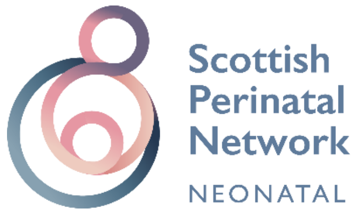

Neonatal Allied Health Professionals in Scotland

Building the future workforce

Commissioned by the Scottish Government

Written by

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The Neonatal AHP workforce leads team

for the

Scottish Perinatal Network

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Purpose of this Report

Allied Health Professionals (AHPs) are fundamental to providing the best possible neonatal care for babies who are admitted to a neonatal unit and their families (Scottish Government, 2023)

In 2017, *The Best Start: A Five Year Forward Plan for Maternity and Neonatal care in Scotland* (Scottish Government 2017) was published. This set out a new model of neonatal care for Scotland which included provision of neonatal AHP (nAHP) staffing within the neonatal team. To understand the current nAHP workforce in Scotland, an initial scoping exercise was carried out in 2021/22 which found evidence of significant gaps in specialist nAHP provision across Scotland (Scottish Perinatal Network, 2022). A number of recommendations were made following this review. The Scottish Government commissioned this report and provided funding for Scottish nAHP workforce lead posts, objectives for further work were set as follows:

1. Define the development of the nAHP workforce in the context of integrated workforce planning, including:
    a. Engagement with neonatal units to update existing workforce analysis, taking into account revised UK professional nAHP staffing recommendations.
    b. Promotion of the role and contribution of nAHPs to meet the needs of all families who experience neonatal care and to meet the standards set by the *Best Start*.
    c. Supporting neonatal units (NNUs) with the development of local action plans to progress and grow their nAHP teams.
2. Create national support mechanisms for the development of nAHP teams, including:
    a. Developing job descriptions for nAHP leads in Scotland using the already established examples of network lead roles within NHS England ODNs (Operational Delivery Networks).
    b. Linking with NES to explore the development of a nAHP education framework
    c. Considering supervision strategies for nAHPs.
    d. Creating generic parent support information that can be adapted in each unit to facilitate sharing and adoption of good practice.

This report summarises the work undertaken and makes recommendations for further development and investment in nAHPs to ensure optimal care and outcomes for the sickest and smallest babies admitted to neonatal units in Scotland and their families.

Background/Context

Neonatology is a challenging area that requires a highly specialist workforce to provide a safe and high-quality service. Well organised and effective neonatal care can make a lifelong difference to families and their babies (Scottish Government 2023).

As progress is made towards the full implementation of Best Start, growth and transformation of the nAHP workforce is fundamental. nAHPs are essential members of the neonatal multidisciplinary team, not only in the inpatient setting but also following discharge from the NNU to provide early interventions that improve short as well as longer term health and education outcomes.

AHP staffing should be provided in line with national recommendations and Scottish Neonatal AHP workforce development plans (Scottish Government, 2023)

Although the term AHP can refer to a wide number of professionals, this report specifically focuses on dietetics (DT), occupational therapy (OT), physiotherapy (PT) and speech and language therapy (SLT). The roles of these nAHPs have already been described in the previous report (Scottish Perinatal Network 2022).

The updated professional staffing recommendations, which have been endorsed by the British Association of Perinatal Medicine, can be found in Appendix 1. These provide a greater level of detail than previous versions of the nAHP staffing recommendations in that they now cover staffing for outpatients as well as inpatients (except for SLT where this detail is still being developed). Current staffing levels and the recommended staffing figures for each unit in this report, focus primarily on inpatients as it has not been possible, within the time allocated, to gather the service data required to calculate staffing recommendations for outpatients.

"We know that their input will not end when we leave the neonatal unit and are very grateful that he will have consistency in the ongoing care he receives to reach his potential."

"B's start to life was not what we had expected but the support from the allied health professionals at Simpsons has been invaluable in helping B's development."

Parent Voices

1. nAHP Workforce Planning

a) Approach/Method

As all nAHP staffing recommendations had been updated in late 2022/2023 there was a need to update current staffing figures as well as information to capture an accurate picture of nAHP teams in Scotland for the implementation of Best Start.

To support this, visits to all 14 NNUs in Scotland were carried out from December 2023 – March 2024 which included the following:

- All paediatric AHP teams who work on the same site as a Scottish NNU (whether they did or did not provide input to the NNU) were invited alongside local neonatal medical and nursing teams. In addition, they were also asked to invite any other relevant staff.
- Members of the local AHP teams were invited to complete a pre-visit questionnaire to gather an understanding of the challenges/barriers, education, training, and supervision opportunities at each site. One questionnaire was requested for each AHP professional group per site. A 100% response rate on the pre-visit questionnaires was achieved. The responses are available in a supplementary report on request from the authors.
- Information from the pre-visit questionnaires was then used as a starting point to facilitate discussions during each visit.
- Following the visits a post-visit questionnaire was sent to capture any other reflections or development plans since the meeting. These responses are also available on request.

b) Summary of findings

The key findings from the questionnaires and visits were as follows:

Repatriation

- Repatriation is integral to the effective delivery of integrated neonatal care across Scotland (Scottish Government, 2023).
- nAHPs have an essential role to play in the consistency of communication in relation to the repatriation of complex infants and their families back to Local Neonatal Units (LNUs) and Special Care Units (SCUs).
- There is a distinct lack of expert nAHP services particularly in receiving units, causing delayed repatriation from Neonatal Intensive Care Units (NICU) and risks to both families' outcomes and staff wellbeing.

Finance/funding for roles

- Lack of funding for nAHP services was a common theme within the responses to the pre-visit questionnaire.
- Staffing recommendations are not being met in any of the services even where nAHPs have secure and recurring funding.
- Only ~12% of the overall nAHP staffing recommendations are being met in Scotland (See Table 1.0). Of this, only a small portion of posts have been specifically funded from neonatal budgets.
- Non-recurring posts make up ~25% of the funded nAHP posts in Scotland.
- Most funded nAHP staffing has come from paediatric services or integrated Health and Social Care Partnerships (HSCP), with a small proportion having shared neonatal and paediatric budgets. The majority of nAHP time was funded from purely paediatric AHP budgets.
- When funding was allocated from paediatrics for the neonatal caseload, the priority for service cover was given to the paediatric caseload during times of high workload pressures.
- nAHPs within the same Boards may be under different management structures which can lead to delays and challenges with attempts to develop services in a cohesive way.
- Existing nAHP services may not sit under the same management structure as the rest of the neonatal team and this also causes difficulties with conflicting priorities.
- Current wider financial challenges across the NHS and HSCPs impact on initiating and developing services.

Wellbeing

- Repeated concerns regarding staff wellbeing were recorded within the responses.
    - Feeling stretched/overworked and undervalued at times.
    - Impact on morale due to the lack of input AHPs were able to offer to infants
    - Frustration from working in a reactive rather than proactive environment
    - Frequently working overtime to ensure all work is completed in one shift
    - Temporary funding of posts creates a lack of job security and anxiety in the workforce

Parent Voice

We cannot believe that the level of care that we received from the AHP team was a post code lottery. Had our baby been born anywhere else in Scotland we wouldn't have received the same level of AHP input and potentially no AHP input at all.'

Education, Support and Supervision

- Education of staff is a key driver of quality in healthcare. This creates challenges when activities undertaken by existing staff are unfunded (such as paediatric AHPs covering neonates) as existing training budgets are limited and will not be directed towards an unfunded service.
- Due to insufficient funding of nAHPs in neonatal services, the ability to provide education, supervision and training is severely limited across all Boards.
- The lack of nAHP staff restricts the scope and speed with which services can develop to fully achieve the aims of the Best Start and the aspirations set out in article 6 of the UNCRC (United Nations Convention on the Rights of the Child).
- Multifactorial reasons why developing neonatal services is limited. Within existing funding and staffing levels there has been no scope to develop services.
- Developing the "Scottish Neonatal AHP Learning & Sharing Hub" as part of this project was well received to address gaps in the available support for the development of staff.

c) Current staffing levels matched against staffing recommendations

Figure 1. Funded time for nAHP posts in Scotland against updated staffing recommendations with non-recurring/recurring funding also highlighted.

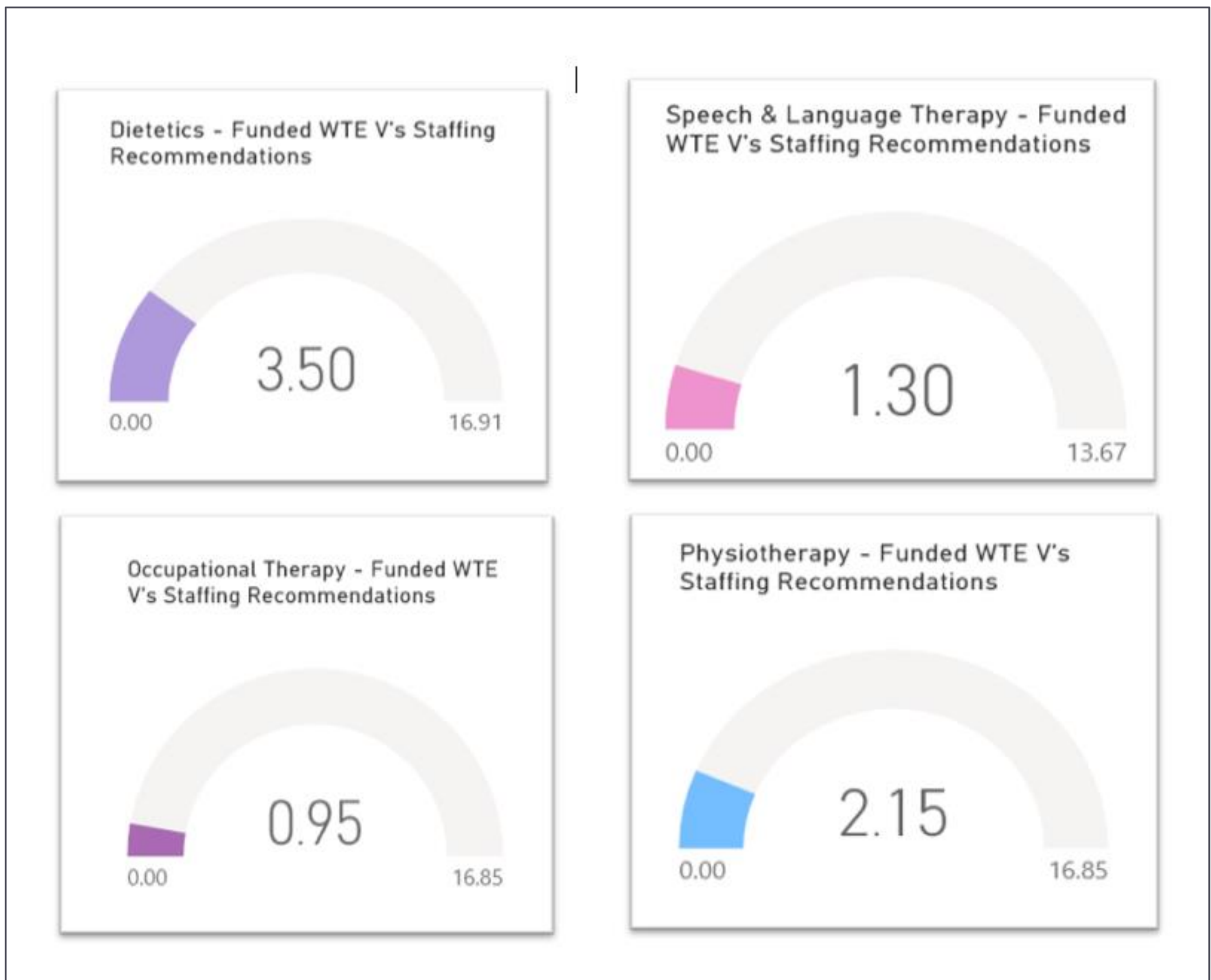


Table 1. Staffing recommendations for Neonatal Inpatients compared to current funded time

**Note that NHS GGC SLT team have approximated figures for current funded inpatient time as there is flexibility between inpatient and outpatient funding*

								Physiotherapy WTE		Occupational Therapy WTE		Dietetics WTE		Speech and Language Therapy WTE		Total AHP WTE funding in place	Total AHP WTE staffing recs	% of AHP WTE funded Vs recs
Scottish Health Board	**Neonatal Unit**	**Type of unit**	**ICU**	**HDU**	**SCBU**	**TC**	**Total Cots**	**Funded**	**Staffing recs**	**Funded**	**Staffing recs**	**Funded**	**Staffing recs**	**Funding**	**Staffing recs**			
Arran and Ayrshire	Arran and Ayrshire	LNU	5	4	11	4	**24**	0	1.2	0	1.2	0	1.2	0	0.78	0	4.38	0
Borders	Borders General	SCU	0	2	6	0	**8**	0	0.4	0	0.4	0	0.3	0	0.14	0	1.24	0
Dumfries & Galloway	D&G Royal Infirmary	SCU	2	2	5	2	**11**	0	0.55	0	0.55	0	0.53	0	0.22	0	1.85	0
Fife	Victoria	LNU	4	2	14	2	**22**	0	1.1	0	1.1	0.8	1.03	0	0.69	0.8	3.92	20
Forth Valley	Forth Valley	LNU	3	3	13	6	**25**	0	1.25	0	1.25	0	1.08	0	0.69	0	4.27	0
Grampian	Aberdeen Royal	NICU	10	7	14	3	**34**	0.25	1.7	0.25	1.7	0	1.91	0	1.52	0.5	6.83	7.3
GGC	PRM	NICU	4	6	18	0	**28**	0.2	1.4	0	1.4	0	1.29	0.1	1.09	0.3	5.18	5.8
GGC	RAH	LNU	3	3	10	0	**16**	0.1	0.8	0	0.8	0	0.78	0	0.71	0.1	3.09	3.2
GGC	QEUH	NICU	16	14	20	0	**50**	0.4	2.5	0	2.5	1.1	2.96	0.7	2.64	2.2	10.6	22.4
Highland	Raigmore	LNU	2	2	10	0	**14**	0.3	0.7	0	0.7	0	0.63	0	0.49	0.3	2.52	11.9
Lanarkshire	Wishaw	NICU	6	12	9	4	**31**	0	1.55	0.2	1.55	0.8	1.63	0	1.37	1	6.1	16.4
Lothian	RIE Simpsons	NICU	9	8	22	0	**39**	0.7	1.95	0.5	1.95	0.8	2.03	0.5	2	2.5	7.93	31.5
Lothian	St Johns	SCU	0	2	8	0	**10**	0	0.5	0	0.5	0	0.36	0	0.23	0	1.59	1.5
Tayside	Ninewells	NICU	4	5	12	4	**25**	0.2	1.25	0	1.25	0	1.18	0	1.1	0.2	4.78	4.2
	Totals		68	72	172	25	337	2.15	16.85	0.95	16.85	3.5	16.91	1.3	13.67	7.9	64.28	12.3
								12.8% funded (All recurring funding)		5.6% funded (1.5% recurring funding)		20.7% funded (16% recurring funding)		9.5% funded (5.8% recurring funding)		2.0wte of this is non recurring		12.3% overall (9% recurrent funding)

2. National Support for the Development of AHP Staff

Neonatal AHP representation at a national Scottish level is essential. nAHPs bring a unique perspective as well as expertise to national planning and improvement work in Scottish Government, the Scottish Perinatal Network, NES and HIS to inform:

- Work plans and priorities
- Clinical improvement
- Workforce development
- Workforce education, training, and supervision

a) Improvements made during the nAHP project

In addition to the key project deliverables agreed with Scottish Government the nAHP workforce team in this project, acting in a lead capacity to represent Scotland, have contributed/supported the Scottish nAHP workforce through the following:

- National sharing of good practice and learning:
  - In March 2024 the nAHP workforce leads delivered a national conference for all AHPs in Scotland, themed: "Neonatal AHPs – The Missing Link". This was attended by 50 delegates and included sharing innovative practice and workshops to brainstorm ideas for improving nAHP services across Scotland.
  - A Neonatal AHP forum was set up in 2022 and brings together all 4 disciplines to share good practice, cascade of information through the current leads. This has continued to evolve and engage staff from all Health Boards in Scotland.
  - Interdisciplinary work streams are looking at guidelines, good practice and strategies to reduce variance across Scotland, to promote a "Once for Scotland" approach.
  - To share good practice and ongoing developments nAHP leads have been active participants of the SPN Neonatal Grand Rounds.
- Neonatal AHPs have been identified as one of the five pillars of FICare in Scotland
- Supported the development of local business cases
- Enabled staff from across Scotland to shadow the lead nAHPs in their clinical roles
- Represented Scotland on the national AHP leads groups for the UK
- Acted as nAHP reps within local and national meetings
- Creation and development of "Scottish Neonatal Learning & Sharing Hub" hosted on SharePoint
- Supported supervision as follows:
  - Peer Supervision
  - Ad Hoc Clinical supervision across NHS Boards in Scotland
  - Ad Hoc Clinical support across NHS Boards in Scotland
  - Highlighting facility for supervision from the Royal College of Occupational Therapists

b) Recommendations for lead nAHP staffing structure in Scotland

Ongoing involvement by nAHP leads to support the various initiatives outlined in section (a) is unsustainable without further funding.

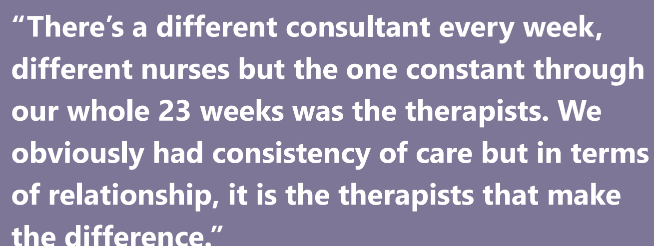
nAHP lead roles similar to roles established within the English neonatal ODNs would be a valuable resource for further developing national peer support and education aligning with the 4 pillars of practice, as well as advocating for AHPs, at national and Board level. The project leads group have drafted job descriptions and job specifications for these roles.

While the Best Start model for neonatal care includes three tertiary centres, there is consensus among AHPs in Scotland that one team of national nAHP leads is the best option to support and reinforce a "Once for Scotland" ethos.

Based on profession specific staffing recommendations (Appendix 1) the national nAHP leadership team should include 1.0 whole time equivalent band 8a each for Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy.

This lead nAHP team would work collaboratively to deliver services such as:

- Developing and disseminating standardised collaborative guidelines to support best practice.
- Identify ongoing training needs, develop, and deliver multi-professional standardised education programmes along with support resource development for parents and staff.
- Providing expert advice, challenging poor practice, as well as sharing and promoting good practice across the network.
- Inclusion of lead nAHPs in Network work plans and strategy groups will support recruitment, training, and retention of AHP staff.
- Ongoing fostering of links with counterparts within the ODNs in NHS England



Parent Voice

3. Conclusion/Recommendations

Conclusions:

- nAHPs in Scotland are funded to a total of ~12% of the overall staffing recommendations.
- Children and young people (CYP) AHP services are stretched, therefore it will not be possible to redistribute existing funding from CYP to neonatal services.
- There is large variance and inequity in the care provided across Scotland for the most vulnerable infants and their families.
- Specialist roles of nAHPs are essential to developing well organised & effective neonatal care.
- Early intervention by nAHPs can bring a lifelong difference to families and their babies.
- Evidence demonstrates the benefit of increased earlier intervention upstream e.g. R2A, GIRFEC (Getting it Right for every child).
- Established links with NES and higher educational institutes (HEI) during the project to consider learning needs and opportunities for nAHPs across Scotland.
- Scottish Neonatal AHPs Learning & Sharing Hub hosted on SharePoint dovetailing the Scottish Neonatal AHP Forum on MS Teams.
- Formal peer support systems have been trialled and there is ongoing expansion of these networks within nAHPs discipline specific groups.
- A fully funded nAHP workforce is essential for transformational care enabling Best Start to be successfully implemented.

Recommendations.

The recommendations from the report are categorised into short-term and longer-term recommendations, recognising possible constraints due to the current NHS and wider public sector financial landscape:

Short-term recommendations

1. Neonatal AHPs should be integrated into the core staffing structure of all neonatal units.
2. Include nAHP staffing in local and regional workforce plans for the implementation of the Best Start model of neonatal care.
3. SPN & nAHPs to support and update the Scottish Neonatal AHP Learning and Sharing Platform hosted on SharePoint
4. SPN support and host annual shared learning sessions
5. SPN support the AHP forum and associated groups

6. nAHP National Lead post job descriptions and job specification to be ratified through Agenda for Change in preparation for long term recommendations being implemented

Long-term recommendations

1. Prioritise funding for the nAHP workforce to meet the growing demands and complexities of neonatal care:
    a. Funding in Boards to be allocated specifically for the neonatal caseload to ensure protected neonatal provision.
    b. Increase funding to match staffing recommendations for inpatients.
    c. Increase funding to match staffing recommendations for outpatient follow up in addition to inpatient staffing recommendations.
2. In a "Once for Scotland" model of neonatal care create a single team of nAHP leads who are accountable at Government, Network and Board level.

The Neonatal AHP workforce is fundamental for providing specialised care to premature and critically ill infants in Scotland. This is currently unachievable due to challenges of staffing shortages and resource limitations, therefore placing this cohort of infants at significant clinical risk. Increased funding is critical to addressing these challenges, ensuring optimal care, improving patient outcomes, and supporting the well-being of both healthcare professionals and families.

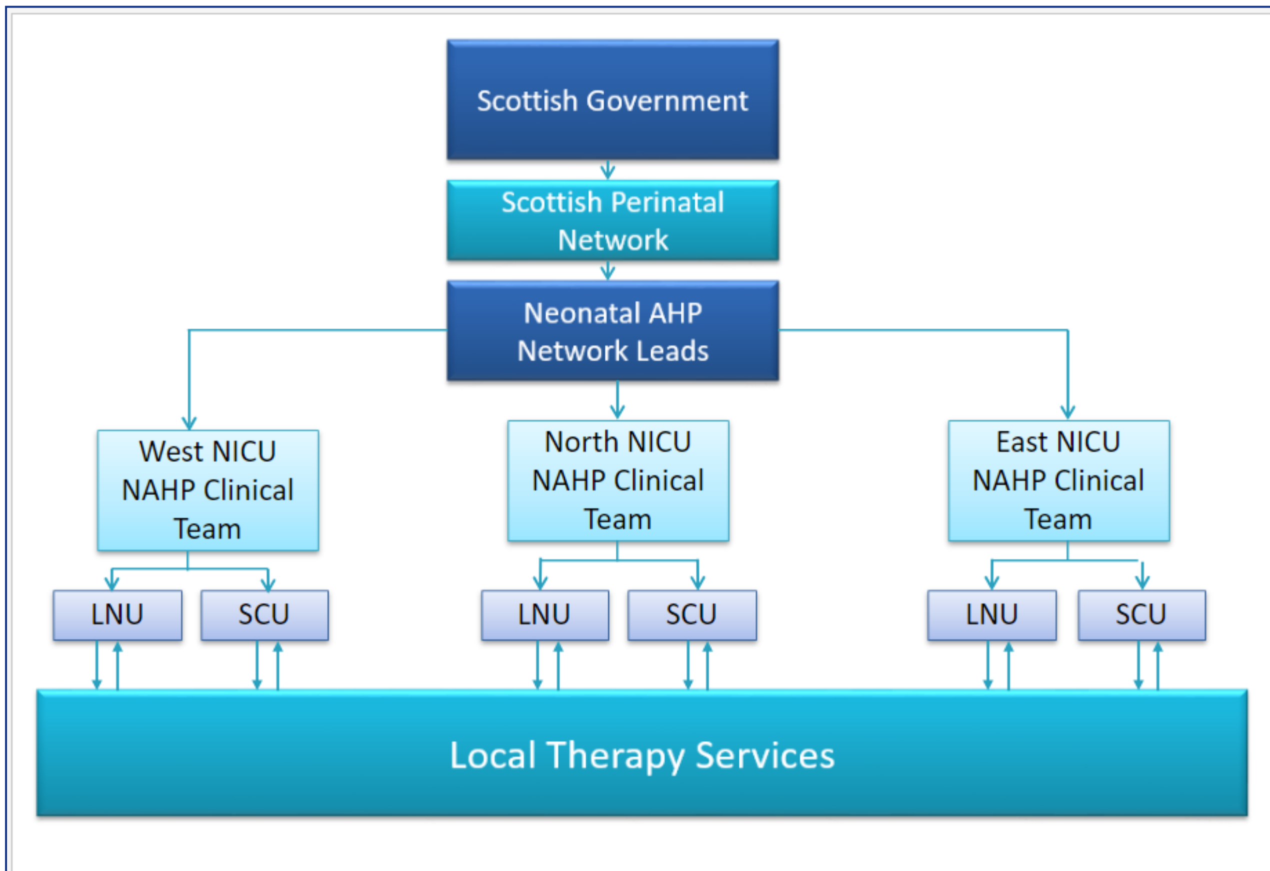
By investing in this workforce, Scotland can lead in providing exemplary care and support to its youngest and most vulnerable citizens.

H was very ill with suspected NEC, on antibiotics and his skin was purple and I was terrified....the AHPs explained how important it was for H to feel our touch and skin to skin. This is something that is so special and I am so glad that we were so encouraged to do this."

"We are incredibly grateful for all of the support that we have received during our time on the neonatal unit but have found the advice, guidance and resources from the AHP team invaluable in helping Ben to grow and develop."

Parent Voices

***Figure 2. Proposed National Neonatal AHP Leadership Structure*.**



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Appendix 1

Calculation of staffing recommendations

Links to the current nAHP staffing recommendations can be found at:

- **Dietetics (2022)**
  BDA-Formatted-Staffing-Recc.pdf
- **Occupational Therapy (2023)**
  Occupational therapy staffing on neonatal units - RCOT
- **Physiotherapy (2023)**
  Neonatal Staffing Recommendations | Association of Paediatric Chartered Physiotherapists (csp.org.uk)
- **Speech and Language Therapy (2023)**
  Neonatal-staffing-levels-2023.pdf (rcslt.org)

It is important to note that the calculation of staffing level depends on the number of declared cots +/- type of cot for 3 of the AHP groups: physiotherapy, occupational therapy, and dietetics. The SLT recommendations have a calculation based on annual cot activity instead of declared cot numbers which was designed to be in line with medical and nursing staffing establishment calculations. As some Scottish NNUs have had to close cots at times in recent years due to nursing/medical staffing capacity, SLTs were asked to submit Badgernet data for at least the last 2 – 3 years so that an average figure could be used to best describe the SLT recommendations going forward. The tables below are a simplified overview of the calculations for all nAHPs. For a detailed understanding of these calculations, it is important to fully read the staffing recommendation documents above.

Table 2. Overview of the calculations required for dietetics, physiotherapy and Occupational therapy staffing recommendations.

AHP groups	ICU WTE/cot	HDU WTE/cot	SCU WTE/cot	TC WTE/cot	Network WTE/ 10,000 births	Follow up WTE per 1/2-day clinic
Dietetics	0.1	0.05	0.033	0.033	0.2	0.15
Physiotherapy	0.05	0.05	0.05	0.05	0.2	0.15
Occupational Therapy	0.05	0.05	0.05	0.05	0.2	0.15

Table 3. Overview of the calculations required for Neonatal speech and language therapy staffing recommendations:

Type of Neonatal Unit	Equation to calculate staffing recommendations using cot capacity data	Ratio to add to equation	WTE / TC cot	Network WTE/10,000 births	Follow up WTE
SLT Surgical NICU	ICU cots + HDU cots + SCU cots /292 (80% cot occupancy) X appropriate ratio + calculation from TC cots	0.055	0.02	0.3	Not yet specified but being developed
SLT Medical NICU		0.05	0.02		
SLT LNU		0.05	0.02		
SLT SCU		0.04	0.02		

Glossary

APCP – Association of Paediatric Chartered Physiotherapists

AHP – Allied Health Professional

BAPM – British Association of Perinatal Medicine

BDA – British Dietetic Association

CMO – Chief Medical Officer

CYP – Children & Young People

DT – Dietitian

FICare – Family Integrated Care

GIRFT – Getting it Right First Time

GIRFEC – Getting it Right for Every Child

HEE – Health Education England

HSCP – Health & Social Care Partnership

nAHP – Neonatal Allied Health Professional

NEC – Necrotising Enterocolitis

NES – NHS Education Scotland

NHS – National Health Service

NICE – National Institute of Health Care Excellence

MDT – Multidisciplinary Team

OT – Occupational Therapist

PN – Parenteral Nutrition

PT – Physiotherapist

RCOT – Royal College of Occupational Therapist

RCSLT – Royal College of Speech and Language Therapists

SLT – Speech & Language Therapist

UNCRC – United Nations Convention on the Rights of the Child

WTE – Whole Time Equivalent