site.

Ipswich site - compliant

Colchester site - compliant

Tier 2

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 - 22.00, seven days a week

LNUs undertaking either >1500 Respiratory Care Days (RCDs) or >600 Intensive Care (IC) days annually should have immediately available a dedicated resident tier 2 practitioner separate from paediatrics 24/7

If the requirements have not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in Year 3 of MIS as well as including new, relevant actions to address deficiencies.

Ipswich site – compliant

The tier 2 rota is not always in line with the guidance but progress has been made against the action plan, therefore we are compliant with the standard.

Since MIS Year 4 investment has been made to fund two additional ANNP posts, creating an additional slot on the rota. On paper this achieves compliance. However vacancy in both ANPs and medical workforce means that there is not always a separate Tier 2 doctor available.

Actions required

1. Application has been made to Neonatal ODN for additional funding for further Trust registrar / ANP – outcome awaited
2. Ongoing recruitment to vacancy and use of locums to achieve compliance
3. Audit to be undertaken to monitor % of uncovered shifts

Colchester site - compliant

For Colchester we have Registrar cover in place dedicated to the Unit, which is 09.30 to 22.00 (including handover) daily, the busiest period.

Tier 3

All LNUs should ensure that all Consultants on-call for the unit also have regular weekday commitments to the neonatal service. This is best delivered by a 'consultant of the week' system and no consultant should undertake fewer than 4 'consultant of the week' service weeks annually.

No on-call rota should be more onerous than one in six and all new appointments to units with separate rotas should either have a SCCT in neonatal medicine or be a general paediatrician with a special interest in neonatology or have equivalent neonatal experience and training

LNUs providing >1500 RCDs or >600 IC days annually should strongly consider providing a dedicated Tier 3 rota to the neonatal unit entirely separate from the paediatric department

Both sites are non-compliant rota but an action plan is in place, which if approved ensures compliance with the standard. This was presented to the LMNS at the LMNS strategic meeting on 08/11/23 and has been shared with the ODN on 08/11/23 (the ODN is also represented at the LMNS Strategic Group).

Neither unit meets the threshold for an entirely separate neonatal consultant rota.

In Colchester there are 12 consultant paediatricians, all of whom cover the NNU on call. All 12 take part in the paediatric Consultant of the Week (COTW) and cover the neonatal unit in the afternoons and at weekends. Six of the consultants have neonatal expertise and take part in a neonatal COTW covering mornings Mon-Fri only. Six consultants do not do a COTW on the NNU. The expertise provided by the neonatal consultants would be hard to maintain if all the consultants took part in the neonatal COTW.

In Ipswich, there are currently 11 consultants with a twelfth consultant recruited. All 11 consultants cover the NNU on call and at weekends. However, 7 of the consultants take part in a separate COTW rota for the neonatal unit, covering the mornings only. The expertise provided by the neonatal consultants would be hard to maintain if all the consultants took part in the neonatal COTW.

Actions

1. All paediatricians to maintain neonatal CPD (at least 10 points per year) as mitigation, with additional skills days.
2. Options review to be undertaken to decide whether to change the rota with the current workforce (will result in less expertise on the units, significant change in job plans, reduction in other specialty work) or to work towards separate neonatal on call.
3. To explore the feasibility of a cross site neonatal on call rota.

The full action plan is detailed below:

Action No.	Area of Practice for Review	Aim	Smart Action	Proposed completion date	Comments/progress
1	BAPM Requirement for Medical Workforce in Local Neonatal Unit	At least one resident tire 1 practitioner immediately available dedicated to providing emergency care for the neonatal service 24/7	No action required on either site		
2	BAPM Requirement for Medical Workforce in Local Neonatal Unit	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 - 22.00, seven days a week. Colchester compliant Ipswich non-compliant	Application to Neonatal ODN for additional funding for further Trust registrar / ANP	May-24	NHSE have awarded funding for an ANNP 8b to support this rota
			Ongoing recruitment to vacancy and use of locums to achieve compliance on Ipswich site	May-24	
			Audit to be undertaken to monitor % of uncovered shifts	May-24	
3	BAPM Requirement for Medical Workforce in Local Neonatal Unit	All LNUs should ensure that all Consultants on-call for the unit also have regular weekday commitments to the neonatal service. This is best delivered by a 'consultant of the week' system and no consultant should undertake fewer than 4 'consultant of the week' service weeks annually. No on-call rota should be more onerous than one in six and all new appointments to units with separate rotas should either have a SCCT in neonatal medicine or be a general paediatrician with a special interest in neonatology or have equivalent neonatal experience and training Neither site currently compliant	All paediatricians to maintain neonatal CPD (at least 10 points per year) as mitigation, with skills days	May-24	
			Options review to be undertaken to decide whether to change the rota with the current workforce (will result in less expertise on the units, significant change in job plans, reduction in other specialty work) or to work towards separate neonatal on call.	May-24	
			To explore the feasibility of a cross site neonatal on call rota.	May-24	

d) Neonatal nursing workforce

The neonatal unit meets the BAPM neonatal nursing standards. If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. If the requirements had been met previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

Compliant

The trust is required to formally record to the trust board minutes compliance to BAPM nurse staffing standards annually using the neonatal work force calculator (2020). For units that do not meet the standard, the trust board should agree an action plan and evidence progress against any action plan previously developed to address deficiencies.

Colchester neonatal unit meets the BAPM neonatal nursing standards. The work force calculator has been submitted to the ODN on 3/10/23 and the LMNS in October 2023.

Ipswich Neonatal unit does not meet the requirement due to the qualified in speciality percentage of nursing staff. Whilst significant improvement has been made in the last 2 years 70% total has not been met. Ipswich hospital did not meet the standard in year 3 and or year 4 and 5 of MIS and therefore Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. Trust Board should develop an action plan in year 5 of MIS to address deficiencies. An action plan is written and has been to trust board in November 2023, as well as having been shared with the LMNS and Neonatal Operational Delivery Network (ODN) In November 2023.