

## **Kent, Surrey and Sussex Neonatal Operational Delivery Network - Written evidence (PRT0061)**

### **1. Summary:**

The Allied Health Professional (AHP) and Psychology Leads for Kent, Surrey and Sussex Neonatal Operational Delivery Network are submitting the following evidence to advocate for equity and improvement in preterm care. As a region we would like to highlight the inequalities and 'postcode lottery' that currently exists for infants and families to access care in our area. We would also emphasise the importance of timely and optimal AHP and Psychological support in improving outcomes for preterm infants; emphasizing the role of optimally staffed embedded neonatal dietitians in achieving this level of care.

### **2. What progress has been made over the last four years since the Neonatal Critical Care Review report within Kent, Surrey and Sussex?**

#### **2a. Speech and Language Therapy (SALT) Services:**

- Units in KSS have increased SALT staffing to 35% of the national recommendations [Neonatal-staffing-levels-2023.pdf \(rcslt.org\)](#).
- 3 new posts have been developed – 2 by local trust indicatives and 1 from Ockenden NHSE funding.
- 6 units have successfully recruited to SALT posts in the past 18 months with no current vacancies for SLT within the region.
- Lead SLT for KSS neonatal network appointed in Jan 22. Close working with network and national teams.
- 7 units in KSS have added SALT to their risk register in past 18 months.

- Improvements in support for therapists through network forums, peer supervision, shared resources and unit visits from Network lead SALT
- Ongoing and bespoke support and advice for unit SALTs to enhance their knowledge and skills via network and national training. E.g. HEE modules.
- EDUCATION AND TRAINING: Nursing staff are offered specialist training from network SALT via the network preceptorship programme (iNfuse)
- Network wide 'infant feeding working group' set up and attended by SALTs, infant feeding leads, care coordinators, dietitians and parent representatives.
- Infants and families in 6 out of 13 units currently have **no** access to SALT.

## **2b. Physiotherapy services:**

- RECRUITMENT: Units in KSS have increased Physio staffing to 58% of the national recommendations
- 5 new posts were developed via local trust initiatives and Ockenden/NHSE funding.
- 5 units have successfully recruited to Physio posts in the past 18 months.
- Lead Physio for KSS neonatal network funding for 0.4wte
- RETENTION AND SUPPORTING SKILLED WORKFORCE: Physio's across the network are support with shared resources, guidelines and a physio forum has been set up.
- Access to HEE foundation modules for neonatal AHPs including physio modules.

- EDUCATION AND TRAINING: Nursing staff have been offered specialist training from network and local Physios via the network preceptorship programme (iNfuse)
- Infants and families in 6 out of 13 units currently have **no** access to Physio.

## **2c. Dietetic Services:**

- RECRUITMENT: Units in KSS have increased Dietetics staffing to 40% of the national recommendations
- 2 units within KSS have increased their staffing by 0.3 & 0.6wte respectively using funding from Ockenden.
- Other Trusts are currently working on business cases to develop their workforce further
- Lead Dietitian for KSS neonatal network appointed in March 22, working closely with units in KSS, the network team and nationally
- RETENTION AND SUPPORTING SKILLED WORKFORCE: Support group well established for Dietitians within the network which includes regular clinical supervision, support with complex cases, sharing resources and developing network guidelines
- One unit Dietitian left her post as 0.3wte Neonatal Dietitian, and this was successfully filled within an appropriate time without any additional increase in funding to meet staffing recommendation of 1.3wte.
- EDUCATION AND TRAINING: Nursing staff are offered specialist training from network Dietitian via the network preceptorship programme (INFuSE), neonatal network study events or individual unit education updates
- Individual MDT training or Dietitian specific training has been delivered on various topics regarding neonatal nutrition to enhance

knowledge and skills (breast milk fortifier, donor breast milk, additives and vitamins)

- Network wide 'KSS Nutrition group is established, attended by any professional working on a neonatal unit with an interest in nutrition. Principles in Practice guidance have been developed as well as guest speakers discussing a variety of topics.
- Infants and families in 5 out of 13 units currently have **no** access to Dietetic.

## **2d. Occupational Therapy Services:**

- Lead OT for KSS Neonatal network appointed in December 2022
- RECRUITMENT: Units in KSS have increased OT staffing from 0% to **5.8%** in line with national recommendations (The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK, November 2022; Occupational Therapy staffing on neonatal units, RCOT 2022).
- 1 new posts was developed – from Ockenden funding.
- Remaining Ockenden funding supported 1 pilot OT post successfully.
- 2 units are using Therapies funding for fixed-term OT posts.
- 3 units in KSS have added OT to their risk register in past 6 months.
- RETENTION AND SUPPORTING SKILLED WORKFORCE: Introduction of support for new staff and pilot OT's through network forums, peer supervision, shared resources and unit visits from Network lead OT.
- Ongoing and bespoke support and advice for unit OT's to enhance their knowledge and skills via network and national training. E.g. Getting into Neonatal OT/Enhanced Supervision.

- EDUCATION AND TRAINING: Nursing staff and therapy staff are offered specialist training from network OT via the network preceptorship programme (iNfuse); OT supporting other professionals education training in their network peer supervision forums.
- Infants and families in 12 out of 13 units currently have **no** access to OT

## **2e. Psychology:**

- Lead for Psychological Professionals appointed.
- Staffing standards for psychological professionals written with WTE calculations per cot recommended and endorsed by BAPM and professional bodies for psychological professionals.
- Gap analysis completed and reviewed following funding offer from Ockenden report.
- Psychological professionals appointed in units in Surrey and Level 3 units in Kent and Sussex.
- Local knowledge and understanding of role and remit for psychological professionals on the unit increasing.
- Professional support networks for psychological professionals and unit staff with a formal remit to provide emotional support to families in development.
- Contribution to INFUSE/Preceptorship programme. Contribution to elfh modules to develop psychological thinking for all neonatal staff.
- Collaboration with fellow ODN Psychologists to develop local induction documents, competency frameworks and processes to develop new area of clinical specialism for psychological practice.

### **3. What are the overall gaps/residual issues which need to be addressed in order to provide fair, equitable and timely care to infants and families in KSS.**

#### **3a. SALT:**

- There is currently a shortfall of **5.19wte** for SALT funding across KSS in order to provide care in line with national staffing recommendation for inpatients
- A further **2.4wte** is needed to provide SALT follow up and outreach on discharge home in line with NICE guidelines – currently there is no SALT involvement in neonatal follow up clinics across KSS
- **£454k** funding is required to fill these staffing gaps and eliminate the inequality between access to SALT services for families and infants born in KSS.
- Network SLT lead time is limited and not in line with national recommendations. Currently funded for 0.4wte - based on birth rate for KSS **1.4wte** is recommended for this post.

#### **3b. Physio:**

- There is currently a shortfall of **6.06wte** for Physio funding across KSS
- A further **2.2wte** is needed to provide Physio follow up in line with NICE guidelines
- **£494k** funding is required to fill these staffing gaps and eliminate the inequality between access to Physio services for families and infants born in KSS.
- Network Physio lead time is limited and not in line with national recommendations. Currently funded for 0.4wte - based on birth rate for KSS **1.4wte** is recommended for this post.

### **3c. Dietetics:**

- There is currently a shortfall of **5.68wte** for Dietetic funding based on 100% cot occupancy of all KSS units (6.67wte shortfall including transitional care cots)
- A few units provide support to the neonatal outreach services as part of their role but this is funded by therapy team as part of paediatric services
- **£515k** funding is required to fill these staffing gaps to include providing a service to transitional care, and eliminate the inequality between access to Dietetic services for families and infants born in KSS.
- Network Dietetic lead time is limited and not in line with national recommendations. Currently funded for 0.4wte - based on birth rate for KSS **1.4wte** is recommended for this post.

### **3d. OT:**

- There is currently a shortfall of **10.40 wte** for OT funding across KSS in order to provide care in line with national staffing recommendation for inpatients
- A further **2.5 wte** is needed to provide OT neurodevelopmental follow up on discharge home in line with NICE guidelines – currently there is no OT involvement in neonatal follow up clinics across KSS
- **£892.000** funding is required to fill these staffing gaps and eliminate the inequality between access to OT services for families and infants born in KSS.
- Network OT lead time is limited and not in line with national recommendations. Currently funded for 0.4wte - based on birth rate for KSS **1.4wte** is recommended for this post.

### **3e. Psychological Services:**

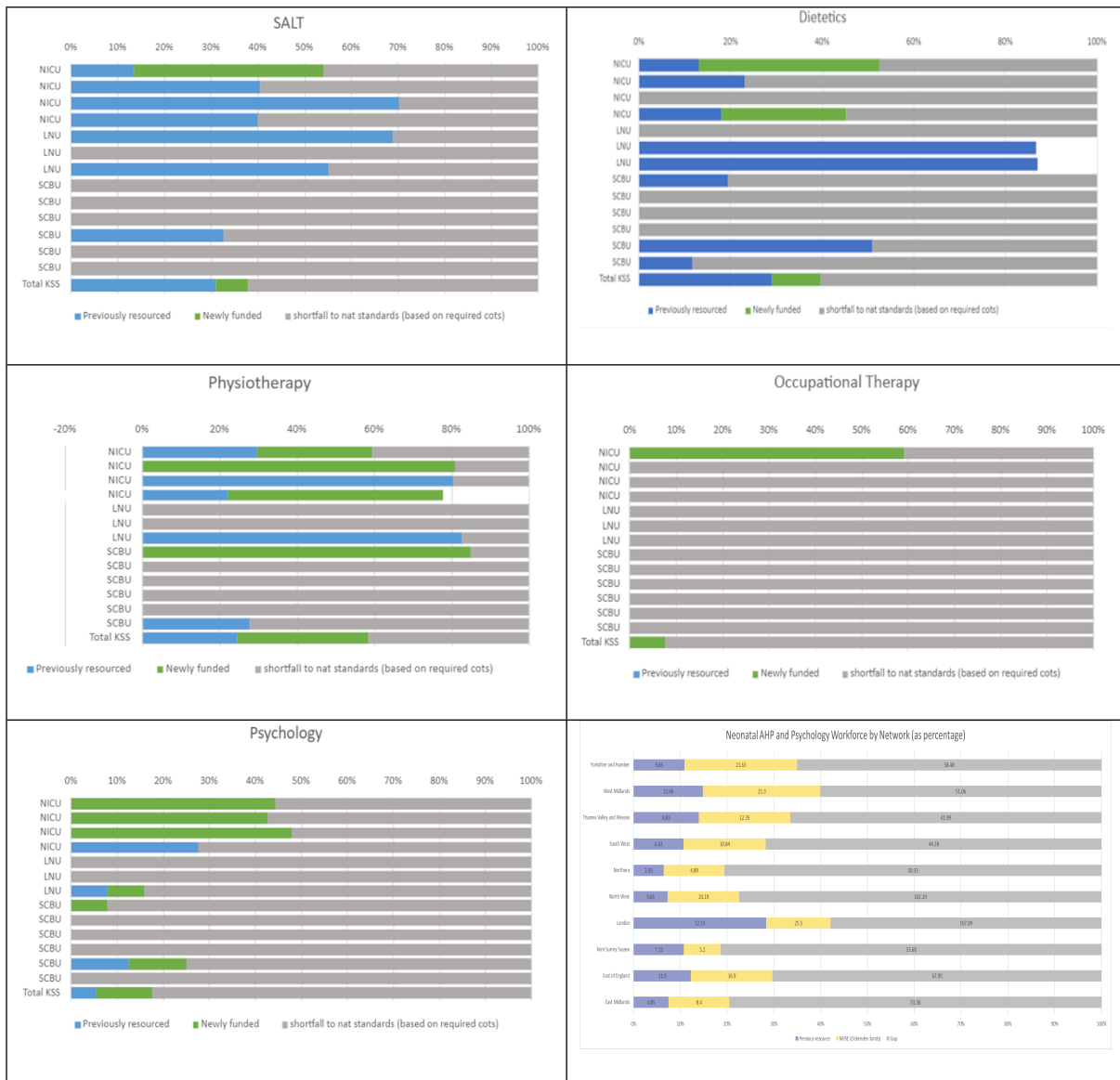
- There is currently a shortfall of **12.92 WTE** for Psychological therapists across KSS. There is an 83% gap in provision according to staffing standards.
- **£1.2m** funding is required to fill these staffing gaps and eliminate the inequality between access to Psychological services for families and infants born in KSS and deliver timely intervention.
- Level 2 units have little or no provision. No unit meets staffing standards for psychological provision. No unit provides time from psychologists at follow up.
- Network Psychologist lead time is limited and not in line with national recommendations. Currently funded for 0.4wte - based on birth rate for KSS **1.4wte** is recommended for this post.

### **3f. ODN AHP/Psychology Leads:**

- All AHP/Psychology leads within the KSS neonatal network are currently funded for 0.4wte.
- There is no pharmacy lead within KSS
- Staffing recommendations are 0.3wte per 10,000births. In KSS last year there were 46,617 live births which would equate to an increase to 1.4wte per profession. Therefore, to include pharmacy additional funding for **6.4wte** is required.

## **4. Graphs to demonstrate the gaps in AHP and Psychology workforce in KSS**





## 5. Funding required for recommended AHP and Psychology workforce in KSS:

**£3.6m** to fully staff SALT, Physio, OT, Dietetics and Psychological services in KSS in line with staffing recommendations. Local trusts are clear that they do not have the funding required to develop these services and improve outcomes for neonates and their families.

## 6. What is the current regional plan to meet these gaps?

- An additional £3.6m funding is needed to fully staff AHP and Psychological neonatal services across KSS.
- This is currently being addressed by adding AHP and Psychological neonatal services to trust risk registers, promoting the benefits of input to local trusts and senior managements (combined with the risk of not having access to these specialist services)
- Business cases continue to be developed with individual Trusts.  
**However, with the financial pressures on local NHS trusts most business cases have been rejected over the past 2 years.**
- When there is no access to input for AHP/P services – the unit management team and therapy services have been encouraged to DATIX these as incidents. This is particularly significant in cases of repatriation from hospitals where infants and their families have had access to AHP/P services.
- Ongoing promotion of funding gap and need for AHP/P therapists for units across different agencies and in different arena.

## **7. Current regional AHP/P ODN workstreams to support care for preterm infants and their families.**

- **Workforce** – continue to work towards improving and expanding AHP/P workforce in line with national standards as written in BAPM framework.
- Support with recruitment to vacant posts
- Support newly appointed AHP/Ps to with service set up & development of specialist skills.
- Gathering data available through current provision to further develop local business cases.

- **Training and Education** – Offer access to specialist training for all neonatal staff and develop support for parents. Sharing of psychological knowledge through teaching and training for all neonatal staff; supporting clinical and professionals leads with psychological thinking and compassionate practice.
- Continue to **develop and share resources** to support infant feeding and communication; nutrition; positioning/movement; developmental care; neuroprotective care and pain management.
- Continue to proactively encourage parent engagement, feedback and coproduction in all projects.
- Continually **audit and evaluate** current services and share best practice across the network Introduce core data sets for KPIs across all units with SALT/Dietetic access.

## **8. Required national actions to support provision of essential neonatal AHP/P services across our region:**

- Increased funding for AHP/P staff on neonatal units. Current shortfall for all AHP and psychology services is **53.68wte**
- **£3.6m** investment in AHP and Psychology services is needed in KSS to ensure the workforce meet national staffing recommendations.
- Increase funding for ODN AHP/P roles to further develop scope of the work.

*27 March 2024*