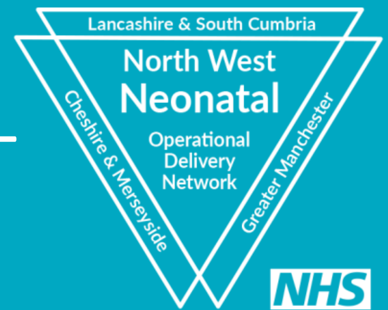
NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK



EDUCATION STRATEGY FOR NORTH WEST NEONATAL UNITS 2021-2025

Working together to provide the highest standard of care for babies and families

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EXECUTIVE SUMMARY

Vision:	"**Highly skilled multi-disciplinary teams delivering safe and effective neonatal care**"		
Realised through:	Developing the Ideal Team	Supporting career pathways	Providing safe, effective services
Delivered through:	Framework setting out education requirements for the core neonatal knowledge/skills acquisition pathway for the Ideal Team	Framework for skills and competency acquisition at different stages of career	applying targeted learning/education in response to changing environment/ circumstance to improve outcomes / QI learning (e.g. breast feeding)
Underpinned by:	- Right education programmes - Right education provider - Quality built in (EEWG) - Appraisal - Support/supervision	- Recruit/attract/retain to neonatal care - Defined requirements for different roles - Appraisal - Support/mentoring/coaching	- Defined processes for designing/ delivering education for new ways of working; and for addressing identified clinical risk factors and outcome indicators
Making it happen through:	NWNODN Workforce & Education / NWEEG /Service + Education Providers / Technology / Funding		

INTRODUCTION

Through the introduction of the NHS Long Term Plan[1], which includes a commitment to expanding neonatal critical care services, and the publication of "We Are The NHS People" Plan[2] there is an increasing focus on workforce across the health service. It is vital that we have the right workforce with the right skills to meet the challenges of the future and to optimise outcomes. This is perhaps more evident within the highly specialised area of neonatal care, with the Implementing the Recommendations of the Neonatal Critical Care Transformation Review[3] (NCCR) recognising that the delivery of its vision is "dependent on a highly skilled, multidisciplinary and expert workforce, working in a network of teams, each contributing different expertise in supporting the baby and their family"[3]

In response to this national impetus, the NWNODN has published its *Workforce Strategy for North West Neonatal Units*[4] and the supplemental document *Workforce Strategy for North West Neonatal Units Toolkit – Building a Sustainable Neonatal Team*[4] to enable neonatal units across the north west to develop the best multi-disciplinary team to suit their demands and workforce profiles through the introduction of the 'Ideal Team' concept.

As units move forward in implementing the Workforce Strategy and developing their Ideal Team, it is vital that this endeavour is underpinned by education and competency achievement. This strategy has been developed to support services on their journey through offering a sustainable education framework; developing new programmes for education, training and competency achievement alongside the delivery of existing successful programmes and resources.

BACKGROUND

National Drivers

The impetus for change exists predominantly through the NHS Long Term Plan[1] and the Maternity Transformation Programme, under which umbrella the Implementing the Neonatal Critical Care Transformation Review[3] (NCCR) sits. Both the Long Term Plan and NCCR set out commitments to develop neonatal capacity; develop the expert neonatal workforce required which incorporates Allied Health Professionals; and to enhance the experience of families.

Whilst not explicit within their recommendations, the Long Term Plan and NCCR's commitments to transforming the workforce must to be supported by education and competency achievement, to realise the expert, multi-disciplinary neonatal workforce and improve the safety and effectiveness of neonatal services.

An additional national impetus has been the government's commitment to a personal training budget of more than £1,000 over three years for every nurse to undertake the 35 hours of continuing professional development (CPD) needed to revalidate. On top of the central funding, employers will be expected to provide additional cash locally for staff training. This funding will be distributed nationally across all providers, which will include the 22 neonatal care providers within the NWNODN geographic footprint.

Education Challenges

The national drivers present a great opportunity to improve workforce recruitment and retention at a time when these issues are acutely felt within neonatal nursing, and echoed across the medical and AHP workforce where, due to the specialist nature of the service, routes to access education to inform their practice are limited.

However, there are a number of challenges which must be recognised when considering the future of education for neonatal care. Significantly, the Covid-19 pandemic has had an impact on education delivery, with the need to shift to a greater use of technology whilst removing the option for classroom instruction. Whilst education delivery through a blended format - integrating technology alongside traditional tutor led classroom learning - has been in place for a number of years, as we move forward it is likely that maintaining significant online delivery will be the 'norm'.

Surveys show that within neonatal care there is an aging workforce with the potential for a high proportion of the workforce, both nursing and medical, retiring in the next ten years. The challenge to fill these gaps effectively will create increased demands upon the education framework to ensure the development and maintenance of expert skills. Not only is the challenge to replace retiring staff with newly skilled staff, but in the process to ensure that members of the workforce moving towards the end of their careers remain engaged and valued as a vital part of the team, with their skills current.

For the first time in history four different generations will be working together in the same employment environment. Each of these generations has a different view of the world of work with new entrants – the table below[5] describes their attributes – which has implications not only for recruitment and retention, but also for making education attractive and meaningful across different generational styles.

	Characteristics	Values	Work Ethic	Healthy Workplace Environment
Baby Boomers 1943-1964	Optimism, team orientation, work for personal fulfilment	Professional growth, promotions, titles, company loyalty, status	Hard workers, value performance. Work to make a difference, workaholics, live to work, team player	Professional opportunities, praise, recognition, control, good workplace relationships
Generation X 1965-1980	Sceptical, cynical, independent, nonconformist, informal, mistrust, institutions, self-reliant, questions the rules	Worklife balance, autonomy, independence	Work must match reward, no loyalty to employer (committed to career over organisation), shorter employment tenures, work to live, self-directed/independent, change jobs if unhappy, teamwork that encourages individual contributions	Work environments that value their creativity, expertise and talents, informal workplaces, make work fun, value laughing and joking with staff
Generation Y (Millenials) 1981-1996	Technically savvy/cyber-literacy, lifelong learners, confident, demanding, impatient, social, diverse, see challenge, embrace change, multi-tasking	Work/life balance, access to information, collaboration, civic and community involvement, accepting of divergent values, training, mentoring	Team player, shorter employment tenures, lack of job loyalty, seek meaningful work, job portability, lateral career movement, education	Team work, recognising accomplishments, seek coaching, effective and regular communication with leadership, inofrmal workplaces with humour and connectedness. Manageable nurse-patient ratios and working hours (no mandatory overtime)
Generation Z 1997-2012	Curious, compassionate, willing to pursue non traditional options, open-minded, technology savvy	Education, inclusivity, diversity	Loyal	Advocate for patients

Whilst the challenges described above may be generic, it is clear that changes to the medical training programme and the need for greater incorporation of Allied Health Professionals into the neonatal care team create gaps in education for the neonatal workforce.

Changes in medical training[6] will have reduced neonatal placement opportunities. Proposals from the RCPCH will come into effect in summer 2023 with the introduction of a new 2 level pathway, which removes the current 6 months training in neonatology. This has the potential for ST3 trainees having no neonatal exposure and ST5 trainees not having spent time on a neonatal unit since the very beginning of their training. Additionally, advances in care and increasing numbers of different practitioners on the medical rota provide less opportunity for individual practice of clinical skills.

The NCCR recognises that Allied Health Professionals are key contributors in caring for babies and families and as neonatal services, within the NW and nationally, look to achieve the NCCR's recommendations it is increasingly evident that that there will need to be an increase in pool of AHPs with the required special expertise and skill set to meet current and future demand.

Details of the findings from our enquiries through Neonatal Units' Training Needs Analysis; education providers, Health Education England and from other Neonatal Operational Delivery Networks can be found here

MOVING FORWARD

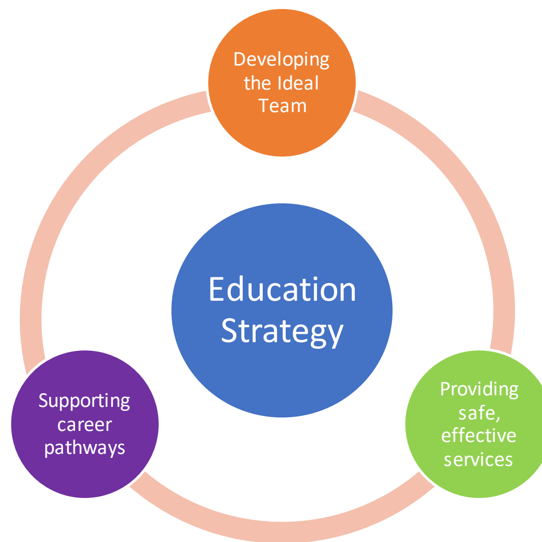
Our vision for education is to deliver

Highly skilled multi-disciplinary teams delivering safe and effective neonatal care

When developing this strategy, it was clear that it needs to:

- Cover all neonatal staff
- Be sustainable for the future
- Meet the needs of stakeholders
- Reflect national drivers

We therefore propose a strategy that addresses three elements:



We want to achieve:

- Recognition of family as part of the Ideal Team
- Providing local induction
- Ensuring the acquisition of knowledge, skills and competence for role
- Facilitating ongoing professional development
- Supporting career pathways
- Supporting staff through mentoring / buddy schemes / supervision
- Ingraining the role of appraisal in developing individuals

As education has a pivotal role in ensuring that high quality, safe and effective neonatal care is delivered, the strategy also builds in an element to ensure lessons learnt from clinical incidents, response to national drivers and the successes of quality improvement programmes are effectively shared across NWNODN.

To achieve this, the strategy will be delivered through a set of frameworks and processes:

Developing the Ideal Team	Delivered through a framework setting out education requirements for the core neonatal skills acquisition and competency pathway for the Ideal Team Underpinned by: Right education programme Right education provider Quality built in Appraisal Support/mentorship/supervision
Supporting career pathways	Delivered through a framework for skills and competency acquisition at different stages of career Underpinned by: Recruit/attract/retain to neonatal care Defined requirements for different roles Appraisal Support/mentorship/supervision
Providing safe, effective services	Delivered through the application of targeted learning/education in response to changing environment/circumstance to improve outcomes/ QI learning (e.g. breast feeding) Underpinned by: Defined processes for designing/delivering education for new ways of working, and for addressing identified clinical risk factors and outcome indicators

In building the frameworks to develop the Ideal Team and support career pathways, we see the framework as being structured around four elements:

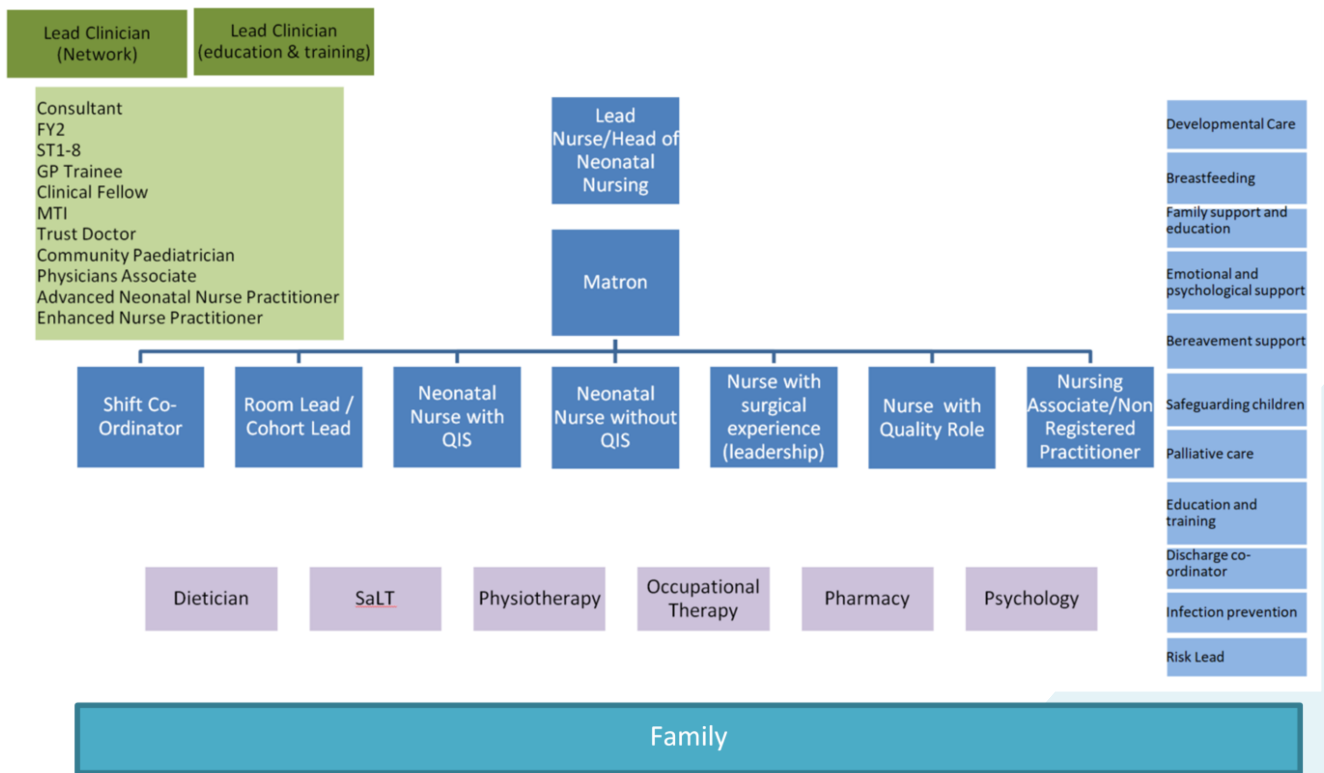
- Core / basic skills
- Competency for role
- Advancing career pathways
- Maintaining competency

In realising this strategy, a key enabler will be the establishment of a multi-disciplinary NWNODN Expert Education Group (NWEEG), facilitated by the NWNODN Workforce & Education Lead. The group will ensure that education is clinically focused/appropriate and meets the needs of each profession and the services.

Developing the Ideal Team

Delivered through a framework setting out education requirements for the core neonatal skills acquisition and competency pathway of the Ideal Team members

As discussed earlier the NWNODN Workforce Strategy puts forward the concept of the Ideal Team as having a core team and then additional/extended roles forming a unit-specific "ideal team" as shown below.



The acquisition and maintenance of the knowledge, skills and competence needed for individual members within the Ideal Team to meet the requirements of their role is at the heart of this education strategy.

During the development stage of this strategy, review of neonatal units' training needs analysis has shown the key findings:

- Induction sessions vary in content, irrespective of role
- Disparity in what is delivered as nurse preceptorship
- Limited or no ongoing competency assessment for a number of roles
- Inconsistency of role and skill requirements across units
- Inconsistency of training offered across units and across roles
- Variance in the delivery whether through north west HEIs or at unit level
- Unfulfilled demand for clinical skills education

We propose the development of a framework of education programmes which we envision will support each professionals' core neonatal knowledge and skills acquisition pathway, and the maintenance of competency for role. The key findings from our review supports the need for a clear framework of education programmes which are benchmarked and quality assured.

The core neonatal skills acquisition and competency framework is underpinned by having

- right education programme
- right education provider
- quality build in (through NWEEG)
- appraisals
- support/supervision

The education programmes will set out in further detail the educational requirements for core skills and maintaining competency for role. Although the ideal team spans a number of roles, many of the members will require the same knowledge, skills and competence and therefore there will be the potential for shared learning across the multi-disciplinary team.

All members of the ideal team will need further specific neonatal training/competencies in addition to those provided by their profession specific training programmes. This training, knowledge, skills and competency acquisition should be supported by resources that can be utilised across the MDT/roles where applicable. This will take a variety of approaches such as simulation, scenarios, online learning, videos, workbooks and much more. The development of competencies can take a stepwise approach so that different levels of competence could be achieved at different stages in a career.

The providers for this education programme will include, but not be limited to, HEIs, neonatal services, professional bodies, e-Learning for Health and the NWNODN. The NWNODN has a proven history of both scoping and delivering programmes of neonatal education that is wide ranging and effective. At the core of this is the Neonatal Induction Programme (NIP), which is the initial part of the nursing pathway to Qualification in Speciality (QiS) in the north west, equipping the newly qualified nurse, or nurse with no previous neonatal experience, with the necessary knowledge and skills to deliver safe, evidence-based care that meets the needs of the compromised neonate and family. Following the receipt of funding to design and deliver a number of courses to support neonatal care deliverers, the NWNODN has developed course to support upskilling for non-registered workers and nursing associates; nursing care for neonates with a surgical condition; IV training; SIMs training; senior nurse development and LNU consultants update. Alongside this, an education package for non-registered staff working in Maternity was developed. Given its existing programmes of work, the learning and resources of which have been shared nationally to support the development of other neonatal networks, the NWNODN is in a strong position to support the development of north west neonatal care education

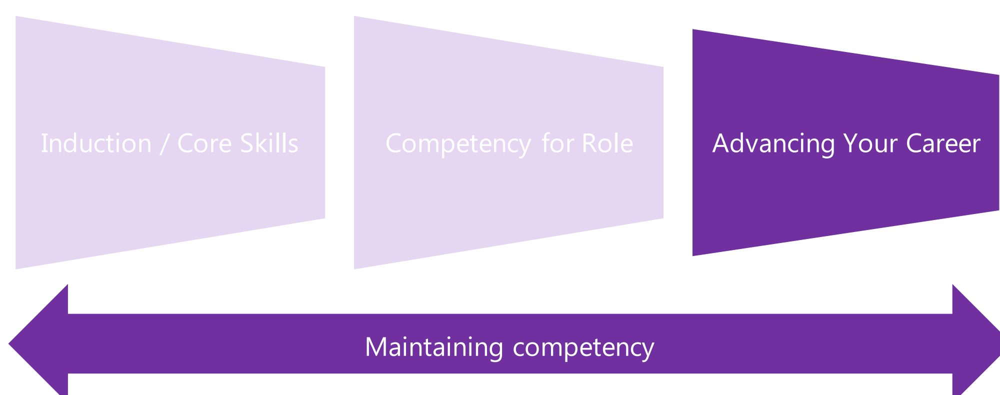
It is important to recognise that the provision of appropriate education to enable individuals to develop their core skills and knowledge, and maintain competency, must be monitored through appraisal and supported by mentoring and supervision.

The expression of clear knowledge and skills acquisition pathways will be attractive to those considering neonatal care while developing existing team members and improving retention.

Supporting career pathways

Delivered through a framework for skills and competency acquisition at different stages of career

Career pathways can improve engagement, morale, career satisfaction, motivation, productivity as well as recruitment and retention. Yet historically there appears to be a lack of a documented neonatal career path. Work has been commenced both locally and nationally to create career pathways.



The framework for career pathways is underpinned by:

- Recruiting/attracting/retaining into neonatal care
- Defined requirements for different roles
- Appraisal
- Support/mentoring/coaching

Nationally, work to address the gaps in defining career paths for different roles will support attraction, recruitment and retention into neonatal care. Significant in this is the expansion and awareness of AHP roles, and the nursing career pathways developed by GIRFT along with the Neonatal Nurses Association (NNA). Work will be ongoing through the NWNODN to describe a structure of support and ongoing development aimed at attracting trainees into neonatal care.

We propose that the framework of education programmes will enhance the nationally developed career pathways by allowing individuals to not only identify their route to career development, but also to access the right education programmes to support their journey. As with the education programmes for core and competency development, these programmes will be benchmarked and quality assured.

Support for individuals in their career journey is vital and is envisaged will be enabled through appraisal, mentoring and supervision.

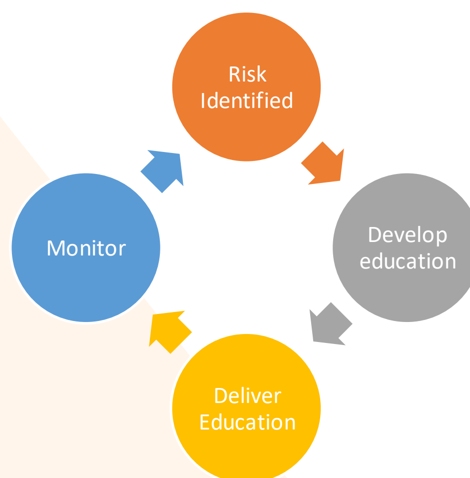
Providing safe and effective services

Delivered through the application of targeted learning/education on in response to highlighted needs to improve outcomes

The delivery of safe and effective services is underpinned by:

- Defined processes for designing/delivering education for new ways of working and for
- addressing identified clinical risk factors and outcome indicators

There are a number of recognising reporting systems, both nationally and locally, which highlight areas to address to improve quality of care and outcomes for babies. Included within this is the NWNODN quarterly dashboard publication which reports outcome measures similar to NNAP. At present there is no formal mechanism which appraises these systems to identify where targeted education provision may provide benefit. Similarly, there is no mechanism to focus education resource in response to risk factors and learning identified through the NWNODN Clinical Effectiveness Group which reviews clinical incidents, exceptions to service specification and mortalities.



Alongside these reporting systems, education resources will develop through the outputs of the established, and future, Special Interest Groups which the NWNODN operate. Added to this, the outcomes of quality improvement initiatives will be shared to support learning.

The NWEEG will define the processes to enable the application of targeted learning and education to provide safe, effective services and improve outcomes for babies

WHAT WILL GET US THERE?

The implementation of this strategy will require a challenging planning and delivery programme to develop the right education packages to satisfy the significant demand for education across neonatal care within the North West. The key components to realise the strategy are:

- NWNODN Workforce & Education
  - NWNODN Workforce & Education Lead
  - NWNODN Educator
  - NWNODN Medical Education Lead
- NWNODN Expert Education Group
- Neonatal Service Providers
- Education Providers
- Technology
- Funding

NWNODN Workforce & Education

NWNODN Workforce & Education Lead

Through the NCCR, all neonatal Operational Delivery Networks will be engaging a Workforce & Education Lead. In the north west, this role will be pivotal in supporting units to implement both the NWNODN Workforce and Education strategies. This role will ensure that workforce and education planning information and supporting tools underpin the delivery of strategic and operational plans within the neonatal service providers of the ODN, alongside collaborating with the national workforce/education group to generate and deliver a national, standardised approach to neonatal workforce reporting.

NWNODN Educator

It is envisaged that a NWNODN Educator will facilitate the NWEEG ensuring appropriate representation and work closely with neonatal service and education providers. In addition to this, their role will be to support network education including, but not limited to, ongoing delivery of current Study Days/Conferences and facilitating learning to "Provide Safe & Effective Services" as identified through Special Interest Groups, Clinical Effectiveness Groups, data and national initiatives.

NWNODN Medical Education Lead

The appointment of a Medical Education lead is seen as pivotal in achieving the ambition of both the Workforce and Education Strategies. They will work alongside both the Workforce and Education Lead and Educator as a key member of the NWEEG, to develop a medical education community that will share and build on existing resources and education opportunities, in collaboration with appropriate stakeholders such as the NW Deanery, colleges and other professional bodies.

NWNODN Expert Education Group

The establishment of the NWNODN Expert Education Group (NWEEG) will ensure education is clinically focused/appropriate and meets the needs of each profession and the services. The Group will work to define what 'good' looks like in the following areas:

- Recognising the family as part of Ideal Team
- Staff support through mentoring / buddy schemes / supervision etc
- Local induction benchmarked against a standard NW/profession/national standard
- Acquisition of knowledge, skills and competence for role through
  - identifying specific areas/topics of knowledge/skill/competence required
  - setting out the learning required for each topic across the spectrum of roles
  - supporting the generation of appropriate education resources for each topic
  - standardising Neonatal Nurse Qualification in Speciality (QiS)
  - working with Education Provider to ensure programmes are fit for purpose
- Ongoing professional development
- Supporting career pathways
  - wider education offer e.g. surgical, leadership, management / research etc.
  - succession planning / recruitment & retention
- Role of appraisal:
  - to support individuals achieving and maintaining the knowledge, skills and competence for role
  - realising potential and supporting career pathways
- Responding to clinical incidences/national drivers/QI
- Ongoing evaluation to ensure the education offer continues to meet the needs of neonatal staff and services with the sense check against the strategy's three elements:
  - Developing the Ideal Team
  - Supporting Career Pathways
  - Providing safe, effective services

Education Toolkit

The outputs from the NWEEG will support the development of a Toolkit which will incorporate details of the education programmes available for each role within the Ideal Team, at each stage from core skills to career advancement. The nationally developed career pathways will be enhanced to signpost individuals to the appropriate NW education programme for their chosen career journey. Added to this, the toolkit will also provide a wealth of information to signpost staff, their supervisors and managers to aid planning at individual, unit and provider level.

Neonatal Service Providers

Neonatal service providers are fundamental in ensuring individuals are supported through their introduction to an organisation, often coinciding with the beginning of their neonatal career, and through their professional development. This strategy recognises their role as including:

- Local induction benchmarked against a standard NW/profession/national standard
- Staff support through mentoring / buddy schemes / supervision etc

Not all Service Providers will currently be in a position to deliver the aspects of the education programme assigned to them. It is anticipated that the toolkit will support them in developing their education offer in line with these recommendations.

Education Providers

Education providers will include, but not be limited to, HEIs, neonatal services, professional bodies, e-Learning for Health and the NWNODN. Their role will be to generate and house resources (including virtual platform); and support the delivery of clinical skill/competency related products/resources which the NWEEG describe. Included within this will be the delivery of Qualification in Speciality.

Technology

In line with the evolution in ways of education delivery it is anticipated that the future model for NWNODN Education will embrace technology and include, but not be limited to; resources that neonatal teams can access independently through online platforms such as videos, presentations, how to guides and other education content along with other more traditional ways of learning such as face to face sessions.

Funding

To understand the education requirement across neonatal care within the North West, an approximation of demand for courses over the next 5 years has been calculated based on historic demands and known, unfulfilled demand. The results can be found here and show an expected throughput of:

QiS	220*
Enhanced and Advanced Practice	30 approx
Courses previously delivered by NWNODN	365 approx
SIG education, study days/conferences	150-200 approx
New offer of resources/learning relating to the achievement and maintenance of clinical skills/competence which is dependent on "Ideal Team" configuration across the NW	300-360 approx (made up of 300 trainees + those with enhanced or advanced practice)

*it is likely this number will increase over next 4 years as Service Providers secure NCCR funding to reduce their nursing gaps.

To fulfil this and to support the outputs developed by NWEEG will require sustainable funding over the next 5 years and beyond. It is envisaged that there is a requirement for a full time NWNODN Educator role working alongside the Workforce and Education Lead to ensure their outputs are realised at delivery level, alongside acting as a conduit between neonatal units and education providers. The buy-in of education provider services will also be required for delivery of the nursing Qualification in Speciality and the hosting of clinical skills resources.

APPENDIX 1 - Education Demand For NW Neonatal Staff

The below figures are estimates which have been calculated by using the neonatal units' TNAs, averages based on historic demand and projections of staff/trainee numbers. These numbers are subject to change as neonatal units develop their own Ideal Team make-up.

Course group	Course or	Priority to meet workforce requirements	Year 1	Year 2	Year 3	Year 4	Year 5	Staff Groups accessing	Virtual / Face to face/ blended	Number Staff required to provide training
QIS	NIP (part 1)	Essential to meet Service Specification	130	130	130	130	130	Nursing	Blended	3 (on current format) Admin support for booking places and certificate
	HEI (part 2)	Essential to meet Service Specification	85	90	90	90	90	Nursing	Blended	Facilitated by education provider and supported /delivered by clinical experts
Enhanced practice	ENNP	Support the achievement of the "Ideal Team"	6	6	6	6	6	Nursing	Blended	Facilitated by education provider and supported /delivered by clinical experts
Advanced practice	ANNP		20	20	20	20	20	Nursing	Blended	Facilitated by education provider and supported /delivered by clinical experts
Band 2-4	Part 1 (6 days)	To ensure standardised and equitable training across NWN ODN	33	26	30	10	10	Non-registered & Nursing associates May also be useful for AHPs as foundation knowledge	Blended	1-2 educators to facilitate each study day Admin support for booking places and certificate
	Part 2 (additional 2 days)		6	7	6	6	6	Nursing associates May also be useful for AHPs as foundation knowledge	Blended	1-2 educators to facilitate each study day Admin support for booking places and certificate
Stand alone days/ modules	PNMH day	FiCare Accreditation requirement	89	87	85	85	85	All staff	Virtual	1-2 educators to facilitate each study day Admin support for booking places and certificate
	Surgical module	Providing local education to surgical services and surgical link roles in all NNU	57	48	45	45	45	Nursing Potentially some aspects relevant to non-registered, nursing associates and medics	Face-to-face (? Potential to be blended)	1 educator to facilitate each study day, content delivered by surgical experts. Admin support for booking places and certificate

	IV study day	Where services do not have neonatal specific training	73	27	20	20	20	Nursing	1 day face-to-face	1-2 educators to facilitate each study day Admin support for booking places and certificate
	NLS	Urgent need to meet demand	415	?250	?250	?250	?250	All clinical nurses and medical staff	1-day face-to-face accredited with resus council	9-12 faculty, course coordinator, medical coordinator and/or course director. Admin support for booking places
	NLS train-the-trainer	NEW - To provide annual in-house NLS update to meet CNST requirements	44	10	5	5	5	Staff providing annual NLS updates	Face-to-face ½ day	1-2 educators to facilitate each study day Admin support for booking places and certificate
Clinical skills acquisition/ competence	Venepuncture and Cannulation Interpretation of x-rays Interpretation of blood gases Interpretation of bloods Intubation ETT surfactant administration LISA Conventional ventilation management Oscillatory ventilation management Sampling arterial lines Siting peripheral arterial lines Siting UAC and UVC Siting long lines		300	300	300	300	300	Medical There may potentially also be ANNPs, ENNPs, Physicians Associates, international medics and others that may also need the training as well as nurses with enhanced skills	Face-to-face (could be blended with theory virtual and practical face-to-face)	N.B – 300 refers to the number of Trainees that may choose to access this learning/these resources either as identified by themselves or through discussion their Education Supervisor

	Siting chest drains									
	Supra-pubic aspiration and catheterisation									
	NIPE									
	Perform and interpret cranial ultrasound scan									
	Neurological examination (cooling decision)									
	CFM monitoring									
	Exchange transfusion									
	Perform and interpret ECHO									
	Lumbar puncture									
	Intraosseous access									
	Prescribe immunisations									
Consultant teaching	Stabilisation/ Optimisation		150	150	150	150	150	Medical Will have elements suitable for nurses too and midwives?	Virtual	One session is likely to cover more than one of these topics therefore suggest 2 half day sessions to cover all topics
	Difficult airway management								Blended	
	Volume ventilation								Virtual	
	Deferred cord clamping								Virtual	
	Therapeutic hypothermia								Virtual	
SIG teaching	End of life care		150	150	150	150	150	All staff	Virtual	
	FICare		150	150	150	150	150	All staff	Virtual	
	Infant feeding		150	150	150	150	150	Nurses, medical, dieticians, SALT	Virtual	
	Difficult airway		150	150	150	150	150	Medics, some elements for nurses		
	Therapeutic hypothermia		150	150	150	150	150	Medical Some elements for nurses and AHPs		
Professional development	Leadership		97	77	75	75	75	All	Face-to-face	1-2 educators to facilitate each study day

									(potential to do blended or virtual)	Admin support for booking places and certificate
	Change management		97	77	75	75	75	All		1-2 educators to facilitate each study day Admin support for booking places and certificate
	Management skills		97	77	75	75	75	All		1-2 educators to facilitate each study day Admin support for booking places and certificate
	Communication skills		97	77	75	75	75	All staff	Virtual	1-2 educators to facilitate each study day Admin support for booking places and certificate
Simulation	Simulation		Basic resources generated for all units to use	Slightly more complex scenarios	Complex scenarios	Advanced scenarios		All staff	Face-to-face	
Annual conferences/ study days	NW Study Day	Well established education programme	80	80	80	80	80	All		
	Nursing conference		80	80	80	80	80	Nurses May be some relevance to AHPs, medics and non-registered		
	Lancs & S.Cumbria Study Day		80	80	80	80	80	Nurses May be some relevance to AHPs, medics and non-registered		
	Non-registered/ nursing associate day		110	110	110	110	110	Non-registered/ nursing associates Approx. 110 band 2-4 in NW		
One off study days	In response to clinical need/ incidents		44-66	44-66	44-66	44-66	44-66	All staff		1-2 educators to facilitate each study day Admin support for booking places and certificate
AHP study days			44 1 day	44 2 days	44	44	44	AHPs May be some relevance to nurses and medics		1-2 educators to facilitate each study day Admin support for booking places and certificate

APPENDIX 2 - WHAT WE HAVE LEARNED

Findings from enquiries through Neonatal Units' Training Needs Analysis, education providers, Health Education England and from other Neonatal Operational Delivery Networks (Mar – Sep 2021)

Allied Health Professionals

Limited specialists: Nationally and across the North West there is a limited number of specialist neonatal AHP and therefore there will need to be a period of time for 'growing our own'.

Specialist education: Work is being done nationally to increase the interest in neonatal care as an area of specialism for AHPs. HEE have commissioned the creation of a neonatal foundation module for all AHPs which is being written by specialist AHPs from each profession. This module is to be free to access and will be held on the e-learning for health platform. Following on from this they are hoping to have profession specific modules which AHPs can undertake to further their learning on their path to becoming a specialised neonatal AHP.

The well establish Network AHP team in the West Midlands ODN deliver a "Therapies in Action Foundation Course" providing specialised teaching for those new to neonatal care with AHPs learning alongside other Health Care Professionals.

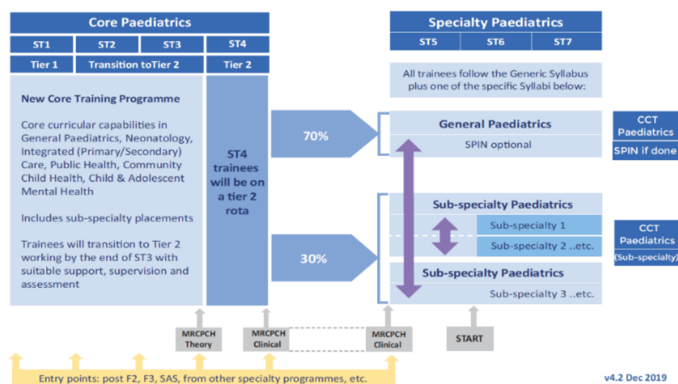
NWNODN AHP: This group consists of specialist AHPs from across the North West working with the NWNODN Team to describe what a good NWNODN AHP could look like. They emphasise that AHPs should be included in neonatal unit teaching and mandatory training and should always be considered when planning any teaching on the unit. Their view is that where possible MDT learning should be the preferred method as this improves the broader understanding of neonatal care for all staff.

Medical Workforce

Shape of Training: The Shape of Training Review (2013) advances a move towards more broadly trained specialists, in the future which means that all neonatal speciality doctors will have spent the majority of their training in paediatrics. In 2020 the RCPCH proposed the new 2 level pathway (progress+) (core paediatrics ST1-4 and speciality paediatrics ST5-7), to do this they have removed the current level 2 (which consisted of a minimum of 6 months each in general, community and neonatology). This proposal is set to be implemented in summer 2023

This potentially means that there may be trainees at ST3 that have not had any neonatal unit exposure and likewise there may also be ST5 trainees that have not been on a neonatal unit since the very beginning of their training and

therefore may not have practiced skills or used the knowledge for a long period of time. This must be taken into consideration when trainees start on a neonatal unit.
With a further differentiation between those coming by a paediatric or non-paediatric route, e.g. GPs in training or Paediatric surgeons



<table>
<tr><td>Induction:</td><td>All North West Neonatal units offer medical trainees an induction but what is included in this induction varies between units, with some units having a comprehensive and structured induction with checklists and ongoing training and others offering two or three days at the beginning that covers the essential. Most units also offer weekly teaching but depending on the unit this may be shared with paediatrics (as often happens on LNUs) and therefore may be largely paediatric based with only small amounts of neonatal content.</td></tr>
<tr><td>Competency assessment:</td><td>In most unit's medical staff competence is assessed in a 'see one, do one, teach one' modality, with trainees completing Direct Observation of Procedural Skills (DOPS) forms for their portfolios. There appears to be very little ongoing formal competency assessment of clinical skills. Consultants, particularly in LNUs, have requested a regular teaching programme and to share learning with NICUs, with many considering spending time on an NICU to refresh clinical skills and knowledge with less common procedures and conditions.</td></tr>
<tr><td>Supervisors:</td><td>Medical trainees will be allocated educational supervisors at different stages of their training, each one for 2-3 years. They will be from ST 1-3, ST4-5 and ST 6-8. The supervisor is responsible for carrying out the annual review of competency progression for ARCP sign-off. If the trainee is a neonatal GRID trainee, they will need additional sign-off from the neonatal CSAC chair. In addition, they will have a clinical supervisor which changes during each posting.</td></tr>
</table>

There are differences in the staffing between NICU's, who will have ST 2 and 3 trainees and LNU/SCBU's who will have ST1 trainees. This reflects the different training needs of the doctors at each stage of their training. Special care is more likely to be covered by trainees in General Practice.

Clinical skills practice: Advances in neonatal care have led to less opportunities for clinical skills such as intubation and chest drain insertion. This combined with more flexible hours for junior doctors, meaning more physical bodies on the rota, plus the increase in ANNPs and other practitioners (such as physicians associates) on the medical rota often means that there is less clinical skills practice for each person. Edwards et al. (2020) conducted a 12-month trial in four neonatal units in the UK which each have over 5000 births per year. In that time there were 218 intubations but these were split between 122 clinicians illustrating that it is becoming increasingly difficult for staff to gain and maintain competence in this skills due to the decreasing numbers of intubations being performed and the physical number of staff needing the skill. We can reasonably conclude that this would be similar for other clinical skills. This will also apply to ANNPs and Physicians Associates.

Advanced Neonatal Nurse Practitioners (ANNP)

Non standard training: ANNP programmes across the country vary in length from 12 to ?24 months. Some include non-medical prescribing module and others have this module as a stand-alone module to be completed after qualifying as an ANNP. They all have both clinical and theoretical components. In the NW there are 2 HEIs that offer the MSc in Advanced Practice for Neonates, University of Salford and Liverpool John Moors University. The course at Salford is one year full time and the Liverpool course is 2 years part time, both cost approximately £8000. The Salford course includes non-medical prescribing.

Local practices: 16 units in the North West have at least one ANNP and most units are planning to expand their ANNPs teams over the next few years. One unit has a standardised template, created by ANNPs themselves, for a mandatory annual review which includes PDP, review of clinical skills, review of leadership skills, case-based discussions and QI projects.

Medical rota: The majority of ANNPs sit on the Tier 1 rota but some units have ANNPs on Tier 2 rota. The route to Tier 2 is varied with some having a clear pathway with specific learning and competencies and others mostly basing progression on experience and desire of the individual to advance on to the Tier 2 rotaThe majority of ANNPs sit on the Tier 1 rota but some units have ANNPs on Tier 2 rota. The route to Tier 2 is varied with some having a clear pathway with specific learning and competencies and others mostly basing progression on experience and desire of the individual to advance on to the Tier 2 rota.

Neonatal Nursing

The nursing TNA covered nursing, non-registered practitioners, nursing associates and ENNPs/ANNPs, although most units have ANNPs on the medical rota and they were therefore also included in the medical TNA.

Non-Registered Practitioners and Nursing Associates:

Variance in training: there was variance in how initial neonatal training was delivered (in-house or NWNODN delivered programme) and once initial competencies were signed more than half the units did not reassess competence unless concerns were raised. Ongoing education for non-registered practitioners and nursing associates is limited both in the North West and nationally.

Variance in role: The roles and skills undertaken by non-registered practitioners and nursing associates also varied between units suggesting that there is a need to standardise this across the NWNODN to ensure that it is safe and equitable for all to ensure knowledge, skills and competence is maintained.

Future courses: The NWNODN previously ran a programme of learning for non-registered practitioners and nursing associates which was very well evaluated. 62 non-registered practitioners and 6 nursing associates attended the course in 2019.The programme was developed and delivered by a NWNODN temporary education post that was commissioned by HEE for a two year period. Currently there is no funding for this course at present, leaving an educational gap for these staff. In the nursing TNA units were asked if they would be interested in this course being continued and for estimated numbers of staff that they would like to receive the training in the next 2 years. 12 units (out of 22) were interested in a non-registered programme and the total number of staff estimated to need this programme in the next 2 years was 46 and 8 units were interested in a nursing associates programme with the total number of staff estimated to complete being 13. Although there was a smaller interest in the non-registered and nursing associate programmes compared to other NWNODN programmes, this was due to some units not having any current staff to train and could not predict whether this would change for the foreseeable future.

"*Very informative; good content/topics on the study days, relaxed, enjoyable teaching and learning"*

"Great course for me as I am just starting out as a Nursing Associate"

"Meeting staff from other hospitals and listening to how they work was interesting"

Progression: as discussed earlier there is currently an educational gap for the initial acquisition of neonatal knowledge and competencies. But in addition to this there is a gap for education post-course. Many educators in the NW discuss that non-registered staff are demotivated by the lack of education opportunities and would like some continuing education for this group of staff

Preceptorship/Induction

Lack of consistency: The NMC strongly suggests that all new registrants (nurses and nursing associates) receive a period of preceptorship. The NHS Employers organisation (2021) discusses that having expert support during preceptorship gives a foundation for lifelong learning and that investing in a preceptorship programme can deliver a variety of benefits including enhanced patient care and experience, improved recruitment and retention, reduced sickness and absence, more confident and skilled staff and increased staff satisfaction and morale. Although the nursing TNA did not specifically explore preceptorship, discussions in North West education groups identified that there is disparity in what is delivered during preceptorship.

Education Link Roles

Lack of consistency: The Department of Health Toolkit 2010 describes the fact that "…each unit has an identified lead professional for education and training". The NWNODN Workforce Strategy, through it's working group, goes on to quantify this as 1.3 WTE per 50 staff. There is disparity against this figure across the north west units. Neonatal unit-based educators (educators with link roles) are vital to support a high quality, safe neonatal service. They can support staff development, mandatory training, learning linked to incidents and essential equipment training amongst a whole host of other things. Education link roles will be essential for delivering aspects of education outlined in this strategy as well as for ensuring ongoing learning and delivery of ward-based education.

Qualification in Speciality (QIS)

Neonatal Qualification in Speciality is a role essential qualification for all neonatal nurses. The DOH Toolkit (2009) stated that 70% of nurses on each shift must hold a QIS qualification. Following the NCCR, HEE reviewed the current neonatal QIS training and found that nationally there is a huge variance in QIS provision, accessibility, price and quality The review found that the North West was the best in the country at achieving the 70% QIS trained staff target with 77.8%. The range nationally went from 7.9% through to the 77.8%.
https://www.hee.nhs.uk/sites/default/files/documents/RSM%20Neonatal%20QIS%20Review.pdf.

HEE Review: In June 2021 HEE published the Neonatal Qualified in Speciality (QIS) Education and Training Review. This paper looked at whether the current provision of QIS is fit for purpose, transferable across ODNs, whether it is accessible and viable and whether it provides value for money. The key findings included:

- Lack of standardisation of knowledge and skills
- There is no professional regulation or monitoring of content or qualification, the quality, consistency, and transferability of QIS training is not guaranteed

- There is a challenge for maintaining skill level post-QIS
- Concern of time allowed for QIS and problems releasing staff
- Funding is a problem in some ODNs and cost per module hugely varies across the country

Within the paper a number of recommendations were made to address the key findings, although no timeframe has been given yet as to when this will be done:

1) One agreed standard across all ODN regions
2) More practical experience
3) To conduct a review of the wider neonatal nursing career pathway both prior to and post QIS
4) ODNs to conduct a review of their neonatal nursing staff to inform their understanding of future training needs
5) Introduction of a formal reporting mechanism between trusts/ODNs and education providers to ensure quality and consistency when reviewing and developing future QIS education and training
6) Introduction of a skills and competency 'toolkit' as a standardised way for neonatal nurses to record their education and training
7) Reviewing the number of education providers to improve standardisation, sustainability and value for money
8) The introduction of alternative delivery methods for QIS could be explored
9) Having one representative group (e.g. a board) who could represent all ODNs/trusts to support commissioning of neonatal QIS training from education providers and establishing a commissioning framework of providers who can meet the quality and cost per place requirements

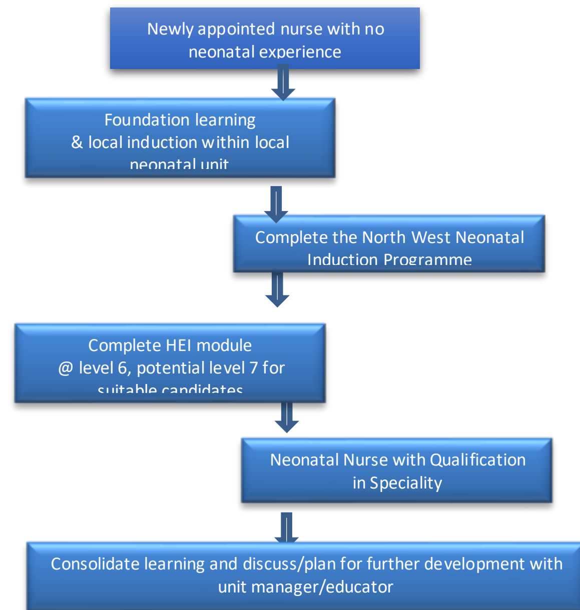
NW Pathway to QIS: Due to historical challenges with recruitment and retention of neonatal nursing staff in the region, the North West developed their own pathway to QIS. This consists of 2 elements:

- completion of the Neonatal Induction Programme followed by
- a 20-40 credit module at a local HEI

Admission on to the HEI module requires either successful completion of the Neonatal Induction Programme or, if staff have moved to the region from elsewhere, the submission of evidence of prior learning e.g. workbook.

Whilst the North West Pathway to QIS provides good value for money and is well supported by managers and educators across the North West, there is variance in what is delivered by each of the HEIs, with different curriculums determined by the HEI staff and different competency books for staff to complete in clinical practice.

The pathway is summarised in the diagram below.



Whilst the North West Pathway to QIS appears to provide good value for money and is well supported by managers and educators across the North West, it is not a nationally recognised pathway and therefore staff relocating to another area of the country could potentially face issues with transferability of their qualification. There is also variance in what is delivered at each of the HEIs that provide the final stage of the QIS qualification, with different curriculums determined by the HEI staff and different competency books for staff to complete in clinical practice. This is also an issue nationally as reflected in the HEE Neonatal Qualified in Speciality (QIS) Education and Training Review.

Neonatal Induction

The NIP is the initial part of the QIS pathway in the NW and also provides the newly qualified, or nurse with no

Programme (NIP) previous neonatal experience, the opportunity to gain neonatal knowledge and skills with peers from neonatal units across the North West. The programme is delivered by educators from clinical practice and also encourages learning from peers within the programme. The programme is aimed to provide knowledge and skills for a range of neonates up to caring for the stable ventilated baby with support. It is run over a 6-month period and consists of 11 study days with assignments to complete, clinical competency achievement in practice and a 6-week placement in an NICU for staff from an LNU or SCBU. Approximately 120-150 staff per year undertake the NIP in the NW

NIP meets the national QIS review recommendations (see above) as it is standardised (all units in the NW complete it as the first stage of QIS achievement), it includes practical experience, it is evaluated by students, educators and managers at least annually and changes are made accordingly, there is just one provider of NIP which gives complete standardisation and there is currently no cost to units to send staff on the NIP so funding for individual units is not a challenge for the first stage of the NW QIS. But there also issues with NIP Sustainability of the NIP is a challenge, the funding for the delivery of the programme is becoming increasingly difficult to obtain, the current funding for delivery does not entirely cover the costs of the programme and the demand for the programme is currently very high. (Link NIP and how it meets the national QIS review recommendations).

HEI module: As discussed in the NW pathway to QIS section, following the NIP all staff complete either a 20 or 40 credit module at a local HEI to complete their QIS. In the NW there are 4 HEIs that provide this module (University of Salford, University of Manchester, Liverpool John Moores University and University of Central Lancashire(UCLan)). Each course is slightly different, but all essentially consist of academic learning with assessment and then a clinical competency book to complete in clinical practice. The assessment is different in each university, one has a VIVA, one has a written exam, one has an essay and one has a case history and presentation and the competency books, although have many similarities, are all different. Lack of standardisation can be an issue, as discussed in the HEE QIS review and this is something that should be looked at.

Enhanced Neonatal Nurse Practitioners (ENNP):

The Enhanced Neonatal Nurse Practitioner is a role that was created for nurses post-QIS that wanted access to a course that build on their existing expert skills and knowledge but did not want to progress to be an ANNP (https://reader.elsevier.com/reader/sd/pii/S135518411630014X?token=CBC9C2E937389BA6A7BF66FE51A1BC2E03B0035C33FDC6984D60F7B5F681F400E167DC163E8ECE59E1182698F873EAEA&originRegion=eu-west-1&originCreation=20210723083830 Jones and Ashworth, 2016), or some use it as a career step towards becoming an ANNP but it is not a direct requisite for acceptance on to an ANNP programme. In the North West there is a module at the University of Manchester, Enhancing Neonatal Nursing, that can be undertaken at either level 6 (40 credits) or level 7 (30 credits)

"Staff who have undertaken the course are part of our senior team who use their enhanced skills such as central line removal and cannulation. The course has always been well received by staff enhancing their knowledge and skills following usually a couple of years after completing the QIS" (From Chester)

Variance in role:	Although 8 units have ENNPs there were variances in development and application to practice for the ENNP role. Seven of the eight units had the ENNPs on the nursing rota with just one on the medical rota. Five units acknowledged that the skills learnt during the training, including acting on blood gas results, were not always used on the unit. There is only one hospital in the North West that has ENNPs working on the medical rota. In this hospital ENNPs assist the medical staff in HDU and Special Care, conducting ward rounds, undertaking examinations, taking bloods and making clinical decisions. BAPM have acknowledged the ENNP role as a role that is suitable for Tier 1 of the medical rota (BAPM, 2018). During discussions regarding the medical TNAs it was raised that once ENNPs have completed their initial training there is a gap in their ongoing training as they sort of sit between nursing and medical staff.
Training:	In the North West there is a module at the University of Manchester, Enhancing Neonatal Nursing, that can be undertaken at either level 6 (40 credits) or level 7 (30 credits).
Variance in training:	Alongside extended roles (ENNP and ANNP), many units provide in house training for certain enhanced skills as an alternative way of providing holistic care together with promoting staff development. There are clearly fewer financial limitations to this training with it typically being delivered by the units' nurse educators. The nursing TNA aimed to see the number of staff who had received training for enhanced skills, how the training had been provided and the evidence of refresher training and maintenance of competencies. ENNPs were included in the data as they were part of the nursing establishment for all but one of the units. The main 3 skills were arterial line sampling, cannulation and removal of long lines. As can be seen from the tables below there is huge variance in both percentage of staff doing the skill, how the initial training was delivered and whether any ongoing training or competency assessment is carried out.

Arterial line sampling, Cannulation and removal of long lines

Greater Manchester	ARTERIAL LINE SAMPLING			CANNULATION			REMOVAL OF LONG LINES		
	%	Initial Training	Ongoing training	%	Initial Training	Ongoing training	%	Initial Training	Ongoing training
Manchester University NHS FT (St Mary's Hospital & Wythenshawe Hospital)	36% (inc ENNPs)	In house	Clinical practice	16% (inc ENNPs)	HEI and In house	Clinical practice	10% (ENNPs)	HEI	Clinical practice
North Manchester General	27%	In house	Annual updates	0	None	None	0	None	None
Wrightington, Wigan & Leigh NHS FT	89% (inc ENNPs)	HEI and In house	Clinical practice	37%	HEI and In house	3 yearly assessment	0	None	None
Royal Bolton Hospital	80%	In house	Competencies and 3 year review	0	None	None	0	None	None
Royal Oldham Hospital	79% (inc ENNPs)	HEI and In house	Clinical practice	14% (ENNPs)	HEI	Clinical practice	14% (ENNPs)	HEI	Clinical practice
Stepping Hill Hospital	4% (ENNP)	HEI	Clinical practice	4% (ENNP)	HEI	Clinical practice	4% (ENNP)	HEI	Clinical practice
Tameside General Hospital	0	None	None	7%	Previous trust	Clinical practice	0	None	None
Cheshire & Merseyside									
Arrowe Park Hospital	69%	In house	Clinical practice	0	None	None	70%	In house	Clinical practice
Countess of Chester Hospital	48% (ENNPs)	HEI	Clinical practice	48% (ENNPs)	HEI	Clinical practice	48% (ENNPs)	HEI	Clinical practice
Leighton Hospital	63%	In house	2 yearly assessment	7%	Previous trust	Clinical practice	0	None	None
Liverpool Women's NHS FT	49% (inc ENNPs)	HEI and In house	Annual competency	11% (ENNPs)	In house	Comp. 10 a year	100%	In house	Clinical practice
Macclesfield Hospital)	Closed								
Ormskirk Hospital	17%	In house with consultant	Clinical practice	26%	In house (adult based training)	Booklet and clinical practice	13%	In house with consultant	Clinical practice
Warrington & Halton Hospital NHS FT	79%	In house	Clinical practice	0	None	None	79%	In house	Clinical practice
Whiston Hospital	4%	In house	Clinical practice	19%	In house	ANTT assessed yearly	70%	In house	ANTT assessed yearly
Alder Hey Children's NHS FT	0	None	None	0	None	None	100%	In house	Clinical practice
Lancashire & South Cumbria									
Furness General Hospital	0	None	None	0	None	None	0	None	None
Royal Lancaster Infirmary	44%	In house	Annual refresher training	68%	HEI and In house	Clinical practice	0	None	None
Royal Preston Hospital	85% (inc ENNPs)	HEI and In house	Clinical practice	8% (inc ENNPs)	HEI	Peer review	0	None	None
Burnley General Hospital	60%	In house	Clinical practice	26%	In house	Clinical practice	0	None	None
Blackpool Victoria Hospital	53%	In house	Clinical practice and ad hoc training	53%	HEI and In house	Clinical practice	0	None	None

Clinical Skills

Simulation:	Simulation is a learning tool that most units are interested in and have started undertaking. There is huge variance across the North West with some having robust weekly simulation training programmes and others doing ad hoc simulations when staffing allows. All recognise the need for inclusion of the whole MDT in simulations, but some are more advanced in this than others. Some units mentioned that having a centrally held simulation library that all units could access would be useful, as planning simulations takes a lot of time and effort. If each NW neonatal unit contributed just one simulation plan to this library, there would be 22 simulations within the library for all to use, hugely cutting down the planning time for every unit. HEE have also commissioned a piece of work in the North West to create a video bank of neonatal simulations and accompanying materials that will be available for use across the region. The NWNODN are working with HEE on this project.
NLS:	Every clinical member of the ideal team will need at least basic NLS training, with the majority needing the full Resuscitation Council qualification. The Newborn Life Support (NLS) course was launched in 1999 by the Resuscitation Council and is designed for any healthcare professional involved in the delivery and care of the newborn infant. It is a one day course and takes place in a course centre with the course fees being individual to each centre. Staff are required to recertify every 4 years. Pre-Covid pandemic, the North West only just had enough NLS Resuscitation Council course place capacity to meet the demands of the units, with many nursing managers/educators citing issues finding enough places for their nursing staff which was reiterated by many of the lead consultants. This issue heightened during COVID with most courses being postponed or cancelled and many that are running do so at reduced capacity, further increasing the issue. Some course centres also discussed issues with finding instructors. The Resuscitation Council list of instructors is historically not up to date which further complicates the issue. Safety action 8 of the Clinical Negligence Scheme for Trusts (CNST, 2020), asks for evidence that 90% of the team involved in immediate resuscitation of the new born and management of the deteriorating infant (band 5 and above) have attended their own in house neonatal resuscitation training or NLS in the last training year. Gold standard training would be that all 'first line resuscitators' (which includes neonatal nurses) hold the NLS certificate as well as annual assessment of competence. In addition to this all members of the ideal team should have (as a minimum) a basic neonatal life support update annually.
Surgical	The NWNODN has 2 surgical units (Alder Hey and Manchester). The NWNODN previously ran a surgical course which had theoretical and clinical components. It consisted of 6 study days plus a 2-3 week placement on a surgical unit with a clinical competency document and workbooks to complete. It again was well evaluated and in the nursing TNA 17 (out of 22) NW neonatal units stated that they were interested in the course being delivered in the future and that in total there was potentially 105 staff to undergo the training in the next 2 years. This year the 2 NWNODN

surgical units have picked this up and are running this between them for all NW neonatal units. The NWNODN believes that this is a good solution to this gap and would look to support this programme where needed.

IV study days: Most NICUs and some LNUs run their own IV study days but some LNUs have to send staff on an adult IV course and occasionally a paediatric course but sometimes there is a long wait (sometimes over a year) for access to these courses. The NWNODN previously ran 1-day IV administration courses whenever there was a demand for them from NW neonatal units. It consisted of blended learning, workbooks and simulation. While there was some assessment on the day through simulation and calculations test, it was the responsibility of the individual units to ensure the clinical competencies were completed to an acceptable standard. In 2019 2 courses were delivered and were accessed by 29 staff from various neonatal units in the NW.

Transitional Care: Work is going on nationally to create a transitional care e-learning programme. There was an initial pilot programme run in June in the East of England and they are hoping with the support of HEE to launch nationally in October

Continuing Education/Education gaps

Post QIS: the NWNODN previously ran some senior nurse development days, covering topics such as evidence-based practice, respiratory management, review of clinical practice, clinical skills, leadership and effecting change. 66 staff accessed this course in 2019 and the days were very well evaluated. In the nursing TNA 20 (out of 22) (NW neonatal units stated that they were interested in the days being delivered in the future and that in total there was potentially 174 staff to undergo the training in the next 2 years.

Leadership/management: Although the senior nurse development days covered some leadership and management, this area is one which managers cite as being an issue. Managers are concerned that nurses in senior positions are retiring and that more junior staff have not yet developed the skills to progress into these roles. Leadership and management is an area that is not only relevant to nurses, it is relevant to AHPs and medical staff too.

ODNs

Course provision: The majority of ODNs provide education predominantly for nurses, with most running some form of foundation programme for nurses new to neonatal care. Some ODNs run their own QIS programmes as well as a foundation programme. One ODN works closely with AHPs but most others are only just starting the process of employing and working closely with AHPs. A number of ODNs run MDT and profession-specific study days regularly throughout the year. Although most provide education predominantly for nurses, they all emphasised the need for MDT learning and are all planning to provide MDT education in the future.

Literature review

Advances in neonatal care have led to less opportunities for clinical skills such as intubation and chest drain insertion (Edwards et al. 2000). This combined with more flexible hours for junior doctors, meaning more physical bodies on the rota, plus the increase in ANNPs and other practitioners (such as physicians associates) on the medical rota often means that there is less clinical skills practice for each person. Edwards et al. (2020) conducted a 12-month trial in four neonatal units in the UK which each have over 5000 births per year. In that time there were 218 intubations but these were split between 122 clinicians illustrating that it is becoming increasingly difficult for staff to gain and maintain competence in this skills due to the decreasing numbers of intubations being performed and the physical number of staff needing the skill. We can reasonably conclude that this would be similar for other clinical skills.

The Critical Care National Network-Nurse Leads Forum (CC3N) recognised the need for critically ill adults to be cared for by nurses who had the appropriate specialist knowledge and skills to implement and evaluate care for these patients. To ensure equity of care delivery, they endeavoured to have an adult critical care workforce that was developed to common standards so that the quality of that workforce was assured across geographical boundaries. To do this they developed a set of standards and competencies for post-registration critical care nurse education. The National Competency Framework for Adult Critical Care Nurses (2016) has 3 steps (foundation, followed by two academic critical care programme steps) all of which deliver standardised content with clinical competencies that are achieved and signed in clinical practice.