

# **Scottish Neonatal Nurses Group**

## **Report on Neonatal Nurse Staffing and Career Pathways**



March 2004

Final Report

# Contents

	<b>Page</b>
Definitions and Terms	3
Introduction	4
Working group members remit and methods	5
Background	6
Discussions	
1    career structure	6
2    job description with competencies	7
3    equity of pay for neonatal nurses irrespective of registration	8
4    staffing establishment	9
5    “ring fenced” funding	10
Recommendations	11
References	12
Appendix 1    Members of the working group	14
Appendix 2    Neonatal nurse career structure	15
Appendix 3    Neonatal nurse generic job description	16

## Definitions and Terms

In the report the following definitions apply.

Medical staff	Refers to consultant neonatologists, neonatal registrars and senior house officers who work in NNUs
Neonatal nurse	Someone with a nursing and/or midwifery qualification registered with the Nursing and Midwifery Council who is employed in a neonatal unit
Neonatal unit	A hospital ward area that provides care for babies who require level 1 intensive care, level 2 intensive care (high dependency care) or special care
Neonatologist	A paediatrician who specialises in the care of the neonate

In the report the following terms apply.

Registered Midwives form the largest proportion of staff in medical neonatal units (NNU) in Scotland, with Registered Sick Children's Nurses / Registered Nurses (Child Health) usually completing the establishment. However in surgical NNUs, Registered Sick Children's Nurses / Registered Nurses (Child Health) provide the staffing establishment. In some NNUs, nursery nurses and Registered General Nurses/ Registered Nurses (Adult) are also employed. Neonatal nurse and the female gender will be used in this report to include all staff who are registered with the Nursing and Midwifery Council (NMC) and who work in NNUs.

Neonatologists, Specialist Registrars, Registrars, Senior House Officers make up the medical staff establishment in neonatal units, the latter also referred to as junior doctors. Medical staff and the male gender will be used in this report to refer to all grades of doctors who work in NNUs.

## Introduction

The provision of care to preterm and sick babies, although rewarding to neonatal nurses, continues to present challenges to them. Many factors can influence these challenges including nursing recruitment and retention, workload, staffing establishments, training and professional development.

The planned reduction in junior doctors' hours (Department of Health 1991, United Kingdom Statutory Instrument 2002), the working time directives (European Union Community Directive 1993), and changes to the way in which consultant neonatologists work (Scottish Executive Health Department 2003) will affect neonatal nursing practice. These factors must, therefore, also be considered when planning future neonatal nurse staffing requirements.

A survey of Scottish NNUs was undertaken (Kerr 2003) to determine the extent to which midwives worked in NNUs, their grading structure, their opportunities for professional development within neonatal nursing and what implications there were for achieving their post-registration education and practice (PREP) requirements (United Kingdom Central Council (UKCC) 2000). The results indicated that

- changes in midwifery grading structure had effectively removed direct entry midwives as a potential recruitment source from some NNUs
- there is inequality in career and grading structure between nurses and midwives working in NNUs
- midwives' grading does not necessarily reflect neonatal nursing experience
- a midwife working only in NNU can meet the PREP practice standards, however if she perceives her practice to be deficient, she should be facilitated and supported to work in other areas to achieve the standards.

During 2003 the Scottish Neonatal Nurses Group (SNNG) (SNNG 2003) undertook a survey to ascertain what problems, if any, were prevalent in Scottish NNUs in respect of the apparent staffing problems. This survey concluded that factors contributing to staffing problems in NNUs were

- the changing roles and delivery of care within NNUs
- staffing establishments that were not planned for all levels of care within NNUs
- a lack of staff training and development opportunities
- nursing and midwifery grading.

Following these surveys, the results were seen by Mrs Jean Swaffield, Nursing Officer for Women, Children and Cancer Services, Scottish Executive Health Department. The suggestion was made that the SNNG commission a working group to explore the issues further and make recommendations for a way forward for neonatal nurses and midwives in Scotland. This report summarizes the deliberations of the working group and its recommendations.

## **Working group members, remit and methods**

A short term working group was established from the SNNG Council members and a Director of Nursing. At the first meeting, a decision was made to invite a representative from the Royal College of Midwives (RCM), from the Royal College of Nursing (RCN), and from Human Resources at the Scottish pilot site for Agenda for Change (St John's Hospital, Livingston) (National Health Service Modernisation Agency 2003) (see Appendix 1). A representative from the RCM and from the RCN attended one meeting of the working group. While not all the working group's recommendations are endorsed by these representatives, their views were helpful in the discussions.

The remit of the group was to explore a variety of issues in relation to neonatal nursing in Scotland. Over a series of meetings from September 2003 through February 2004, areas of concern that required further discussion and debate were selected. These areas were

- a supported career structure for neonatal nurses
- educational opportunities for neonatal nurses
- a generic neonatal nurse job description
- a competency framework to underpin each level of the generic job description
- the neonatal nurse staffing establishment
- a neonatal nurse workload audit tool
- funding for continuing education of neonatal nurses

## Background

Recruitment and retention of nursing and midwifery staff is central to the provision of health care services in Scotland.

The Scottish Executive (1999) acknowledged that Scotland must have an educated and trained National Health Service (NHS) workforce who are more able to provide patients and their families with

- the fast, responsive, high quality health care they need
- the reassurance that the staff who care for them have kept their skills and knowledge up-to-date and are familiar with the latest techniques
- care that is designed around their needs, and not constrained by outmoded professional boundaries.

It is recognised that consistently high standards of performance, backed by educational development and personal qualities of leadership and motivation, are vital ingredients of positive career development. Organisations that nurture their staff to achieve these goals tend to have fewer problems with recruitment and retention (Scottish Executive 1999).

By 2005, 80% of the nurses and midwives, at the point of registration with the Nursing and Midwifery Council (NMC), must be graduates (Scottish Executive 2001a). This may require neonatal nurses to be educated to a higher degree level to enable them to deliver future service developments at both operational and strategic level.

The key elements for driving the implementation of the strategy for nursing and midwifery (Scottish Executive 2001a), are listed as accountability, support and supervision; leadership; professional development; career development and workforce planning; research, evidence-based practice, development and innovation; and education. These points were taken into account during the working group's deliberation and when making recommendations.

## Discussions

### 1 Career structure

Historically midwives were the core staffing in Scottish medical NNUs. More recently recruitment patterns have changed to include Registered Sick Children's Nurses / Registered Nurses (Child Health). However in some NNUs, Registered General Nurses/ Registered Nurses (Adult) are also recruited. The contribution of skills and knowledge that nurses bring to neonatal care is beneficial to the babies

and their parents, however it is essential that there is continued recruitment of midwives to the specialty. The knowledge and skills the midwife brings are pivotal and add to the varied skill mix required to meet the diverse needs of the preterm and/or sick baby and his family.

Career progression has historically been influenced by individual health boards, local contractual agreements, funded staffing establishments, the midwifery grading structure and directorate organization. In addition, career pathways for neonatal nurses are often ill defined or not formalized, and this can impact significantly on the retention and recruitment of staff, as in other clinical areas (Scottish Executive 2001b). The mixture of backgrounds neonatal nurses represent has also led to problems with inequity in career structure across the NNUs in Scotland. Therefore a standardized neonatal nurse career structure with supported educational opportunities was proposed and devised.

This structure provides a pathway from point of registration through different levels where a practitioner may choose to advance their career or remain at a specific point. The pathway also demonstrates the educational opportunities that are available/required to meet the needs of neonatal nurses and the organisation (see Appendix 2).

**Recommendation            the proposed career structure for neonatal nurses with supported educational opportunities is adopted**

## **2        Job Description with competencies**

“The development of high quality nurses and midwives, practicing the right skills and competencies in the right place at the right time, is pivotal to the delivery of the Scottish Executive’s plan for NHS Scotland, Our National Health” (Scottish Executive 2001b p 1, Scottish Executive 2001c). Therefore it is fundamental to have neonatal nursing staff in sufficient numbers who are appropriately trained, qualified and competent to care for preterm and sick babies and their families.

At present, job descriptions appear many and varied, causing confusion and lack of standardization between NNUs and NHS Trusts. A generic neonatal nurse job description from point of registration and/or a new entrant into neonatal nursing through several levels to the experienced neonatal nurse, team leader, specialist practitioner, unit manager/ researcher/education practitioner/ Advanced Neonatal Nurse Practitioner is desirable. Using an already established templates from Tayside University Hospitals NHS Trust and Lothian University Hospitals NHS Trust, a neonatal nurse generic job description was devised (see Appendix 3).

Broad and specific core competencies are already agreed for foundation level neonatal nurses (NES 2002). This standardization is beneficial in providing a

framework for training. Therefore competencies for the other levels were judged to be desirable. Given the time available to the working group, only broad competencies have been devised for each level of neonatal nursing practice. It is recognized that there is a need for the development of specific competencies, perhaps taking account of the RCN (2004) consultation document. The SNNG would like to participate in such development.

If a framework for proficient and expert level neonatal nursing knowledge and skills were developed, it could be used by higher education institutions when planning academic course development to meet the educational needs of neonatal nurses who wish to progress their career to these levels.

The challenge to expand and develop the Advanced Neonatal Nurse Practitioner's role continues to evolve. While the role and its development are endorsed, it is essential to maintain a nursing focus within the role.

**Recommendation            there is standardization of essential skills / competencies for neonatal nurses at each level of practice, including expert roles**

**Recommendation            the proposed neonatal nurse generic job description with competencies is adopted**

**Recommendation            further work is undertaken to develop specific competencies for each level of neonatal nurse practice**

### **3            Equity of pay for neonatal nurses irrespective of registration**

Changes in the midwifery grading structure have resulted in inequality of salary structure between nurses and midwives and have effectively removed midwives qualifying from a three year pre-registration programme as a potential recruitment source for some NNUs. Also midwives' grading does not reflect neonatal experience and is therefore incompatible with the structure of promotion in some NNUs. If the aims of the Scottish Executive (2001b) are to be achieved and recruitment and retention issues overcome, this equality has to be addressed.

Local contractual agreements may be detrimental to midwives and such conditions may not be accepted given the associated financial penalties. Therefore it could be suggested that neonatal nurses be paid the same as midwives working in NNUs as they have completed the same additional training and perform the same duties.

These issues pose difficult dilemmas for the staffing of NNUs, however if there is to be a common agenda in the career development opportunities for nurses and midwives, then the salary structure must reflect this.

The purpose of the NHS job evaluation is to “help ensure that the NHS respects the principles of equal pay for work of equal value” (Department of Health 2003 section 1.1). Therefore nurses and midwives should be paid the same for their level of competence within neonatal care.

Agenda for Change could address the issue of inequality of pay for neonatal nurses, however within the new pay structure planned for Agenda for Change (National Health Service Modernisation Agency 2003), there is an automatic progression for midwives from Band 5 to Band 6 within the first year. Whilst recognising this to be advantageous, it is recommended this progression be available for both nurses and midwives working within the same environment and providing the same level of care. This would provide equity for neonatal nurses irrespective of registration.

Professional representatives indicated that there was unlikely to be a job evaluation profile within Agenda for Change specifically for neonatal nurses. Local negotiations may negate the previous recommendations, therefore a specific neonatal job evaluation profile is recommended. More work has to be undertaken to reach agreement on this and the SNNG would like to participate in such development.

**Recommendation            the salaries of neonatal nurses reflect the individual level of knowledge and skill**

**Recommendation            a specific neonatal nurse job evaluation profile is developed and implemented**

#### **4        Staffing establishment**

There is little uniformity in the approach to measuring workload, dependency and staffing in NNUs, therefore accurate information is not available. A standardized national approach would offer consistency, better communication of information and audit potential.

It is recognized that the British Association of Perinatal Medicine's (BAPM) (BAPM 2001) standards have not yet been implemented in Scotland. These standards take into account the need to identify and staff all three level of care within NNUs; Intensive Care, High Dependency Care and Special Care, and importantly also take into consideration the need for a supplementary allowance

to be made for activities such as, the manager's remit, community liaison posts, educational practitioner posts, outpatients and ward attenders' activity. Implementation of these standards would provide a unified approach to staffing Scottish NNUs.

Implementation of the BAPM's standards (2001) would also provide a common tool for measuring workload in Scottish NNUs.

**Recommendation            the British Association of Perinatal Medicine's (2001) standards for hospitals providing neonatal intensive care and high dependency care are implemented throughout Scotland**

## **5            "Ring fenced" funding**

Historically some Scottish NNUs had dedicated funds available for specific neonatal nurse continuing education/education programmes. This funding has ceased.

Following recommendations from the Framework for the Maternity Services in Scotland (Scottish Executive 2001d), in which the deficits in neonatal nurse education were recognised, funding was made available for foundation level education. The benefits of receiving assisted funding have been well received by all NNUs in Scotland and has resulted in increasing the number of neonatal nurses who have attained the national core neonatal nursing competencies (NES 2002).

However the commitment to funding requires to be continued to help staff achieve even higher levels of knowledge and expertise to be able to function at proficient and expert levels. This will assist neonatal nursing staff to progress through the career pathway and achieve appropriate academic and professional qualifications.

**Recommendation            there is ring-fenced funding to support neonatal nurse education**

## RECOMMENDATIONS

### **The working group recommended that:**

1. the proposed career structure for neonatal nurses with supported educational opportunities is adopted
2. there is standardization of essential skills / competencies for neonatal nurses at each level of practice, including expert roles
3. the proposed neonatal nurse generic job description with competencies is adopted
4. further work is undertaken to develop specific competencies for each level of neonatal nurse practice
5. the salaries of neonatal nurses reflect their individual level of knowledge and skill
6. a specific neonatal nurse job evaluation profile is developed and implemented
7. the British Association of Perinatal Medicine's (2001) standards for hospitals providing neonatal intensive care and high dependency care are implemented throughout Scotland
8. there is ring-fenced funding to support neonatal nurse education

## References

Benner, P. (1984) From novice to expert: excellence and power in clinical nursing practice. California: Addison-Wesley Publishing Company

British Association of Perinatal Medicine (BAPM) (2001) Standards for hospitals providing neonatal intensive and high dependency care. 2<sup>nd</sup> edition London: BAPM December [www.bapm-london.org](http://www.bapm-london.org)

Department of Health (1991) Junior Doctors: The New Deal. London: HMSO

Department of Health (2003) Agenda for Change. Job evaluation handbook [www.doh.gov.uk/agendaforchange/jobevaluationhandbook](http://www.doh.gov.uk/agendaforchange/jobevaluationhandbook)

European Union Community Directive (1993) Concerning certain aspects of the organisation of working time 93/104/EC 23/11/93. Official Journal L(307) 13/112/93 18-24

Kerr, L. (2003) Midwives in neonatal units. Unpublished. Available from Lynne Kerr, Clinical Manager, Neonatal Unit, Royal infirmary of Edinburgh

National Health Service Education for Scotland (NES)(2002) A route to enhanced competence in neonatal nursing. Edinburgh: NES

National Health Service Modernisation Agency (2003) Agenda for Change. London: Department of Health [www.doh.gov.uk/agendaforchange](http://www.doh.gov.uk/agendaforchange)

Nursing and Midwifery Council (NMC) (2002a) Code of professional conduct. London: NMC April

Nursing and Midwifery Council (2002b) Guidelines for the administration of medicines. London: NMC April

Nursing and Midwifery Council (2002c) Guidelines for records and record keeping. London: NMC April

Royal College of Nursing (RCN)(2004) Consultation Document: Services for children and young people – preparing for future roles. London: RCN

Scottish Executive (1999) Learning Together. Edinburgh: HMSO.

Scottish Executive (2001a) Caring for Scotland: A Strategy for Nursing & Midwifery. Edinburgh: HMSO

Scottish Executive (2001b) Facing the Future. Report of the 2001 Convention on Recruitment and Retention in Nursing and Midwifery. Edinburgh: Scottish Executive

Scottish Executive (2001c) Our National Health Edinburgh: Scottish Executive

Scottish Executive (2001d) Framework for the Maternity Services in Scotland Edinburgh: Scottish Executive

Scottish Executive Health Department (2003) Hospital medical and dental staff and doctors in public health and the community health service (Scotland). Consultant grade terms and conditions of service. Edinburgh: Scottish Executive

Scottish Neonatal Nurses Group (SNNG) (2003) Staffing survey. Unpublished. Available from Miss Moira Gray, Chairperson, SNNG, Practice Development Department, Wishaw General Hospital.

Scottish Office (1995) The Children (Scotland) Act. Edinburgh: HMSO

United Kingdom Central Council (UKCC) (1998) Midwives rules and code of practice. London: UKCC

United Kingdom Central Council (UKCC) (2000) The practice standard. London: UKCC January

United Kingdom Central Council (UKCC) (2001) Standards for specialist education and practice. London: UKCC April

United Kingdom Statutory Instrument (2002) Working Time (amendment) regulation 2002 [SI 3128]. London: HMSO

United Nations (UN) (1989) Convention on the Rights of the Child. New York: UN

# Appendix 1

## Members of the working group

### Chairperson

Moira Gray	SNNG Chairperson	Practice Development Centre, Wishaw General Hospital, Wishaw
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### Members

Ruth Batten	SNNG Council Member	Ward Manager, St John's Hospital, Livingston
Verity Douglas	SNNG Council Member	Neonatal Sister, Princess Royal Maternity, Glasgow
Mary Gilchrist	SNNG Council Member	Clinical Co-ordinator, Neonates, Stirling Royal Infirmary, Stirling
Anne Glen	SNNG Council Member	Southern General Hospital, Glasgow
Claire Greig	SNNG Executive Member	Lecturer, Napier University, Edinburgh
Ann Hoyle	SNNG Executive Member	Neonatal Manager, NNU, Ayrshire Central Hospital, Irvine
Lynne Kerr	SNNG Executive Member	Clinical Manager NNU, Royal Infirmary, Edinburgh
Margaret Kerr	SNNG Council Member	Neonatal Manager, Cresswell Maternity Wing, Dumfries and Galloway Royal Infirmary, Dumfries
Betty King	SNNG Council Member	Neonatal Sister, Wishaw General Hospital, Wishaw
Isabel McCallum	Director of Nursing	Royal Infirmary, Edinburgh
Jessie Scott	SNNG Member	Clinical Manager, Queen Mothers Hospital, Glasgow
Christina Stewart	SNNG Council Member	Neonatal Sister, Raigmore Hospital, Inverness.
Karen Taylor	SNNG Executive Member	Acting Sister, Neonatal Surgical Unit, Royal Hospital for Sick Children, Glasgow
Mary Thomson	SNNG Council Member	Clinical Nurse Manager, Aberdeen Maternity Hospital, Aberdeen
Alison Wright	SNNG Council Member	Senior Nurse Neonatal Manager, Ninewells Hospital, Dundee

## Appendix 2

### Neonatal Nurse Career Structure

Levels	Educational opportunities/Qualifications		Roles/competencies
<b>New entrant</b> Novice and Advanced Beginner	Preceptored practice in NNU	First level registration	Basic skills and knowledge for supervised practice in special and high dependency neonatal care
<b>Neonatal nurse</b> (Qualified in Specialty) Competent	Consolidation of practice and development of knowledge and skills	Continuing professional development opportunities (Higher education credits)	Competent in skills and knowledge for qualified neonatal nurse to practice in all areas of neonatal care  Achieves NES (2002) core neonatal nurse competencies
<b>The neonatal nurse may remain at this level, maintaining competence, or choose to develop further</b>			
<b>Experienced neonatal nurse</b> Proficient	Consolidation of practice and development of enhanced practice skills	Continuing professional development opportunities (Higher education credits)	Skilled neonatal nurse who practices independently within prescribed nursing role  Achieves defined specialist practitioner competencies (UKCC 2001) (Achieves proposed Scottish competencies for this level)
<b>The neonatal nurse may remain at this level, maintaining competence, or choose to develop further</b>			
<b>Specific expert roles in neonatal nursing</b> Expert	Continued development of practice in specific roles	Continuing professional development opportunities (Higher education credits)	Achieves competence defined in each of the roles  (Achieves proposed Scottish competencies for this level)

## Appendix 3

### Neonatal Nurse Generic Job Description

**N.B.** In this job description the term neonatal nurse is used to include Registered Midwives, Registered Sick Children's Nurse/Registered Nurse (Child Health) and Registered Nurse (Adult). The female gender will be used to include all neonatal nurses.

#### Neonatal Nursing Generic Job Description

**Post:** Neonatal Nurse, Neonatal Unit

**Competency level:** **Level 1 - Novice and Advanced Beginner** – entry to neonatal nursing  
**Level 2 – Competent** – achieving and consolidating neonatal nursing “qualified in specialty” status  
**Level 3 – Proficient** – experienced neonatal nurse and team leader  
**Level 4 – Expert** – functions in expert role (Benner 1984)

**N.B.** Levels 1 – 4 will be referred to throughout the job description rather than both the level and description of the competency level

**Qualification:** **Level 1 – RM/RN(Child)/RN(Adult)/RSCN** – Commitment to undertake neonatal nursing “qualified in specialty” education programme to achieve core neonatal nursing competencies (NES 2002)  
**Level 2 – RM/RN(Child)/RN(Adult)/RSCN** – neonatal nursing qualification, degree (desirable) and/or evidence of continued professional development, expanded skills  
**Level 3 – RM/RN(Child)/RN(Adult)/RSCN** – neonatal nursing qualification, degree, leadership programme or commitment to undertake, and evidence of continued professional development, expanded skills/specialist roles  
**Level 4 - RM/RN(Child)/RN(Adult)/RSCN** – neonatal nursing qualification, degree, evidence of continued professional development plus expanded skills/expert roles with qualification or relevant master's degree as ANNP or in research, leadership, education, management.

**Location:** Neonatal Unit

**Reports to:** Nurse in Charge/Clinical Manager (expert roles may have additional reporting channels)

**Role description:** *the size of unit and organisational structure of the unit would be included here.*

**The job holder is required to apply skills, knowledge and expertise associated with the following role competencies:**

## **1. Professional Competencies**

Standard Statement:

The neonatal nurse will act as a role model by managing self, her own practice and that of others within an ethical and legal framework that ensures the primacy of the interests of neonates and their families.

Elements:

- Practice at all times within the Nursing & Midwifery Council Code of Professional Conduct (NMC 2002a) and/or Midwives Rules and Code of Practice (UKCC 1998)
- Provide ongoing evidence of competence through maintenance of a personal professional portfolio

## **2. Clinical Practice Competencies**

Standard Statement:

The neonatal nurse will apply knowledge, clinical judgement, a range of skills, demonstrate by example and encourage others to provide safe, effective care to babies and their families/carers.

Elements:

- Develop and maintain a sound knowledge base relevant to neonatal care
- Develop and maintain own clinical competence
- Demonstrate ability to critically appraise own level of competence, identifying areas for further development
- In collaboration with the family, and the multidisciplinary team, assess, plan, deliver and evaluate neonatal nursing care that reflects individual physical, social, cultural and spiritual needs
- Ensure that the most appropriate, individualised clinically effective care is achieved within the confines of available resources
- Implement care under the direction of the NNU clinical guidelines
- Demonstrate effective decision making within the context of current role
- Utilise health promotion strategies to support/advise parents and families
- Comply with all Trust and Directorate policies and practices
- Comply with the policies relating to Child Protection and Protecting Vulnerable Adults taking cognisance of the UN Convention on the Rights of the Child (1989) and the Children (Scotland) Act (Scottish Office 1995)
- Maintain a safe standard of storage and administration of drugs in accordance with Trust policy and NMC (2002b) guidelines
- Ensure that care is taken to safeguard babies and their families/carers at all times
- Ensure that written documentation is clear, concise, timely and complies with the NMC Standards for Records and Record Keeping (NMC 2002c)

### **3. Management & Leadership Competencies**

**Standard Statement:**

The neonatal nurse will demonstrate knowledge of effective inter-professional working practices that respect and utilise the contribution of all members of the health care team.

**Elements:**

- Demonstrate ability to co-ordinate, organise and prioritise workload
- Demonstrate leadership skills within context of current role
- Maintain collaborative working relationships with the multidisciplinary team, the general public and external agencies
- Demonstrate and apply knowledge of Clinical Governance, Clinical Effectiveness and Risk Management
- Manage resources effectively
- Contribute to practice development initiatives within the NNU.

### **4. Teaching and Education Competencies**

**Standard Statement:**

The neonatal nurse will assume responsibility for her professional development, demonstrating a commitment to lifelong learning and activities that enhance knowledge, skills, values and attitudes required for safe and effective neonatal nursing practice.

**Elements:**

- Demonstrate a commitment to continuing professional development
- Participate in personal development and performance planning
- Facilitate and actively participate in clinical support activities and orientation of colleagues and learners (Preceptorship/Mentorship/Clinical Supervision)
- Contribute towards maintaining a supportive teaching and learning environment within the NNU
- Participate in teaching of parents and carers

### **5. Evidence-Based Practice Competencies**

**Standard Statement**

The neonatal nurse will demonstrate commitment to evidence based practice utilising research, quality standards and clinical audit tools.

**Elements:**

- Contribute to practice development through active participation in clinical working groups
- Contribute to the development of the philosophy of shared governance within the neonatal team
- Demonstrate an awareness of current developments in neonatal practice
- Demonstrate that neonatal practice is embodied in evidence
- Be receptive to new developments in the provision of neonatal care
- Utilise research skills to critically appraise current practice
- Participate in local clinical governance initiatives

- Contribute towards maintaining an environment within the Neonatal Unit where research, quality and clinical audit are valued
- In collaboration with the multiprofessional team, audit standards of care delivery

## **6. Communication and Interpersonal Competencies**

### Standard Statement

The neonatal nurse will utilise a wide range of media to communicate effectively with babies, parents, carers and health care workers. She will demonstrate interpersonal behaviour and skills conducive to developing and maintaining therapeutic and professional relationships.

### Elements:

- Communicate effectively with babies, families, relatives and carers
- Act as the baby's advocate
- Maintain effective and supportive communications within the neonatal nursing team and with other professionals
- Contribute to creating an environment that fosters open communication and trust with families and colleagues
- Liaise with health care professionals and other disciplines from within and outwith the organisation to support quality patient care

## **Job Contribution Levels**

Throughout this section the framework provided by NES (2002) has been taken into consideration.

### **1. Professional Competence**

- Level 1: • Be aware of limitations of skills, own development and scope of professional practice in Neonatal Nursing, exercise accountability and seek advice and support accordingly
- Level 2: • Recognise limitations of self and others, seek advice and provide support accordingly  
• Be aware of strategic changes in health care locally and nationally
- Level 3: • Ensure all neonatal nurses work within the NMC Code of Professional Conduct (2002a) and/or Midwives Rules and Code of Practice (UKCC 1998) comply with Trust and local policies and guidelines
- Level 4: • Demonstrate knowledge of public policies and participate in professional activities that relate to the advancement of neonatal nursing practice

### **2. Clinical Practice Competencies**

- Level 1: • Develop a sound knowledge base relevant to neonatal nursing  
• Utilise core clinical skills and develop critical reasoning skills to provide safe and effective clinical care to babies in partnership with parents/carers and the multiprofessional team  
• Contribute to practice development initiatives  
• Be aware of Health and Safety, infection control, risk management and Clinical Governance strategies and integrate these in practice
- Level 2: • Maintain comprehensive knowledge and skills base related to neonatal nursing, act as a resource to colleagues  
• Utilise critical judgement and reasoning to facilitate and deliver care to babies in partnership with parents/carers and the multiprofessional team  
• Actively implement Health and Safety, infection control, risk management and Clinical Governance strategies and integrate these in practice
- Level 3: • In partnership with parents/carers and the multiprofessional team use highly developed/specialist knowledge and clinical skills in the NNU to create a culture and climate that is proactive and responsive to meet the healthcare needs of babies
- Level 4: • Develop and maintain knowledge, skills and competence to the level of the expert who is able to function in an independent role

### **3. Management & Leadership Competencies**

- Level 1:
- Recognise the need to organise and prioritise workload as part of a team, taking cognisance of activities within the neonatal environment
  - Be aware of resources and the implications for use in practice
  - Act as a role model for junior colleagues and learners
- Level 2:
- Provide leadership within the clinical environment acting as a role model for staff and peers
  - Demonstrate the ability to effectively manage resources within the clinical environment
- Level 3:
- Co-ordinate the neonatal team and provide effective professional leadership, facilitating change and developing the service in response to changing health care needs
  - Proactively facilitate and participate in resource and NNU management, maximizing resources and contributing to the management and development of staff. Highlight and instigate action plans to manage resource deficits
  - Deputise for NNU manager
- Level 4:
- Demonstrate a critically analytic approach to strategic decision making and judgements related to neonatal care
  - Provide leadership in neonatal nursing through effective role modelling, offering a vision for the advancement of neonatal nursing, stimulating co-operation and enthusiasm in neonatal nursing and empowering neonatal nurses in their practice.

### **4. Teaching and Education Competencies**

- Level 1:
- Demonstrate a commitment to continuous professional development and actively participate in the appraisal process
  - Actively participate in teaching programmes and facilitate learning of students and junior colleagues
- Level 2:
- Facilitate teaching programmes to meet the needs of self and others
  - Identify skills and knowledge deficits and formulate action plans as part of continuing professional development
- Level 3:
- Act as a resource of specialised knowledge and clinical practice
  - Foster an environment that encourages staff development, supporting and counselling staff as necessary. Develop, deliver and evaluate staff development programmes that support the achievement of clinical skills, leadership and best practice in neonatal nursing
- Level 4:
- identify and deliver strategies to ensure the provision of education and development programmes to meet the needs of the neonatal service

## 5. Evidence-Based Practice Competencies

- Level 1: • Adopt a questioning attitude towards clinical practice, seeking and utilising best evidence guidelines in the provision of care to babies and their families/carers
- Level 2: • Adopt a critical approach to clinical practice and encourage questioning in others to promote a culture of best practice in neonatal care  
• Identify areas for practice development and assist in formation of evidence based guidelines in neonatal care
- Level 3: • Instigate and facilitate activity in relation to research and audit ensuring best practice within a Clinical Governance Framework  
• Proactively foster a culture of enquiry and facilitate change to integrate best evidence in neonatal practice
- Level 4: • Demonstrate an understanding of the research process and identify areas for nursing research in clinical practice  
• Participate in and lead research projects in collaboration with others  
• Participate in the systematic review of protocols, treatment plans, and outcomes to determine their effectiveness of meeting established standards of care

## 6. Communication & Interpersonal Competencies

- Level 1: • Demonstrate the ability to communicate effectively and efficiently with colleagues and the multidisciplinary team.  
• Utilise effective communication strategies to work with babies and in partnership with parents/carers to meet the needs of the baby
- Level 2: • Effectively communicate with the multiprofessional team
- Level 3: • Actively support and lead initiatives to ensure optimal communication of local and national policy directives and information pertinent to neonatal care
- Level 4: • Influence strategic policy making at local and national levels

### **Acknowledgement:**

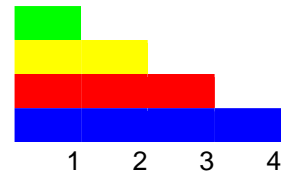
***The working group is grateful to Tayside University Hospital NHS Trust and Lothian University Hospitals NHS Trust for the job description templates.***

## Job Contribution Profile NEONATAL NURSE

### Professional Competence

Neonatal Nurse Level

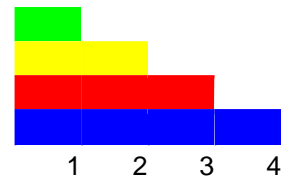
- Level 1
- Level 2
- Level 3
- Level 4



### Clinical Practice

Neonatal Nurse Level

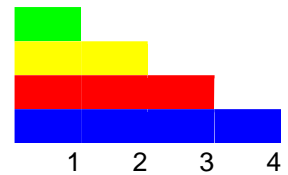
- Level 1
- Level 2
- Level 3
- Level 4



### Management & Leadership

Neonatal Nurse Level

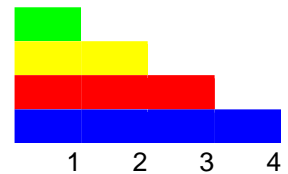
- Level 1
- Level 2
- Level 3
- Level 4



### Teaching and Education

Neonatal Nurse Level

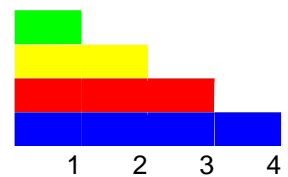
- Level 1
- Level 2
- Level 3
- Level 4



### Evidence Based Practice

Neonatal Nurse Level

- Level 1
- Level 2
- Level 3
- Level 4



### Communication & Interpersonal

Neonatal Nurse Level

- Level 1
- Level 2
- Level 3
- Level 4

