Audit of the current provision of education and training within the Neonatal South Central Network

1.0 Background

The driving principles for the reform of the NHS education and training system is to improve care and outcomes for patients. Excellent patient health and healthcare depends on a highly skilled and educated workforce. Neonatology is a highly specialised area of healthcare where nurses are caring for an extremely vulnerable complex population. The care administered to this population has a long lasting impact not only on the future of each vulnerable infant, but also on their families/carers.

There is a need to develop competency in measuring the effectiveness of what we do, developing and using evidence based practice and improvement methods in order to deliver the best possible care at the right time and in the right place. Cummings (2012) 6Cs of Nursing

2.0 Aim of Audit

This audit was undertaken to establish the current provision of education and training for both the registered and non registered neonatal workforce within the South Central Neonatal Network, in line with work force redesign.

3.0 Rationale for Audit

- The change to an all-graduate Nurse profession requiring reprofiling of NHS workforce and redesign of roles. (Buchanan and Seccombe 2009: Ferry et al, 2010b)
- The implementation of The South Central Neonatal Network Education and Training Strategy. (2012)
- The experience of application of the Scottish Neonatal Network Group SNNG (2005) frame work within the English and Scottish Higher Education environment. This framework has been successfully used as a benchmark of the expected standardised outcomes for competence and skill development for local nurses qualified in Speciality (QIS). This framework has also been utilised for the “novice” Nurse to expert “Neonatal Nurse” to help improve knowledge and practice to the required local standard. (Royal College of Nursing 2012)
- RCN framework on education, competence and careers in neonatal nursing. (2012)
- The recognition that the Neonatal workforce includes non-registered workforce such as Nursery Nurses, Assistant Practitioners and non clinical support. The Assistant Practitioner role in children and young people’s services. Royal College of Nursing (2012)
- Benchmark existing Education/Training within the Network.
4.0 National Standards Supporting Audit Questions

- Knowledge and Skills framework (KSF) for the NHS. (2004)
- The assistant practitioner role in children and young people’s services. Royal College of Nursing (2012)
- Liberating the NHS: Developing the Healthcare Workforce: From Design to Delivery (2010)

5.0 Methodology

- Comparable questionnaire
- Visits to all 14/15 units within the South Central Network. (Horton Hospital Special Care Unit is managed by the lead nurses at the John Radcliffe, they also provide the educational requirements, and so it was not felt necessary to visit this unit.)
- Face-to-face meetings with Lead Nurses and Practice Educators

6.0 Results of Audit

6.1 Practice Educators in Post?

- 86% of units within the South Central Neonatal Network have a Practice Educator/Clinical Facilitator in post.
- Of the above 86%, 92% were qualified in speciality i.e. neonatal; the other 8% were paediatric.
- Of the units with no Practice Educator in post, plans are apparently in place for recruitment.
- In all units where Practice Educators were in post, all were either supernumery to workforce or were allocated planned time to deliver and plan education. (However, in all units Practice Educators were incorporated in to the workforce at times of staff shortages and increased activity.)

6.2 Induction / Orientation for Staff New to Neonates

- All units provided local induction to the Neonatal workplace, but time spent as supernumery varied from 2-3 weeks in Local Neonatal Units (LNUs) and Special Care Units (SCUs), up to 14 weeks in Neonatal Intensive Care Units (NICUs). This orientation is exclusive to local Trust inductions.
- 85% of units provide competency based education / pathways for staff.
- 15% of units did not have competency based packages, but utilised other tools for learning. One unit is currently developing competencies based on the RCN framework.
Only in one unit are the competencies currently based on the Scottish Network / RCN Competency framework.

6.3 Preceptorship Programmes

- 86% of units undertake a preceptorship programme.
- 42% of units undertake a neonatal specific preceptorship programme, if not neonatal specific, newly qualified staff were accessing either paediatric or adult programmes.
- 14% were not accessing any preceptorship programme.
- All units have expressed interest in a Network approach to the delivery of a Preceptorship programme (see appendix 1).
- A Network approach will have to be aligned with individual Trust programmes to help the new entrant become familiar with local policies and procedures. (NMC2006)

6.4 Access to Qualified in Specialty (QIS) Module via Higher Education Institutes (HEI)

The term neonatal nurse is not recorded on the NMC Register; however the recommendations from both the Scottish Network and RCN guidance state that from a workforce perspective that the knowledge, skills and competencies inferred by this status are transferable across the UK.

- All units have access to funding and plan to send staff on the Neonatal High Dependency / Intensive Care Module via Higher Education Institutes.
- South Central Network Neonatal Units utilise modules from at least 6 HEI.
- Within the modules offered by the 6 HEI, there is current disparity in length of module, content, study hours and length of time on clinical placement in a NICU.
- Lead Nurses within the LNU’s and the SCU felt that there was a lack in skills and clinical competence after completion of some modules.
- The three NICUs within the South Central Neonatal Network do not currently offer placements to their staff who are undertaking the module, in alternative NICUs / LNUs. However, since completion of this audit, one NICU has made provision for staff undertaking the module to have a week’s placement in a LNU and one of the other NICUs’ is considering other placements.

6.5 Neonatal Medicine Management

- 21% of units had a bespoke Neonatal Intravenous study day.
- 58% of units accessed a Paediatric or Trust Adult IV study day.
- 28% do not access any formal IV study day.
- 92% of units have drug competencies / workbooks and other assessment tools to ensure competence and safety.
- All units felt that a Network standardised approach to Neonatal IV and medicine management would help to improve standards, quality of care and reduce risk.
- Everyone supported access to a standardised drug calculation tests and a standardisation of drugs infusions with a bespoke calculator tool.
- Some units expressed concern that individual Trust insist their staff attend an Adult IV study day as they do not recognise a neonatal one.
6.6 Education Provision for Staff Qualified In Speciality and Beyond

- 86% of units produced an annual Training Needs Analysis (TNA).
- All units had planned mandatory / essential training for both neonatal specific and Trust requirements.
- All units undertook annual appraisals with Personal Development Plans (PDP) in place.
- 92% of units had some form of Enhanced Practitioner / Extended Nurse role for their Bands 6 and 7. In some units this was extended to role development for Band 5 staff.
- 92% of the units have some form of education package in the form of competencies and or workbooks. A small number of units utilise some form of simulation to deliver training for an extended role, i.e. sampling from arterial lines for blood gas analysis and other blood analysis.
- All units had some form of leadership and development programmes in place for staff QIS, but all felt this was an area that needed more planned and formal development.
- All units have access to E-Learning via individual Trust Intranets (This was mainly Mandatory training. Some units use it to deliver other forms of training i.e. equipment training, drug calculation tests and workbooks.)
- 57% of units utilise simulation training packages, skills drills and the use of scenario / role play to deliver training and assess competence.

6.7 Palliative Care

- 28% of units have a bespoke neonatal annual bereavement study day / palliative care study day.
- 78% of units have access to either maternity or paediatric bereavement services with link Nurse Roles in place.
- All units would like this study day to be delivered via the Network.

6.8 Non Registered Workforce

6.8.1 Background

In recent years, health care support workers (HCSW) roles have developed considerably across health and social care (Spilsbury et al, 2010; Ferry et al, 2010a). Since 1997, in England the number of HCSWs delivering nursing care has more than doubled (Buchan & Seccombe, 2006).

Financial constraints within ever increasing health and social care demands are exerting unprecedented pressure on limited NHS resources therefore more flexibility in the workforce at all levels is being actively encouraged.

It is nationally recognised that the expanding non registered workforce needs to be developed within a recognised career framework.

There are a number of key drivers for the introduction of the role of the Assistant Practitioner or expanding upon the current responsibility of the Nursery Nurse role in neonatal units.
6.8.2 Key Drivers

- An aging work force (Buchan, 2008).
- Economic constraints due to the advancements in technology, increasing public expectations, aging population (Shields and Watson, 2008).
- All-graduate Nurse Profession.
- The modernisation of nursing careers.
- Nurses will be more prepared to lead a changing health care system and modernising the nursing image (DH, 2006).
- The escalating demand for nursing skills (Macleod Clark, 2009).
- The changes in the content of the child health non vocational courses.

6.8.3 Results of Audit

- As a Network there is a need and desire for a recognised neonatal specific career framework for the neonatal non registered workforce to be developed.
- As a Network there is a need and desire for an agreed standard of neonatal specific core competencies for the non-registered workforce.
- All units have Bands 2-4 within their current workforce.
- Not all units had neonatal Nursery Nurse Competencies for their nursery nurse workforce.
- Most staff on neonatal units within the Network in Bands 2-3 are employed in a non-clinical support role i.e. administrative, to clean and maintain equipment, parent support and milk kitchen roles.
- Most units within the Network employ Band 4s as Nursery Nurses although some work at Band 3 (all have traditional NNEB/NVQ Nursery Nurse training).
- There is a huge disparity in the roles and responsibilities undertaken by the Bands 4 within the South Central Network.
- There is no standardisation of roles and responsibilities of Band 4s within the Network. Roles and responsibilities vary from looking after infants in low flow oxygen, High Flow oxygen, infants with Intravenous infusions, acting as a second checker with the administration of some agreed oral drugs and infants on Continuous Positive Airway Pressure (CPAP) support to purely caring for very low dependency infants. Consequently, within the Network the same band of workforce could be caring for relatively complex high dependency infants and their families or low dependency non complex infants & their families.
- There is a disparity in orientation, assurance of skills and knowledge, standards of continued professional development (CPD) and education for the Band 4 workforce within the Network.
- There is some confusion around the role of the Assistant Practitioner (AP) and Nursery Nurse. AP is used in job title, however it is also a generic term applied to staff working in level 4 roles. (Spilsbury et al, 2009: Wakefield et al, 2009)
- There are concerns from both the Lead Nurses and Practice Educators in regards to the regulation and accountability of this non registered workforce.
- There are concerns from some Lead Nurses and Practice Educators in regards to the Band 4 workforce caring for a higher level category of care infant without formal regulation and undertaking some of the traditional role of a Band 5 Registered Nurse.
• Some units have existing workforce plans to employ HCSW at Band 3 to undertake Foundation Degree pathways. (Two units have selected three potential candidates.)
• One unit requires its Band 4 Nursery Nurse workforce to undertake a Work-Based Learning Special Care Module at a HEI at level 5/6.

6.8.4 Assistant Practitioners: Regulation

Arguably, one of the biggest stumbling blocks to both acceptance and confidence in practice of the assistant practitioner role within the registered and medical professions is the lack of understanding around accountability and delegation.

Assistant Practitioners are expected to work independently undertaking protocol-based care under the supervision of Registered Practitioners and to be educated to foundation degree level (SfH, 2009). They also have a supervisory role of HCSW. This has a huge impact on the role of public safety, therefore health and social outcomes have to be monitored (RCN2009a). Currently within the UK there are varied approaches to regulation, codes of practice and core standards.

In NHS Scotland, mandatory induction standards, a code of conduct for HCSWs and code of practice for employers for bands 1-4 (NHS only) have been introduced.

NHS Wales has also introduced a code of conduct for HCSWs and a code of practice for employers (NHS only).

Northern Ireland has the advantage of united organisations for health and social care. Professionally led regulation via Northern Ireland Social Care Council RCN, (2011b).

England currently has core standards for assistant practitioners (sfH, 2009a) and does have plans to implement voluntary regulation for HCSWs including assistant practitioners by 2013 (RCN, 2011b).

Voluntary registration is high on the Health Secretary’s agenda in England.

If the proposal for voluntary registration goes through, Skills for Health and Skills for Care will develop a code of conduct and minimum training standards for HCSWs and assistant practitioners in England.

Conclusion

Access to standardised education and training pathways for both the registered and non-registered workforce working within the South Central Neonatal Network could:

• improve ease of movement of staff between individual Units / Trusts,
• Improve recruitment and retention of staff with the development of standardised career pathways and progression. Formalised skills and knowledge which is easily transferable and understandable in both practice and higher education environments, and
• Improved, consistent delivery of CPD.
The infrastructure to deliver a standardised approach in the delivery of education and training is already in place. The audit has demonstrated that there are excellent resources, orientation programmes, education days and provision of scenario / simulation training within the Network. This can be utilised by a managed delivery of standardised education to the Network, which in turn will improve the quality of care given to neonates and raise standards.

In the current healthcare economy, it would certainly be the most cost effective way of delivering education and CPD to the registered and non registered neonatal workforce across south Central.

**Key Recommendations / Next Steps March 2013**

The Network Educator post is only funded until 31st March 2013 so there will be key recommendations that will be achievable before the end of the secondment and longer term recommendations / plans which can only be achieved if the post becomes substantive.

- Development and leadership of Network Practice Educators Forum via a Network e-learning site such as extranet and twice yearly face-to-face meetings.
- Review of core clinical skills for neonatal nurse’s map to BAPM/NNA/SNNG knowledge content for QIS level. (BAPM2012)
- Ensure informal CPD study days are mapped against RCN competence, education and careers in neonatal nursing (2012).
- Agreement on the standardised content of informal education packages for both the registered and non registered workforce with the SC lead nurses and practice development nurses/clinical educators.
- Agree with the lead nurses and practice development nurses / clinical educators on the content of Neonatal Intravenous study day and their delivery.
- Review and agree content on a neonatal medicine management work book (Registered and Non Registered workforce) for electronic use.
- Collaborative working with Higher Education Instutions to ensure content of modules / programmes are standardised and formally map to BAPM/NNA/SNNG knowledge content for QIS level. (BAPM2012)
- Agree with lead nurses and practice development nurses / clinical educators on content of Band 4 / Nursery Nurse Study Days.
- Agree with lead nurses and practice development nurses / clinical educators on content of Medicine management study day for non-registered workforce.
- Development of a Network drug calculation app which can also be downloaded for PC use.
- Access to an online neonatal drug calculator for emergency drugs.
- Work with Clinical experts in production of drug calculator with standardised formulary.
- Investigate demand for Network E-Learning packages.

**From March 2013 Further Educational & CPD Development Opportunities**

A substantive Network clinical educator role could facilitate:

- The investigation and development of the viability of a programme of rotational opportunities for staff within the Network, facilitating enhanced learning and CPD.
- The implementation and monitoring of a foundation / preceptorship Network programme for all novice nurses within the workforce and in an agreed time frame.
• The production of a Neonatal Network medicine management work book.
• The development of a centralised education and training database.
• The development & implementation of a Network standardised agreed programme for senior nurse career pathways, including leadership pathways, Enhanced Nurse Practitioner roles and Advanced Nurse Practitioner roles.
• Collaborative development of standardised simulation, video and e-learning training packages to include leadership and effective team working and communication and behavioural skills development.
• The development of agreed career pathways with the appropriate skills and knowledge of the non-registered workforce.
• The production of Network e-learning neonatal educational packages for both the registered and un registered workforce.
• Continued collaboration with the multidisciplinary team with the development of simulation education packages to include stabilisation of the sick infant, basic airway management and preparation for transport.
• Continued collaborative working with Higher Education Institutions to ensure content of modules / programmes.
• Continued collaborative working with Higher Education Institutions to ensure content of modules / programmes for the non-registered workforce Foundation Degree are standardised and formally map to Skills for Health (2009) core standards for assistant practitioners and Skills for Health (2011) or other appropriate performance indicators.
• On-going management of the provision of informal Network based education programmes for novice neonatal nurses.
• Continued working in partnership with all neonatal units within the South Central Network to ensure integration of learning in practice and utilisation of best evidence in practice.
• Continued leadership of Network Practice Educators Forum.

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