

# Thames Valley and Wessex Neonatal Operational Delivery Network (ODN)

## Education and training strategy for Neonatal Services 2024-2029

Continuing education and professional development for all Neonatal Health  
Care Professionals and Teams



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## Glossary

AHP	Allied health professional
ANNP	Advanced neonatal nurse practitioner
ARCP	Annual Review of Competency Progression
BAPM	British Association of Perinatal Medicine
CASC	Clinical Assessment of Skills and Competencies
CP	Clinical Psychologist
CNST	Clinical negligence scheme for trusts
ENNP	Enhanced neonatal nurse practitioner
GIC	Generic Instructors Course
HD	High dependency
HEE (now WTE Directorate)	Health Education England (a Non-Departmental Public Body. It supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place)
ICS	Integrated care system (NHS organisations that, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve)
LMNS	Local Maternity Neonatal System
LNU	Local Neonatal Units provide short-term intensive care (1-2 days); and high dependency/special care and transitional care services for their local populations
MDT	Multidisciplinary team - a team of healthcare professionals from different disciplines
NCCR	NHS England Neonatal Critical Care Transformation Review published December 2019
NICU	Neonatal Intensive Care Units (NICUs) provide intensive care for the smallest and sickest babies across the whole region, in addition to high dependency, special care and transitional care for their local population
NIPE	Newborn and infant physical examination – a screening programme that screens newborn babies within 72 hours of birth, and then once again between 6 and 8 weeks for conditions relating to their heart, hips, eyes and testes
NNA	Neonatal Nurses Association
NNAP	National Neonatal Audit Programme
NPPG	Neonatal Paediatric Pharmacy Group
ODN	Operational delivery networks, which are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise
QIS	Qualification in specialty
RCPCH	Royal College of Paediatrics and Child Health
SCU	Special Care Units (SCUs) provide special care and transitional care for their local population
ST 1-9	Specialty Training Specialist training 3-8 years
WTE	Whole time equivalent
WTE NHS England	Workforce Training and Education Directorate NHS England

## Executive Summary

“Well trained highly skilled competent multi-disciplinary teams delivering safe, quality and effective care”.

### The Development of the Exemplar Team

This will be delivered through a framework setting out the training and education core requirements for all neonatal role knowledge/skills and competence through foundation to advanced practice learning. This will be underpinned by having the right education and training programmes, the most appropriate education provider and quality assurance built in such as TVW Education MDT and working subgroups. Appraisal, coaching and supervision will be available for all staff to support competence, retention and career progression.

### Supporting Career Pathways

A toolkit will be produced for skills and competency acquisition at each stage of a career. This will be underpinned by robust regional and local attraction, recruitment and retention strategies to neonatal care and environments which offer appraisal, coaching and supervision to realise staff potential and development.

### Providing Safe, quality and effective services

Ensuring that education and training is targeted in response to a changing/transformational environment to improve outcomes and deliver safe care examples of this are airway management and new roles such as repatriation and risk governance roles and sharing of quality improvement project successes. New ways of working will require education and training to support the role and for addressing any identified clinical risk factors such as airway management and outcome indicators.

This will happen through the work of Network Workforce/Education and subgroups outputs, neonatal units, technology, education providers and funding for both training and backfill.

## Introduction

Through the introduction of the NHS Long Term (2019), Neonatal Critical Care Review (NCCR) (2019), Ockenden (2022) and the Three-Year Plan (2023), there is an increasing focus on workforce across the health service, including expanded roles for Allied Health Professionals, Clinical Psychologists and Nurse Associates to support clinical care.

Therefore, it is vital that we have the right workforce with the rights skills and competence to meet the increasing challenges and complexity of the future and to optimise quality and outcomes. With the implementation of the NCCR review this is even more evident within the highly specialised area of neonatal care. It is in recognition that in 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”.*

In response to this national impetus the TVW ODN has published its *Workforce Strategy* for all units in TVW and the *TVW Education Strategy* with a Workforce Toolkit to enable neonatal units across TVW to develop and implement the best multidisciplinary team to meet their individual unit demands and workforce profiles.

Education and training are pivotal as the units move forward with the development of their teams and it is vital that this is underpinned by education, training and competency achievement. This Education Strategy has been produced to support services and professionals through offering a sustainable education framework. The differing elements of the strategy reflect the integration and education of a competent workforce which is fit for practice within a culture of life -long learning and responds to the needs of babies and their families requiring specialised neonatal care.



TVW Leadership Management Programme for Band 7 neonatal nurses' simulation and role play for complex conversations with staff and parents.

## National Drivers

Through the LTP, NCCR and Ockenden review there has been an impetus for change. As with the recently published Three Year Plan (2023) all have set out commitments to develop neonatal capacity, enhance the family experience, develop and retain the expert workforce, which includes AHPs and Clinical Psychologists.

Although not explicit within any of the national recommendations any commitments to transforming the workforce must be underpinned and supported by education, training, national standards and competency achievement, to realise the 'expert' workforce, multidisciplinary neonatal workforce and improve the safety and outcome effectiveness of neonatal and perinatal services.

## Education Challenges

The national drivers such as N50k Programme (2019), that is, plan to increase by 50,000 the total number of registered nurses working NHS England by 2024, and financial investment for health care training (2023), present a great opportunity to improve growth, recruitment and retention at a time when some of these issues were felt within neonatal nursing and echoed across AHP and medical services. This was in part, due to the specialism of the service where routes to education and training to inform practice have in the past been limited.

An additional national impetus has been the recent commitment from the Government to continuing to a personal training budget of £1,000 over every 3 years for every nurse/AHP to undertake 35 hours of continuing professional development (CPD) needed to revalidate. In addition, Provider Trusts will be expected to provide additional funding for staff to undertake training and education such as the role essential Neonatal QIS and education beyond. This funding is distributed nationally across all Provider Trusts, which will include all 14 neonatal units across 13 Trusts within the TVW Network.

We are facing several challenges which must be considered in the future of neonatal care. The Covid-19 pandemic has impacted greatly and accelerated the need to shift to the greater use of technology, utilising virtual learning platforms versus traditional classroom teaching on the delivery of education and this was evident in the delivery of TVW Education Programmes both at Foundation and Qualified in Specialty (QIS). This has led to the implementation of education being delivered through a hybrid/blended learning model with on- line education alongside Face-to-Face classroom teaching.

Workforce surveys and scoping reviews both nationally and locally have identified the aging workforce with the potential of a high proportion of this experienced, highly skilled workforce retiring in the next 5-10 years. This poses several challenges as we need to ensure that as staff retire, they are replaced by newly skilled staff. Within this process of transition, staff who are moving towards the end of their careers remain current in skills, engaged and relevant and are valued as vital members of the team. In addition, the international evidence reports early career nurses are more likely to stay in their profession when they benefit from preceptorship and mentorship at the beginning of their career (Schroyer and Huang et al 2019, Brook and Aitken et al, 2019). Nurses also value authentic leadership and opportunities for career opportunities and decision-making in-patient care (Van Camp and Chappy, 2017).

For the first time in history four different generations will be working together in the same employment area. Each of these generations will view the world of work through different lenses see Table (1) Description of attributes. This has implications not only for attraction, recruitment and retention but also in making education more attractive and meaningful across the different generational styles.

### Description of Generation Characteristics (*table 1*)

	Characteristics	Values	Work Ethic	Healthy Workplace Environment
Baby Boomers 1943-1964	Optimism, team orientated, 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, non-conformist Informal Mistrustful Self-reliant Questions the rules	Work life balance, Autonomy Independence	Work must match reward. No loyalty to employer (committed to career over organisation) Shorter 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 1981-1996 (Millennials)	Technically Savvy/cyberliterate Lifelong learners Confident, demanding, impatient, diverse, social, 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 and education	Teamwork Recognising accomplishments, seeking coaching effective and regular communication with leadership, informal workplaces with humour and connectedness. Manageable nurse-patient ratios and working hours and no mandatory over time
Generation Z 1997-2012	Curious, compassionate willing to pursue nontraditional options, open minded, technological savvy	Education, inclusivity, diversity	Loyal	Advocate for patients

While the challenges discussed above may be generic, it is clear the need to integrate further AHP, Clinical Psychology and Pharmacists and the changes to the medical training programme have created gaps in education and training for the neonatal workforce.

The changes in the medical training have reduced medical training opportunities therefore impacting on trainee neonatal placements.

Proposals from the RCPCH in the summer of this year 2023 with the introduction of a 2-level pathway, which removes the current 6 months training in neonatology. This has the potential for ST3 trainees having very little or no exposure to neonates and ST5 trainees not spending as much training time on a neonatal unit from the beginning of their training. In addition, increasing number of different practitioners such as ANNP and Paramedics, part time staff with an increase in head count on the medical roster and new clinical practices are providing less opportunities for clinical skill acquisition and practice. Similarly, clinical placement capacity for nurse undergraduates and postgraduates is challenging. A scoping review HEE (2022) reported competing priorities between undergraduate and postgraduate learners such as Qualified in Specialty (QIS), new to specialty, and limited physical space, staffing numbers, lack of activity in smaller LNUs/SCUs and size of unit.

Access to appropriate supervision was identified as a huge challenge. The senior nurses accentuated having to balance staffing numbers for safe care, safe supervision of students and postgraduate learners/new to specialty staff.

Lack of practice assessors to safely support undergraduates was identified, compounded by the number of newly qualified nurses recruited into the neonatal workforce who are overwhelmed with the complexities of their new role. Some respondents reported that due to lack of practice assessors, new staff and competing priorities for all learners had led to staff becoming disillusioned and saturated with supervision of learners.

Through the NCCR recognition of AHPs and Clinical Psychology professionals as key contributors to the care of neonates and their families. Nationally and within TVW as we work towards implementing these recommendations, it is evident as national standards for both staffing and education to include quality assurance are agreed. There will be a need to increase this expertise with the required training and education to underpin this to meet current and future demand.

## Taking Education Forward

### Our vision

Is for neonatal care to be focussed on care by parents and families delivered by an integrated, multi-professional team underpinned by the best use of skills and knowledge available.

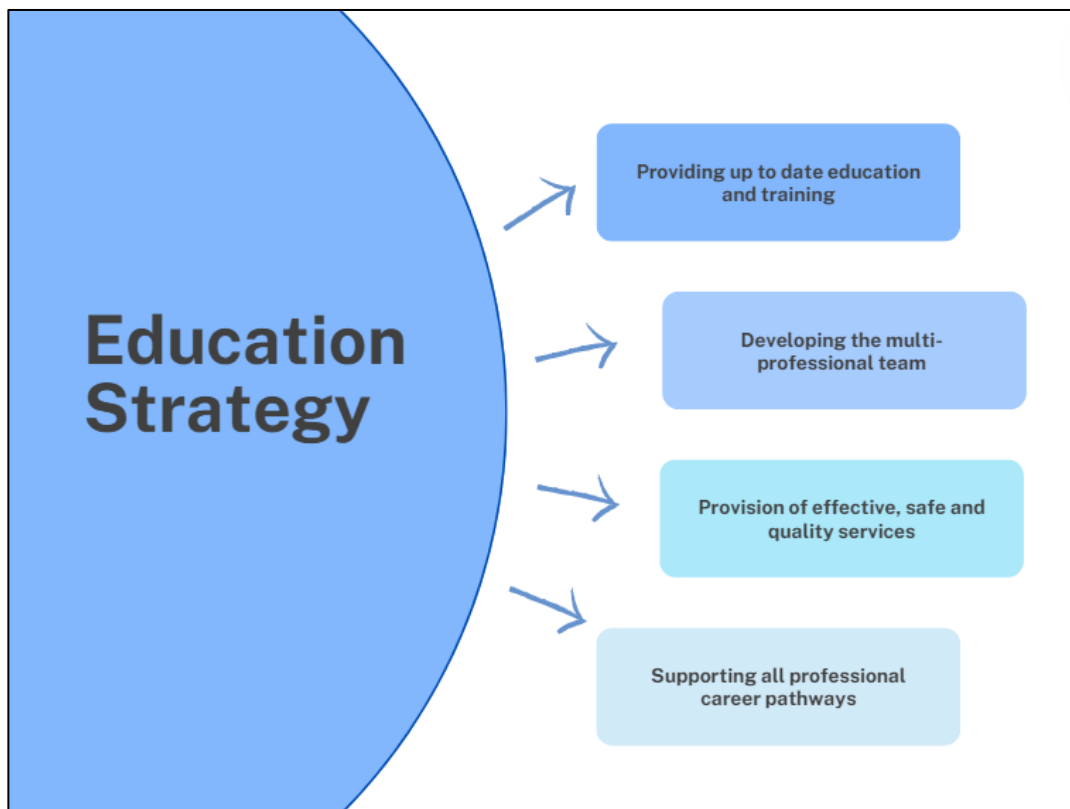
Our education vision is to deliver:

Well trained highly skilled competent multi-disciplinary teams delivering safe, quality and effective neonatal care.

In the production of this strategy, the requirements are:

- Access to standardised training and education pathways for all neonatal staff.
- Reflect both national and local drivers for all professional groups.
- Sustainability for the future.
- Supporting and meeting career pathway/progression needs for all professionals.
- Access to shared learning/training opportunities with all professional teams (e.g., simulation, multi-professional clinical days, leadership).

As a Network we propose that this education strategy addresses four elements:



## What we want to achieve

- The family are recognised as integral and are part of the exemplar team.
- Acquisition of knowledge, skills and competence for each role
- Supporting career pathways and advancement
- Providing local induction for all roles
- Integration of all professional groups to neonatal units
- Facilitating ongoing continued professional development
- Supporting staff through compassionate leadership, psychologically informed environments, PNAs, mentoring models, coaching, peer support and supervision
- Embedding the role of appraisal in the development and career progression for all roles
- To ensure lessons learnt from clinical incidents are shared across TVW and LMNS
- Response to national/local drivers and Quality Improvement work are shared across TVW and LMNS
- Network MDT education group
- Education and training to support new roles and ways of working.

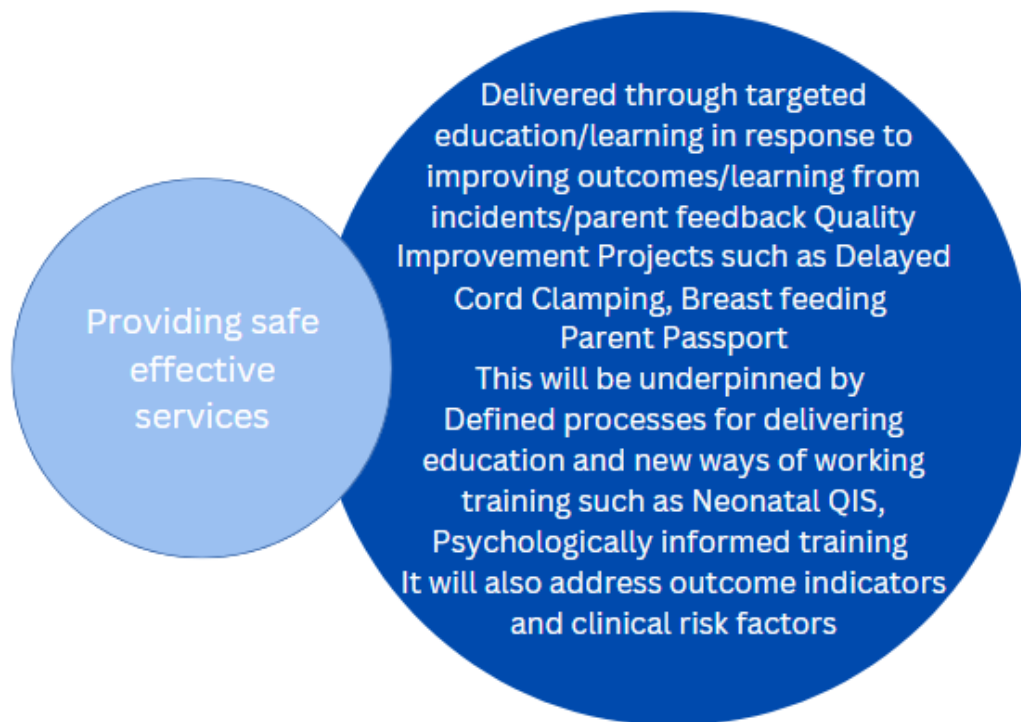
### **Scope**

High quality care relies on the integration of skills and knowledge of many different professional groups working together with a common goal in multi-disciplinary teams. This strategy will focus on the following workforce:

- The registered nurse
- Midwifery
- Nurse Associate
- Medical Staff
- Allied Health Professionals
- Clinical Psychologists
- Bands 2-4 Clinical and non- clinical
- ANNPs and trainees
- Consultants
- Clinical Fellows

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





## Education Pathways

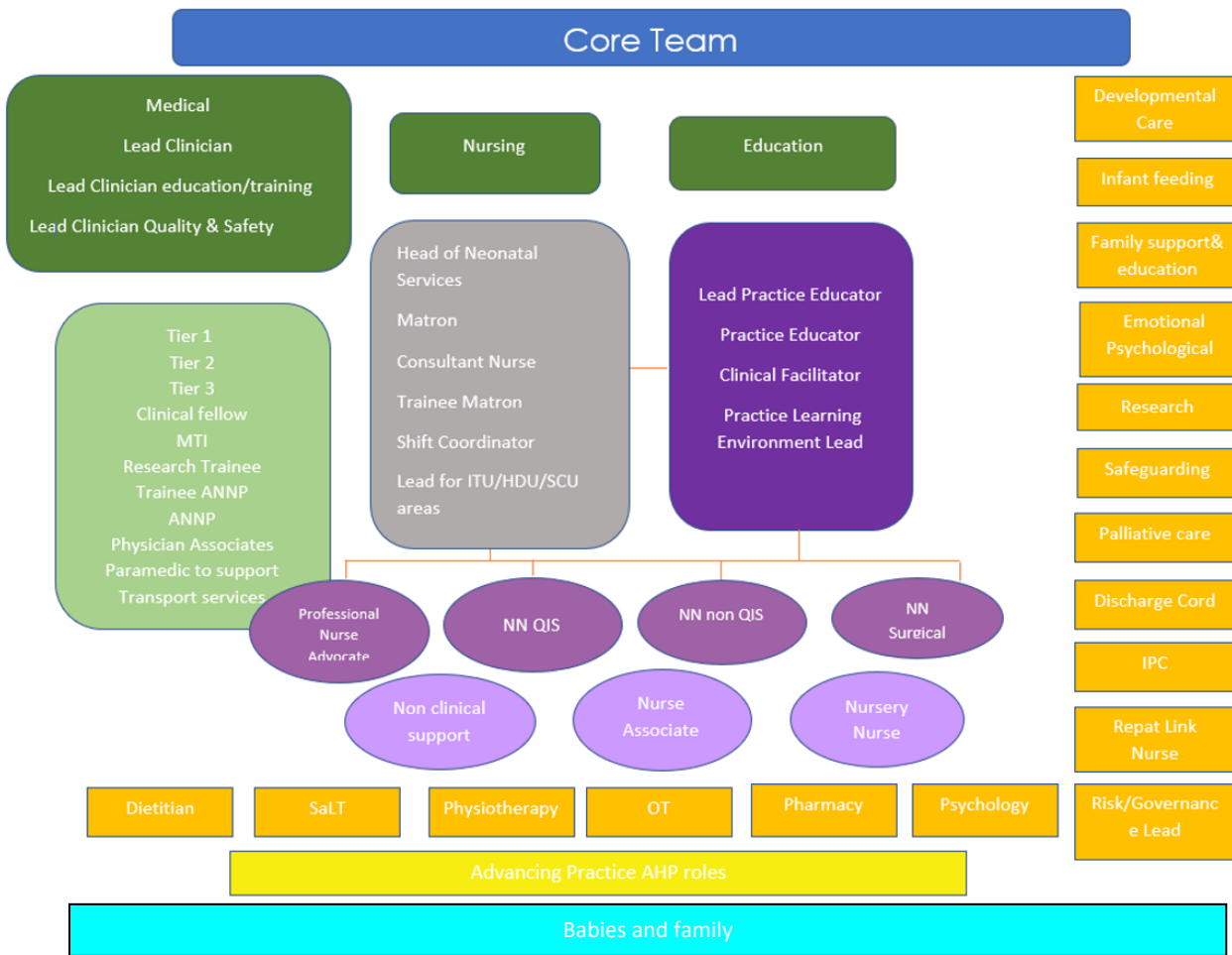
Competence (knowledge and skills) is developed through formal and informal routes. Formal routes utilise the quality framework of Higher Education Institutions whereby acquisition of new knowledge and skills are accredited. Informal routes develop generic nursing, medical/ AHP knowledge by applying this to different practice areas and can be achieved via in-service and nationally recognised professional development pathways and assessment.

In building this education framework in developing the exemplar team and supporting career pathways there are four key elements:

- Developing core/basic skills (Foundation)
- Competence for role
- Advancing career pathways (include 4 Pillars)
- Maintaining competence for role

To enable delivery of this strategy a key enabler will be the establishment of a Network multidisciplinary education group led by the Workforce and Education Leads. This work group will focus on ensuring that education is both clinically and leadership appropriate to meet the requirements of each profession, role and services.

## Developing the Multi-Professional Team



As discussed and articulated in the TVW Workforce Strategy the Exemplar Team as a core team and individualised to meet the requirements of units as designated and configured.

Within each role in the Multi-Professional Team are acquisition, qualification and maintenance of knowledge, skills and competence required to meet the needs of their role and for the service.

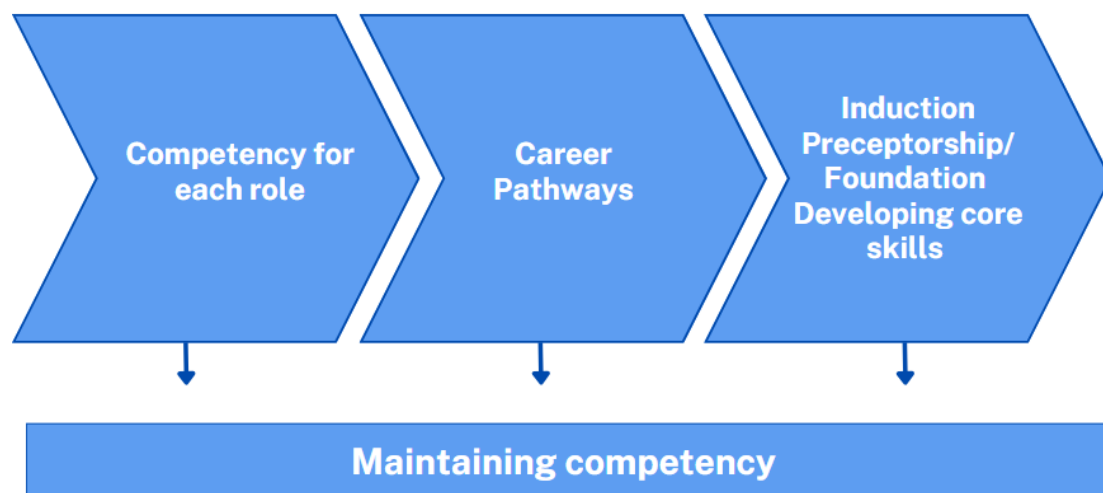
This Strategy was developed and informed by the recommendations of the TVW workforce scoping review and the training needs of all professional groups in all units where the following key findings were identified:

- TVW ODN delivered Foundation-QIS Education Programmes is 'Gold Standard'.
- Induction, integration and supervision into local teams for newly recruited AHPs and Psychologists is varied but essential.
- Medical Trainee and nurse induction can vary at local level in units.
- Ongoing assessment competency for some roles is limited.
- Some unit level TNAs do not include simulation-based training, FiCare education, leadership and Network education.
- Inconsistent training offered across units and roles.

- No centralised delivery plan for clinical skills education such as airway management
- Inconsistency in training and assessment regarding medicine management.
- Unfulfilled demand for clinical/leadership/management skills education.
- No current centralised training data base for Provider and Network use.
- The need to increase undergraduate student capacity on neonatal clinical placements.

Our vision is the development of an education framework for all professional programmes. This will support for all professionals a core neonatal knowledge and skills acquisition pathway and maintenance of competence for role.

One of the key findings from the scoping review and TNA is that all education programmes for profession/role need to have a clear structured framework which are quality assured and benchmarked.



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

- Right education/training programme for profession and role
- Right education provider (HEI, Network)
- Quality Assurance through HEI, NNA TVW ODN, WTE Directorate NHSE
- Appraisals for all staff
- Support/coaching, supervision and advocacy

The education programmes will further set out in detail the educational and training requirements for core skills and maintaining competency for each role.

Within the exemplar team there are many roles, although some roles and professionals will require the same knowledge, skills and competence, therefore there is an opportunity to share multidisciplinary education and training.

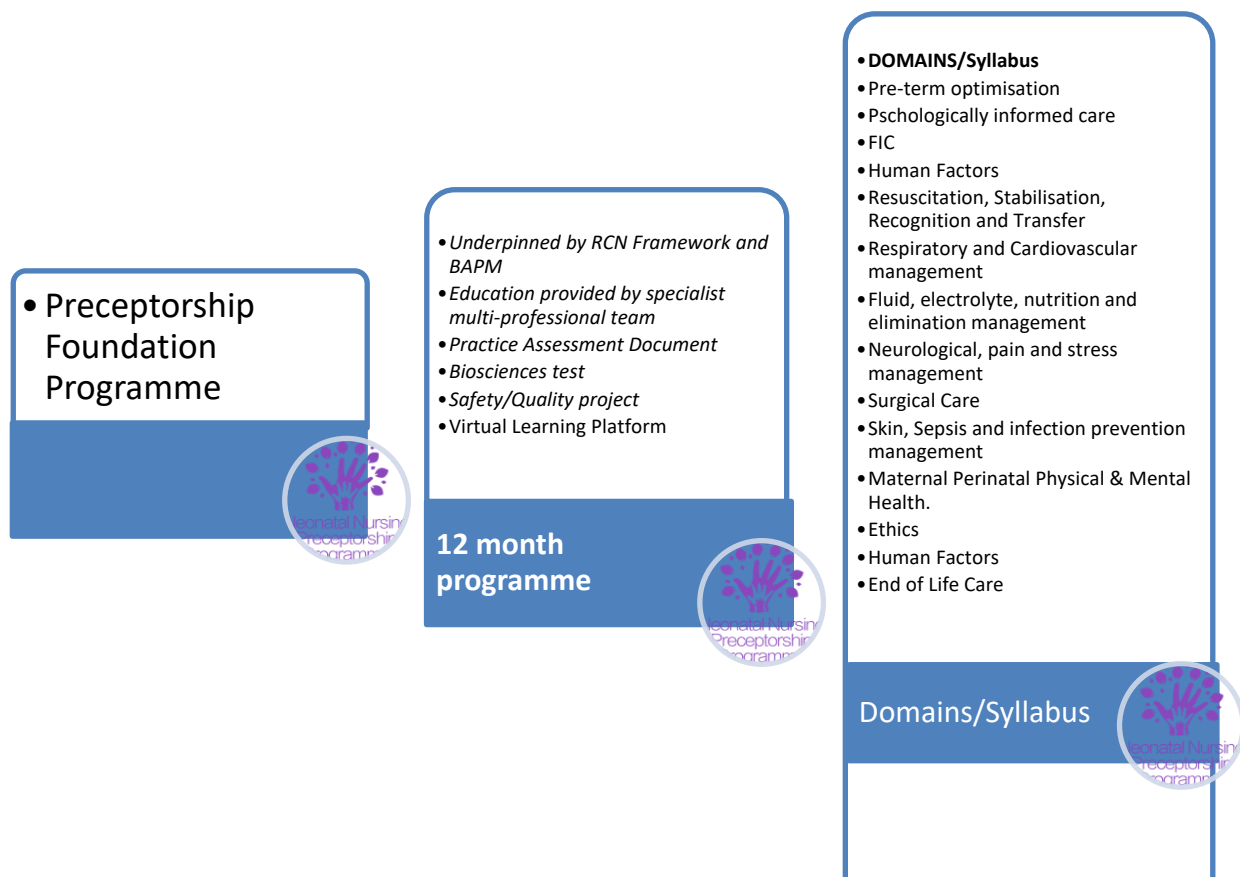
All staff members within the exemplar neonatal team despite profession will require specific neonatal education, training and competency. This education should be supported through resources that can be utilised across MDT roles such as AHP discipline specific foundation and advanced, and neonatal foundation/QIS programmes.

This education and training will need to be delivered in various ways such as simulation, use of actors, on-line modules, webinars, clinical, human factors and leadership case studies and scenarios as well as workbooks and practice assessment documents. This will also facilitate a stepwise approach to learning so that different levels of competence can be achieved at different stages of the career pathway.

Education providers will be varied and will include HEIs, professional bodies such as BAPM, Neonatal Nurses Association, Florence Nightingale Foundation, neonatal teams and services, e-learning for Health and the TVW ODN.

TVW ODN has a proven record in delivering Network quality assured education and training with good educational outcomes. At the core of this is the TVW Network Preceptorship/Foundation education programme, which is part 1 of the neonatal QIS programme. In 2014 the TVW network responded to the need to improve recruitment and retention and standardise education with the implementation of the Network Neonatal Preceptorship/Foundation Programme, which is specially designed to provide both an education curriculum and supportive learning package for newly qualified nurses/midwives, nurses new to specialty and now newly qualified Nurse Associates, with no previous neonatal experience. This education programme equips novices with the necessary knowledge and skills to deliver safe care, evidence-based care that meets the needs of the compromised neonate and their families. This acknowledges a level of competence as a nurse but recognises the limitations in knowledge and skill development that are needed to practice safely within this specialised area. Therefore, a programme of foundation learning must be provided for all nurses, midwives, and AHPs new to this area, which will encompass preparation for specialist qualification programmes. In 2019 the network, following on from the successful Preceptorship Programme model and driven by a lack of QIS standardisation, provision of fit for purpose programme locally and high HEI funding costs, developed and implemented a network/hybrid QIS programme.

## Foundation registered nurse (new to specialist area) TVW Neonatal Preceptorship Programme (figure 1)



### Neonatal nurse Qualified in Speciality

Preparation to commence qualified in speciality (QIS) training includes previous achievement of foundation knowledge and skills (e.g., foundation neonatal module, neonatal preceptorship programme, in-service preparation programmes or equivalent previous experience).

This post-registration role essential education pathway, with neonatal service providers and HEI, allow for registered nurses working in neonatal units to become equipped with the specific knowledge, skills and competence to practice safely and effectively in this critical care area. At QIS level, the expectation is for the neonatal nurse to be able to apply knowledge to practice in terms of critical thinking, problem solving, clinical decision making and in carrying out practical clinical skills to optimise infant outcomes.

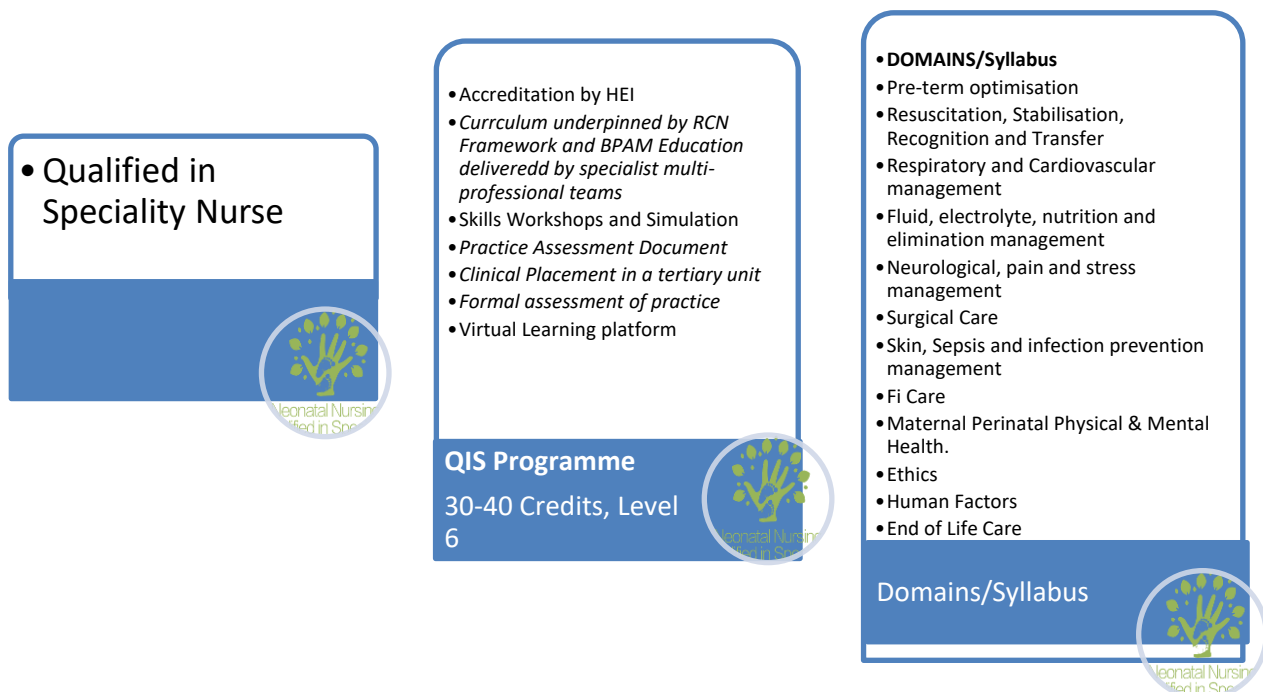
The impact of this level of responsibility for patient care must therefore be supported by a planned formal education pathway, such as the QIS programme, which includes the development and

accreditation of the unique skills and knowledge relevant to this specialism across all dependency levels.

The provision of specialised post-registration nurse education in the UK currently exists within the quality framework of Higher Education Institutions (HEI). The Royal College of Nursing (RCN) Career, education and competence framework for neonatal nursing (2015) and the British Association of Perinatal Medicine (BAPM) Matching knowledge and skills for qualified in speciality (QIS) neonatal nurses (2012) define the core syllabus of the QIS programme. This will ensure a standard of clinical competence whereby nurses working at this level plan, organise and deliver care of the highest quality within all service areas.

The TVW QIS programme has been developed following this guidance. It includes the RCN framework domains and other domains that reflect current practice. Assessment of knowledge and understanding and in skills performance is carried out in the programme to ensure competence in practice.

### Qualified in Speciality (figure 2)



Access to practice experience is essential for achievement of competence across the range of care situations. Organisation of suitable placements that allow sufficient time for competence development, rather than experience only, across the range of care situations, will be based on

collaboration between all service areas and should be co-ordinated at Network level. This will include both high dependency/intensive care.

Commissioning of formal education programmes of study, accredited through Higher Education Institutions, should reflect workforce requirements and national standards currently defined.

## AHP Education Framework

### Introduction to Allied Health Professionals in Foundations in Neonatal Care

Roles for AHPs within the neonatal specialty are rapidly evolving. In collaboration with E Learning for Health a standard approach to education to ensure a skilled and competent workforce has been produced. These are foundation level modules to ensure a consistent knowledge base for all AHPs. The programme consists of 9 modules aimed at Occupational Therapy, Speech and Language, dietetics and physiotherapy.

[Introduction to Allied Health Professionals in Neonatal Care - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/).

## Psychology

### Psychologically informed Neonatal Care (PINC)

An e learning programme on neonatal psychology has been developed to support better outcomes for babies, families and staff.

Psychologically informed care considers the needs of everyone in the unit and considers how best to support them for better outcomes. For families this can include managing better while on the unit and being well post discharge. For health care staff, psychologically informed care sustains us too.

It consists of 4 modules:

- Psychologically informed neonatal care
- Infant wellbeing on the neonatal unit
- Family wellbeing on the neonatal unit
- Staff wellbeing on the neonatal unit

[Psychologically-Informed Neonatal Care - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/)

## TV&W NEONATAL PSYCHOLOGY EDUCATION OFFER

### Framework of Knowledge, Skills and Practice

#### PRECEPTORSHIP & QIS - NURSING

- HEE e-learning Modules
- Building on e-learning – focused modules on:
  - Psychologically Informed Environment Introduction
  - Infant Mental Health Module
  - Parent and Family MH Module
  - Staff Well-being Module
- E-learning vs Action learning sets/reflective sessions

#### UNIT TEACHING – ALL

- Working alongside unit-based Education Team
- HEE e-learning Modules
- Local delivery of network standardised modules from local clinicians
- More interactive sessions
- Bite size teaching options for ward-based teaching or study day teaching.

#### MEDICAL STAFF

- Working alongside unit-based medical teams
- HEE e-learning Modules
- Network or local teaching – can book onto
- Input into Doctors induction programme
- Modules on Breaking Bad News & Communication

#### STAFF WELL-BEING AND RETENTION

- TRIM Training offered to staff on units across network.
- Compassion Focussed Therapy for Staff Training to be offered to TRIM trained staff and then local groups offered for all staff to book onto.

#### FI-CARE

- Mental Health and Well-being Champion Training
- Psychological principles threaded throughout Fi-Care teaching.
- Focus on Well-being on FiCare framework – well defined.
- Peer Support Worker Training

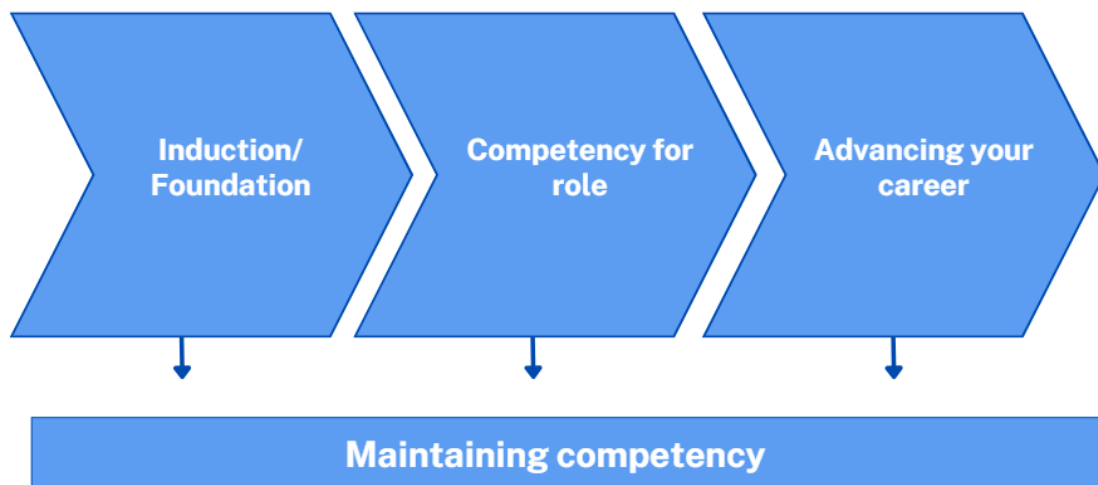
#### PSYCHOLOGICAL PROFESSIONALS

- HEE e-learning Modules – introductory and advanced
- Additional funded training:
  - CFT
  - Trauma informed approaches
  - Infant mental health
  - Parent-infant attachment
  - Bereavement
- Local CDP events for shared learning

## Supporting Career Pathways/Progression



Career pathways can improve attraction, retention, staff morale, motivation, quality and productivity. With the publication of GIRFT career pathway and the Exemplar team toolkit this will help inform a neonatal career pathway.



This framework is underpinned by:

- Growing/recruiting/retaining people into neonatal care
- Specific role requirements
- Appraisal
- Career Pathways
- Support/coaching/supervision/mentoring

Both nationally and locally work is ongoing in defining career pathways for all staff roles. This will support the growing, recruitment and retention of people into neonatal care. In addition, the recognition of the expansion of AHP/Clinical Psychology roles and the GIRFT nursing career pathways alongside the TVW Exemplar Team Toolkit (appendix). As a Network we will continue to work collaboratively with the Thames Valley and Wessex Post Graduate Deaneries to describe a structure of support and development/training opportunities at attracting medical trainees into neonatal care.

Support for people in their career pathway is vital and our vision is that this is achieved through education frameworks enhanced by the nationally developed career pathways. Through access to career development routes and right education /training programmes individuals will be supported to do so through their journey.

## Providing Safe and effective services

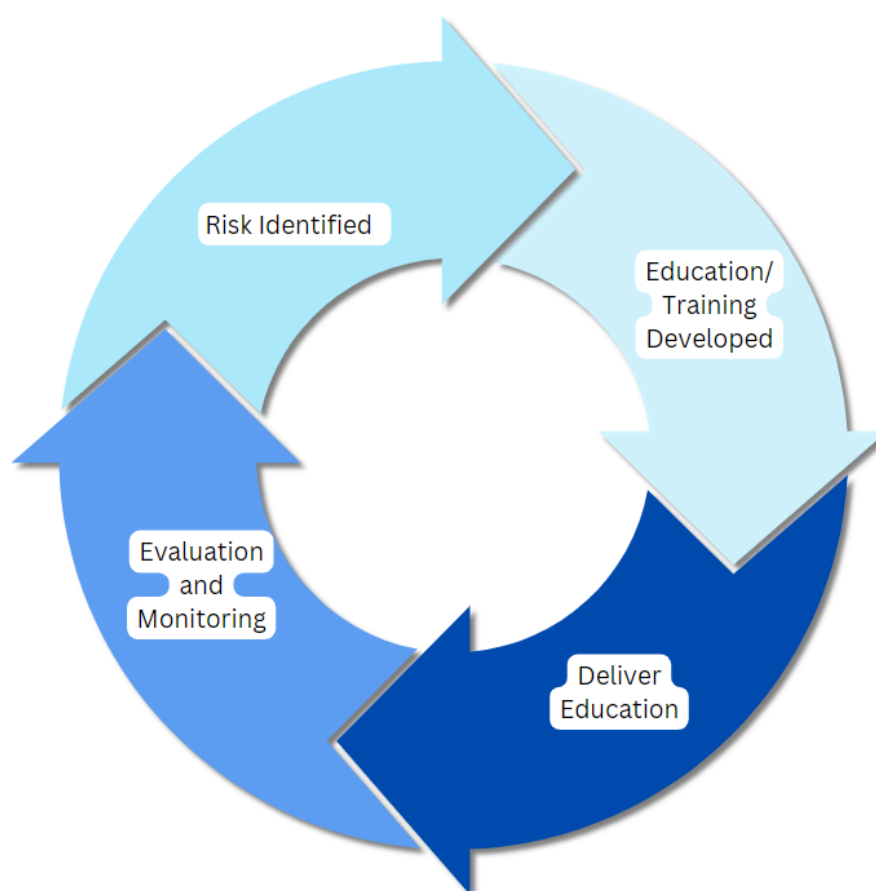


The delivery of effective safe services are underpinned by:

- Addressing identified clinical risk factors and outcome indicators.
- Clear, defined process and frameworks for the delivery/designing of new ways of working.

There are numerous national and local safety/quality reporting systems which identify areas to address improving quality/ safety of care and improve outcomes for babies and their families. Within this TVW have a quarterly dashboard publication which reports on outcome measures like NNAP.

However, currently there is no formal process to target any education and training provision that may provide benefit. In addition, at present there is no process in place for an education focus resource in response to risk factors and identified learning through the TVW Clinical Governance groups which reviews clinical incidences, exception reporting to service specification and morbidity/mortality. With the NCCR Quality role funding for a Risk/governance lead role, medical funding for safety and quality, MDT education group and other sub- groups such as FiCare, ANNP and infant feeding amongst others. It is anticipated that education and training resources will develop through the output of these and any new groups. In addition, quality improvement initiatives across the perinatal system will be shared to support learning.



### Ongoing development education provision

A biennial education and training provision audit within each unit and the Network will be necessary for future planning and to ensure current workforce requirements. This will enable elements of existing education and training provision, which map to the strategy, to be recognised and developed for use across the Network.

## Strategy Implementation

The implementation of this education strategy will require a challenging planning and delivery programme to ensure that the right education programmes will meet the requirements and significant demand for education across neonatal care in TVW. The key elements to determine this strategy are:

- TVW Workforce and Education
- TVW Workforce and Education Leads
- TVW Network Practice Educators
- Provider Trust Medical Education Leads
- Network AHP/Clinical Psychology/Pharmacist, Care Coordinators Leads
- TVW MDT Education Group
- Providers of education
- Parent Advisory Group/Service Users
- Network sub-groups
- Medical and Nursing safety leads
- Funding
- Technology

## Clinical Skills

### Use of simulation

Simulation training can enhance learning experiences and is a pedagogical tool utilised across Perinatal MDT in NLS, Preceptorship, QIS, FiCare, human factors and critical incident scenarios with both high and low fidelity equipment. However, there is huge variance across TVW with some units having robust, monthly or more regular mandated simulation training programmes and others doing ad hoc training. All units stated that having a central repository of simulation plans would be beneficial to all to access as writing and planning scenarios can be time consuming. The resurrection after the Pandemic of a network MDT simulation group to standardise and deliver simulation in the neonatal units as well as the recognition in improving collaboration and shared learning with other professionals such as AHP, midwifery, ambulance services, service users and Obstetric staff. In 2023 funding was awarded to train unit educators in simulation training and dissemination of training to include the use of video recordings and debriefing sessions.

Simulation may also be offered as part of theory-practice learning within CPD related to generic neonatal specific scenarios for example:

- Counselling for parents whose babies are in critical clinical situations or who have life limiting conditions.

- Leadership and effective team working.
- Communication and behavioural skills development.

## Case Study, HHFT MDT Simulation Programme

### **MDT Simulation Programme**

MDT simulation programmes for all staff across both units Winchester and Basingstoke. (annual mandatory updates CPD).

#### *Why did we do this?*

We are small units with low activity where emergency situations are rare and equipment infrequently used. Some Consultants only cover NNU out of hours/on call.

#### *Aims*

To standardise practice for all professional staff in a safe learning environment.  
To practice and maintain competence with current skills and to familiarise with new equipment/ procedures and new practices

#### *MDT approach*

Joint delivery with medical colleagues and Nursing/ANNP with lectures and practical skills stations.

#### *Curriculum*

NLS and any changes, specific conditions such as PPHN, HIE, extreme prematurity, issues from clinical practice amongst others.

Practical skills to include LISA, difficult airway management, chest drain insertion  
Equipment set up VTV, oxygen assist, cranial USS.

Practical skills stations LISA, chest drain insertion, airway adjuncts , transport incubator amongst other skills.

## NLS Newborn Life Support

All clinical staff will need a basic NLS training with most staff needing the full Resuscitation Council qualification.

NLS programme was implemented in 1999 by the Resuscitation Council and is designed for any health care professional involved in the delivery and care of the newborn infant. It is a 1-day course with pre course reading and preparation. There are dedicated course providers with a disparity in course fees as individual to the course Provider. Recertification is a requirement every four years. There appears to be sufficient capacity within the Network for staff to train without having to find places outside the Network, although during Covid-19 most courses were postponed or cancelled, this appears to have been addressed. The issue highlighted for neonatal /midwifery staff is the lack of GIC Instructors or GIC capacity for training places. However, liaison between the ODN and LMNS to explore sharing of these resources will be beneficial.

Safety action 8 of the Clinical Negligence (2023) asks for evidence that 90% of the team involved in immediate resuscitation of the newborn and management of the deteriorating infant (band 5 and above) have attended an in-house neonatal resuscitation or NLS in the last year. The Gold standard is that all first responders hold a current NLS certificate (this includes neonatal nurses) as well as annual assessment of competence.

## Enhanced Neonatal Nurse Practitioners (ENNP) Enhanced Clinical Practice (ECP)

Across the TVW ODN there is no standardised role descriptor/ education programme for the Enhanced Practitioner role. There is huge disparity in the role descriptor across different units both regionally and nationally. All the Lead Nurses articulated the roles as an extension of the QIS nurse with clinical skill acquisition and responsibilities such as venepuncture/cannulation, arterial line sampling and long line removal.

The original intention of ENNPs was to support the provision of holistic nursing care of the neonate and their families. Where the role has been implemented it has become an integral component of the multi-professional neonatal team. It has been acknowledged by BAPM as one of a group of roles appropriate to provide Tier 1 level medical care.

The ENNP/ECP is an enhanced role rather than an advanced role. ECPs work at an enhanced level of practice with specific knowledge and skills in a field of expertise. They manage a discrete aspect of a patient's care within their current level of practice, which will be particular to a specific context.

The role incorporates undertaking history taking, interpretation of common findings from investigations and imaging, new-born and infant physical examination, resuscitation skills high risk delivery lead, management of difficult airway.

An ECP apprenticeship can form part of a career framework that can lead to an ACP role. It is envisaged within the Thames Valley and Wessex ODN region that the ENNP/ECP role will be a component of the career pathway for nurses/ midwives and AHPs wishing to develop their career along the advanced practice/consultancy pathway but also to develop the ENNP as a quality role within its own right incorporating and developing specialism such as safeguarding, mental health, outreach inpatient, manage Retinopathy of Prematurity (ROP) screening and clinics and outpatient settings.

### Advanced Neonatal Nurse Practitioners ANNP

The advanced nurse practitioner role is seen as a recognised career progression pathway for experienced neonatal QIS nurses. Within TVW there is an excellent well established ANNP Programme MSc in Advanced Practice at University of Southampton, with both theoretical and clinical elements. This Programme now includes a non-medical prescribing module. The approximate cost of this programme which is 1-year full time or 2 years part time is £13-14,000. There is an offer for funding for training through WTE NHSE with the criteria that there will be medical supervision and a role at the end of the training.

In TVW eleven units have established ANNPs within their workforce, three units do not, of which 2 units, Wexham Park, St Richards have identified through TNA/Ockenden funding to recruit or train ANNPs There were two units, Dorchester and IOW, who had lone working ANNPs equating to one ANNP. Through recommendations from Ockenden, medical funding has been allocated for an additional ANNP in each of these units. The ANNP workforce model across this network is to fulfil the gaps in the medical rota and working at a high clinical level with all working on Tier 1 and 2 medical rotas.

However, whilst at times this can be seen as career progression that moves experienced neonatal nurses from the nursing discipline to more medical role, it is important to recognise and develop the MDT benefits of this experienced and stable workforce, supporting all the four career pillars of clinical expertise, research, education, and leadership/management to enhance the wider quality and safety of the service.

Most of the ANNPs sit within the Tier 1 rota but in some units, there are ANNPs on the Tier 2 rota and 2 ANNP having a Nurse Consultant role.

However, it is important to note that ANNPs working on the medical rota and covering shifts on Tier 1 or 2 rotas must be paid from the medical budget, not the nursing budget. Lack of clarity regarding payment streams may lead to falsely elevated nurse staffing establishments and staffing numbers and this must be avoided. In addition, some units do have gaps in their ANNP workforce. The NICUs have the largest gaps, the two issues are funding to train the Nurse to the role and funding to backfill an experienced neonatal nurse.

Case Study, OUH, Anda Bowring, ANNP - Exemplar of four pillars in advanced practice.

I have been an Advanced Neonatal Nurse Practitioner (ANNP) for 8 years. Being an ANNP has given me the opportunity to bridge the gap between the medical and nursing team. I can see how care is being provided through both lenses, and that has provided me with opportunities to implement changes that would not only benefit our patients but is achievable both from nursing and medical team perspective. I currently work on medical Rota at Tier level and cover neonatal transport. Being an ANNP has provided me with opportunities to make improvements in patients care based on best available evidence. This has led to multi-professional collaboration between my role, neonatal unit, and our delivery suite team- midwives, obstetricians, anaesthetists, and theatre staff to develop pathways to facilitate optimal cord management (OCM) for all preterm babies born below 34 weeks of gestational age. Utilising my experience as an ANNP attending pre-term deliveries, I was able to develop a guideline to facilitate OCM and implement this into clinical practice. We also delivered simulation training with all the equipment and staff required to deliver and stabilize preterm baby in room and theatre setting. This allowed me to have a clear picture of how our multi-professional team works and look deeper into individual roles they play in the room or theatre setting. We formed a core OCM champion team, and initially met every 2 weeks, then monthly, to review our data, practice, issues and make changes to progress forward. We utilised quality improvement methodology with PDSA cycles to implement changes.

Another important part of achieving high level of optimal cord management was education. After initial evaluation it was agreed education and simulation would be delivered jointly between neonatal teams and midwifery/obstetric teams once a month. This has been a very valuable addition to our training program. I find that the teams work better together if they train together, and certainly this is reflected in our data of OCM rates over the past year or so.

As an ANNP you don't just need to limit yourself to your unit, you can work across systems in a leadership role. After initiating OCM project at Oxford I joint The Oxford Academic Health Science Network (AHSN) Maternity and Neonatal Patient Safety Team as a neonatal lead for implementing optimal cord management the Thames Valley Network. The Oxford AHSN network hospitals are Oxford, Royal Berkshire, Stoke Mandeville, Frimley Health, Wexham Park hospitals and Milton Keynes Hospital. In this role I developed and implemented training and education, to inform the local teams to provide the best care . In the network as at OUH, QI methodology, PDSA cycles, team were up of representative from each professional area- neonates, obstetrics and midwifery, we held 2 weekly catch up meetings. As we are one network and our medical trainee's rotate, the Oxford guidelines were shared and adapted. Building upon established good relationships (the local teams knew me from Transport retrieval), helped with the uptake and success of the project.

This project clearly demonstrates that there are career opportunities for ANNP's alongside the clinical aspects of the role.

## AHP and Clinical Psychologists: Specialist Education- Advanced Clinical Practice (ACP)

As discussed in the TVW Workforce strategy there were limited number of AHP and clinical psychology roles both funded and unfunded. With the impetus of Ockenden funding some of the gaps have started to be addressed and with the development of the discipline specific neonatal modules which AHPs can undertake to further their learning to becoming a specialised neonatal AHP/ Psychologists. In addition, this offers an opportunity for specialist neonatal AHP's to progress to Advanced clinical practice. This is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership/management, education and research, with demonstration of core capabilities and area neonatal specific clinical competence. There are several different routes to accessing the education pathways.

[multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf \(hee.nhs.uk\)](#)

<https://www.instituteforapprenticeships.org/apprenticeship-standards/advanced-clinical-practitioner-integrated-degree-v1-0>

### TVW AHP Sub- group

This group consists of neonatal specialist AHP representative of each discipline across the TVW Network. They emphasise that AHPs should be involved in neonatal unit teaching and MDT education programmes. Their view is that MDT training and education should be the preferred methods to improve a broader understanding of neonatal care for all staff. As they integrate into the neonatal team this should evolve into ward round participation, unit specialty groups and governance forums.

## Medical Workforce Shape of Training

The Shape of Training Review (2013) advances a move towards a more broadly trained specialist, in the future which means that all neonatal specialty doctors will have spent most of their training in paediatrics. With the recent introduction of the RCPCH 2 level pathway Progress +(2023), while the fundamental objectives of the curriculum remain the same, the training pathway has been streamlined from three discrete training levels into core paediatrics ST 1-4 and Specialty Paediatrics ST 5-7 shortening the training time from 8 years to 7 years, to do this they have moved the current

level 2 , which consisted of a minimum of 6 months each in general, community and neonates. This could potentially mean that ST3 Trainees may not have any neonatal unit exposure and similarly there may be ST5 trainees that may not have undertaken rotation on a neonatal unit since the beginning of their training. This impacts on skills and knowledge where they may not have been practiced for several years. This consideration needs to be taken into and will also apply to trainees coming by a paediatric non paediatric route such as neonatal surgeons and GP trainees.

## Medical Trainee Induction

Although most units offer medical trainee induction what is offered can differ in units. Some units have a structured formal induction and education programme with protected time whereas other units offer education shared with paediatrics (mostly in LNU/SCUs) which has a broader paediatric content to it with smaller neonatal content.

## Supervisors

Medical trainees will be allocated educational supervisors during different stages of their training, each one for 2-3 years. This will be from ST 1-3 and ST 4-5, ST 6-8. The supervisor is responsible for conducting their annual review of competence progression (ARCP) for sign off. If the Trainee is a neonatal Grid trainee, they will need additional sign-off from the neonatal CSAC chair. Furthermore, the clinical supervisor will change with each rotation.

There are differences in staffing between the NICU's who have ST 2 and 3 trainees and the LNU/SCUs who have ST 1 trainees. In addition, Special care will be covered by GP trainees.

## Clinical Skills Competence

Due to advances in neonatal care, there are less opportunities for developing competence in skills such as intubation/airway management and chest drain insertion. When combined with the more flexible working hours for doctors, increased head count with part time hours and an increase in ANNPs and other practitioners such as Physician Associates and Paramedics, although not in this Network currently. There is less time for clinical skill acquisition for each professional. Edwards et al (2020) study of 4 NICUs with over 5,000 births each year over 12 months. In this timeframe there were 218 intubations by 122 clinicians, demonstrating that it is becoming increasingly difficult for staff to gain and maintain competence in these clinical skills. This will also potentially impact on other clinical skills.

## Neonatal Network Education Days (NNED)

The core target audience for NNED is for GRID trainees in Neonatal Medicine, Paediatric trainees (all grades) with a special interest in neonatology, clinical Fellows and Trust grade doctors working in neonatal units, ANNPs, Neonatologists, researchers with a special interest in neonates. These days are hosted between the 3 NICUs, primarily delivered through MS Teams quarterly. These days are themed for example, Neurology, Cardiology, Airway management, respiratory and palliative care.

## Non -Registered Practitioners and Nurse Associates

Within TVW with the recruitment of trainee Nurse Associates and Nurse Associates, it has been agreed that newly appointed NAs will access the Network Preceptorship/Foundation Programme in the same way that newly qualified registrants do. The NMC suggests that all new registrants including Nurse Associates receive a period of Preceptorship. We know through the delivering of a Network Preceptorship Programme that this provides several benefits such as enhance patient care, improve recruitment and retention, more confident and skilled staff and improve mental health well-being and morale (Edwards 2019). Nursery Nurses also can participate in this Programme to maintain and upskill both theoretical and practical skills and knowledge. In addition, we did identify that this work force requires and ask for CPD. As a Network as this workforce becomes established, we will need to ensure they have parity of access to education and training days to meet their specific needs.

## Involvement of Service Users in Education and Training

Parent Engagement Leads/ parents as service users should be members of the MDT education groups/teams to support the planning and training of themes/local learning requirements to reflect training and education. Ways in which parents/service users can support the delivery of training include co- production/design, video case studies, inviting parents to share their story or inviting charitable/support organisations for example local Downs Syndrome groups, HIE support groups and advocates for refugees amongst others.

## FiCare

TVW ODN has a neonatal care coordinator team, consisting of two lead care coordinators, and three local care coordinators.

Family integrated care (FiCare) is supporting the families to be partners in care, with the multidisciplinary teams, throughout their baby's journey in neonatal care and beyond. The team teaches FiCare in collaboration with AHPs on Preceptorship/QIS and leadership programmes.

Throughout 2024 the team aims to deliver FiCare training, as well as supporting local practice educators with embedding FiCare within their units. They will be working with each unit to develop their local strategy and action plans around FiCare education and training plans.

Following the quality role funding for FiCare leads within each unit, the care coordinators will be developing and delivering training to support this new role.

## Surgical

TVW has two surgical units (Southampton and Oxford). In both Foundation and QIS programmes 1 day is currently allocated to theoretical and clinical practical elements. This has always been well evaluated and a request from the neonatal teams for more education. From 2024 through NNA Scholarship funding a surgical project will commence with the aim to improve surgical care for babies repatriated, to provide training and assessment of competence by monthly teaching webinars and onsite visits. Included in this will be simulations for stoma care, wound care and pre/term stabilisation for transfer.

## Transitional Care

TVW worked collaboratively with the East of England ODN on the development of a bespoke national Transitional Care Programme delivered virtually. [Course-Outline-Transitional-Care-Programme.pdf \(eoeneonatalpccsicnetwork.nhs.uk\)](https://www.eoeneonatalpccsicnetwork.nhs.uk/Course-Outline-Transitional-Care-Programme.pdf)

## Continuing Education Gaps in provision

### Post QIS education

Through the TNA and scoping review gaps were identified in ongoing education for nurse's post QIS in clinical skills, complex drugs and airway management more noticeably in the LNUs and SCUs. Prior to Covid-19 pandemic there had been Network delivered clinical days to address these issues. It is anticipated going forward to address this gap with simulation, study days for shared learning and rotational placements.

### Leadership/Management

An area identified by the Matrons/Educators including medical and AHPs and cited as an issue was lack of robust succession planning in preparation for senior leadership and management roles. This has in part been addressed through the leadership lens with staff attending master's level leadership Programmes at HEIs, NNA and Florence Nightingale Foundation. In addition, TVW has co-designed a bespoke Leadership/Management Programme for Band 6 and 7 neonatal nurses, where the curriculum includes both compassionate and psychologically informed leadership and more operationally managerial focus such as shift coordinator planning, writing business cases, nurse staffing metrics amongst others.

### Technology

Education technologies are constantly evolving, and our current delivery of hybrid education programmes utilises online virtual learning platforms such as Moodle and NHS Futures. Neonatal teams can independently access education and training such as podcasts, videos, guidelines and education content alongside traditional classroom teaching.

### Funding

Appendix (1) describes the demand for multidisciplinary education based on units TNA's, historic demand and future projections over the next 3 years. With the recruitment of nurses for direct care this has increased the demand for QIS places. To fulfil this and the education requirements for AHPs, psychologists and the continuation of education for all the neonatal workforce sustainable funding will be required. In addition, it is imperative that the two Education Programme leads work

alongside the Workforce and Education Lead to act as a conduit between the ODN, neonatal units and HEIs to ensure outputs are realised at delivery level. It is also to ensure that the buy-in for the Network delivered QIS Programme and the hosting of simulation/clinical skills education continues.

## TVW Workforce and Education Lead

Through NCCR funding all ODNs have appointed Leads for workforce and education. This role is pivotal to supporting neonatal units to implement the TVW workforce and education strategies. This role will ensure that workforce and education planning information, data collection and supporting tools underpin the delivery of the strategies for both strategic and operational plans within the 14 neonatal units across the ODN.

Alongside partnership with the national ODN workforce and education group to generate and deliver a national standardised approach to neonatal workforce role descriptors, quantifying of roles and workforce reporting to inform ongoing planning and education requirements.

## TVW Education Leads

The TVW Lead Educators co lead and facilitate the planning, delivery and evaluation of the TVW Nurse education programmes (Preceptorship/ Foundation and QIS) by collaborating with the TVW ODN, neonatal units' multidisciplinary team and families to achieve the educational aspirations set in the TVW ODN education strategy national standards and recommendations. Similarly, as with the workforce lead work alongside the national ODN Workforce /education leads to generate and deliver a standardised approach to neonatal education.

TVW currently have 1.6 WTE Network Educators with 12 hours PA support. It is envisaged the appointment of a Band 7 Educator 0.4 WTE to operationally support the Preceptorship Programme will provide assurance and sustainability in ensuring their outputs at Network level and act as a conduit between Network, units and education providers.

In addition to this their role is to support network education across the perinatal system including:

- Facilitation of Unit and MDT neonatal educators' bimonthly meetings to support the delivery of the strategy in the units, to promote collaboration and to provide a platform to share best practice, information, and holistic support to the educators.

- Developing platforms to share educational resources with the neonatal/MDT educators to support the delivery of education beyond preceptorship/foundation and QIS including enhanced practice, preterm optimisation, simulation venepuncture/cannulation and management/leadership webinars.
- Embedding compassionate leadership to promote positive culture within network units.

## TVW Multidisciplinary Education Group

One of the key recommendations from the Ockenden report (2022), states that *'staff who work together must train together'* With the establishment of the TVW multidisciplinary education and workforce group to ensure that education and training has an MDT and system wide approach, clinically focused and appropriate to meet the demands of each profession/ staff group and services.

The group will work in the following elements:

- Listening to the family is integral to all work and part of our exemplar team.
- All staff are supported through mentoring/coaching, supervision and advocacy.
- Induction to facilitate integration at local level mapped to local and national standards/frameworks.
- Acquisition of knowledge, skills and competence through Identifying and setting out the learning required for each topic/ specific areas/knowledge/skills and competence for each role.
  - Sourcing and supporting appropriate education resources for each topic.
  - Standardisation of QIS (QIS starts at Foundation-ITU)
  - Standardisation of simulation programmes for all professional roles
  - Support Workforce/retention leads with resources to deliver material and Masterclasses to attract and recruit staff.
  - Working with HEI and WTE (NHSE) to quality assure and ensure programmes are fit for purpose.
  - Continuing professional development
  - Supporting career progression and pathways such as quality roles in family care, neonatal outreach, education, surgical and research
  - Succession planning for leadership roles.
  - The role of appraisal and coaching in supporting staff to reach their potential.
  - Implementing training, education and quality improvement in response to clinical incidents across the perinatal system
  - On going evaluation to ensure education meets the needs of neonatal staff and services this should be mapped to the following three elements

- ❖ Developing the ideal team
- ❖ Supporting career pathways and progression
- ❖ Providing safe, effective services and quality outcomes

## Education Toolkit

The outputs from the ODN education and sub- groups will support the ongoing development of the education and professional team toolkit. Within each role it will incorporate details of qualifications, education, training and experience from foundation entrance level to enhanced and advanced practice. The GIRFT career pathways will enhance the TVW Toolkit for each chosen career pathway. In addition, this will help signpost people, supervisors, appraisers and managers to workforce planning and development at individual, unit, provider and Network level.

### **The role of the Network Education team:**

The network educators, have responsibility for the ongoing monitoring and management of education and training needs and continuing the development of Preceptorship/Foundation level/QIS education. This will allow for a standard of excellence in practice to be embedded in all units whilst ensuring the continued development of this essential aspect of service provision. The ODN educator/s facilitate the implementation of the strategy.

Key responsibilities will include:

- Implementation of education and training strategy to reflect MDT/System wide working.
- Leadership of Network Nurse Education Forum and Co-Lead MDT Education Forum.
- Involvement in collating a biennial network training need analysis.
- Collaborative working with partners in Higher Education Institutions to ensure the development and commissioning accredited relevant modules/programmes of study in response to training needs analysis.
- Ensure formal and informal education programmes at all levels of nursing reflect the principles of the RCN career framework (and formally map to BAPM/NNA/SNNG knowledge content for QIS level (BAPM, 2012) HEE advanced practice and BAPM advanced neonatal practice framework).
- Partnership working with all trusts to ensure practice placements allow for achievement of competence across all dependency levels.

- Provision of informal Network based neonatal specific professional development training days in line with the KSF domains of the RCN career framework and other professional frameworks.
- Evaluation through the 3 lenses of senior nurses, clinical leads and learners of the foundation and QIS programmes.
- Involvement in multidisciplinary research and Quality Improvement Projects.

## Conclusion

At both ODN and Trust level the development of transformational workforce and training plans is essential. These plans must reduce the reliance of doctors in training and develop the nurse practitioner, nurse associate, nursing, allied health professionals and wider multidisciplinary teams. Skills and competencies for new roles should be agreed at ODN level to ensure a standardised approach for governance and transferability. A key action identified from the report and recommendation from Ockenden (2022) is the improvement of education and training for all staff and prioritising workforce development monies and Continuing Professional Development (CPD) funding to support not only access to post graduate Qualified in Specialty (QIS) (role essential) programmes but implementing robust MDT simulation programmes, particularly in our smaller Local Neonatal Units (LNUs) and Special Care Units (SCUs). There is still significant variation in access to funding for postgraduate clinical and leadership research programmes. Currently development of career pathways and training standards for nursing and AHP staff are in progress with ODN representatives, Royal College of Nursing (RCN), Neonatal Nurses Association (NNA) and WTE Directorate NHS England formerly Health Education England (HEE).

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## Appendix Multi-disciplinary Education Demand TVW ODN

Programme	Programme	Priority to workforce requirements	Year 1	Year 2	Year 3	Staff Groups Accessing	F2F, Virtual, hybrid	Number of staff to provide training
Preceptorship	Foundation in Neonatal Care Part 1	Role essential to meet service specification	50-80	50	50	Nursing Midwifery Nurse Associate	Hybrid	2 Network Education Leads but aim to have 3 Admin support shared with Adult Critical care Network
QIS	Hybrid ODN and HEI	Role essential to meet service specification	50-60	50-60	50-60	Nursing Midwifery	Hybrid	Network Education Leads as above
Enhanced Practice	To be described	Post QIS and support ongoing career development for nurses	Numbers to be determined			Nursing Midwifery AHP	Network	As above
Advanced clinical Practice	ANNP (Level7)	Support Multi-professional team Career progression	4-6 2-3	4-6 2-3		Nursing Midwifery AHP	HEI University of Southampton	Facilitated by HEI provider and delivered and supported by clinical experts in clinical practice
Advanced Practice Leadership/Management/Education/Research	HEI master's Programmes	As above	6-8	6-8		Nursing Midwifery AHP	HEI Florence Nightingale Foundation	Facilitated by HEI Provider and supported in practice
Professional Leadership	Leadership/Management							HEI Provider, Trust Leadership Programmes Florence Nightingale Foundation national leadership programmes
Stand alone	NLS	To achieve CSNT MIS safety action 8 90% of	60-80	60-80		All nurses/medical attending resuscitation	1-day F2F with resuscitation	Up to 12 Faculty staff Course Director

		staff attending deliveries					council accreditation	Admin support for pre course work/booking places
Stand alone.	NLS Instructor Train the Trainer Generic Instructor Course (GIC) (Resuscitation Council accredited)	To provide annual unit NLS updates to meet CSNT requirements	20	20	20	Any nursing/medical staff responsible for teaching clinical staff resuscitation	Up to 3 days	The GIC course is delivered jointly between the Resuscitation Council UK and the Advanced Life Support Group (ALSG)
IV Study Day Medicine Management	Medicine Management	As part of Preceptorship/QIS and if individual services do not provide training	Numbers as per Preceptorship/QIS			Any nursing/medical staff responsible for medicine management/ drug prescribing/administration		Neonatal Practice Educators Education Leads (Network)
Enhanced Practice	ENNP	Support career progression	In unit			Nursing AHP		Education and Practice Assessors
Advanced Neonatal Nurse Practitioner	ANNP	Support career progression and fulfil gaps in medical rotas. Progression to Nurse Consultant role Other Leadership management roles	5-10	5-10	5-10	Nursing		Facilitated by HEI provider and delivered and supported by clinical experts in clinical practice
Advanced Practice Leadership/Management/Research	Matrons Quality role leads Research leads Specialty AHP/Pharmacists	Career progression succession planning preparation for senior roles	14	14	14	Nursing AHP Medical		Facilitated by HEI Provider and supported by clinical and professional experts in practice/managerial roles
Advanced Clinical Practice (ACP)	ACP	Support the achievement of multi-professional team	2-3	2	2-4	AHP Pharmacists		Facilitated by HEI and education supervisors

Bands 2-4	Nurse Associate and Nursery Nurse	Support maintenance of competency of role To ensure standardised and equitable training across TVW	40-50	40-50	30	Nursery Nurses Nurse Associates Non- clinical support roles		Unit Educators/Network Education Leads
FIC Training MDT		To embed FIC into all elements of care and role	60-80	60-80	60-80	MDT		Network Care Coordinators/Parent Engagement Lead
FINE MDT		Role essential for AHP and FIC leads	5	5	5	FIC leads AHP		Network Care Coordinators
Sensory Beginnings MDT		Role essential for MDT	20-40	20-40	20-40	MDT		Network Care Coordinators
AHP Foundation Modules		Role essential for new to neonatal specialty	5-10	5	5	AHP Nurses at foundation level		Network AHP Leads
AHP Advanced Modules		Career Progression and pathways				Specialty AHP		Network AHP Leads
Psychology	Unit Psychologists Peer support teams All staff	See Separate training requirements						Network Psychology Leads
TRIM Psychology training Peer Support training	Unit Psychologists Peer supporters	Trauma based training role essential	20	20	20			As above
Compassionate & psychologically informed Leadership		Role essential for MDT	In QIS and Leadership					Network Lead Nurse/Network Psychology Leads and Leads in Units
Leadership/Management Network		Role essential for Band 6 & 7 Neonatal Nurses	20-25	20-25	20-25	Band 6 & 7 Neonatal nurses	Blended learning delivery with some F2F days	Education and Workforce Leads
Leadership/Management (others)		As above	12-20	12-20	12-20			HEI, Florence Nightingale Foundation

								Trust leadership programmes
Clinical Skills acquisition/competence	Cannulation/Venepuncture	Role essential both nursing/medical	100-150	100-150	100-150	Medical, ANNP, trainee ANNP nurses undertaking enhanced role International medical staff	F2F blended learning approach Use of resources identified by themselves or education supervisors	Trainees may choose to access this training/resources either as identified by themselves or through discussion with their Education Supervisor
	Blood gas interpretation							
	Intubation							
	Airway management							
	Administration of surfactant techniques							
	Ventilation conventional HFO							
	Sampling Arterial lines Long line insertion/removal							
	LISA							
	ETT surfactant admin							
	Conventional ventilation management							
	Oscillation ventilation management							
	Volume Guarantee management							
	Arterial Line Sampling							
	Siting UAC/UVC							
	Siting chest drains/care of chest drains							

	Catheterisation and Supra-pubic aspiration							
	NIPE							
	Perform and interpret cranial ultrasound							
	Cooling (Neurological decision-making)							
	CFM monitoring							
	Perform and interpret cardiac echo							
	Lumbar puncture							
	Prescribe and administration of immunisations							
Consultant Teaching	Optimisation/stabilisation	Role essential				Medical there will be elements for nurses to attend		
	Difficult airway management	Role essential				Medical ANNP		
	LISA	Role essential						
	Volume ventilation	Role essential						
	Deferred Cord Clamping	Role essential						
	Therapeutic hypothermia							
Special Interest	Bereavement					All staff		
	Palliative care					All staff		
	Infant feeding					Nurses/midwives, medical, SALT, dieticians		F2F and virtual Lactation Consultant training BFI Feeding Modules HEI
	Research		1-2	1-2	1-2	Nursing, Medics, AHP		
Annual Clinical Network Day	MDT Clinical conference	Well established annual event	60-100	60-100	60-100	Nurses, Medics, AHP Bands 2-4 parents as service users	F2F	Network team Faculty Repository of expert speakers

AHP study days								
Surgical teaching	Provision of surgical education and training to LNU's and SCU's and medical NICU	Essential for when surgical babies are repatriated to local units					Hybrid	Tertiary Surgical Teams
Simulation	Simulation MDT		Repository of basic resources for all units	Slightly more complex scenarios	Advanced scenarios	All staff	F2F	Network and Unit trained simulation teams
Neonatal Network Education Days (NNED)	A						Hybrid	Medical Education teams