

Capitalising on staff skills to improve patient care

The neonatal unit moved to its purpose-built premises in Preston, Lancashire, in September 2004. Staff worked in close consultation with the architects, offering advice to achieve the design they required in their new unit. The level three unit now provides five intensive care cots and 16 high dependency and special care cots.

An innovative role within the unit is that of the neonatal nursery assistant, a post developed using the skills of three staff members who were originally employed as nursery nurses but had been downgraded to healthcare assistants as a result of a local decision. After a review which highlighted that the skills of such staff were not being utilised, the neonatal nursery assistant role was introduced.

Neonatal nursery assistants, who hold NVQ level 3 – care of neonates, work independently and act as a named nurse in the special care area with their own caseload of patients. They are accountable to the trust and are supervised by the shift leader in the same way as registered nurses/midwives. Neonatal nursery assistants are competent to administer oral drugs and care for infants suffering

Neonatal nursery assistant Dorothy Watters and Alysia at bathtime.

Helping to keep the unit spotless: Housekeeper Suzanne Smith.

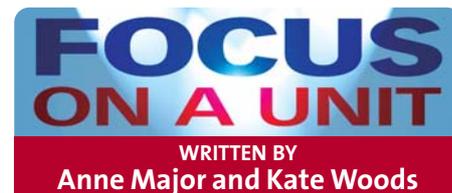


from chronic lung disease who are oxygen dependent and stable. The provision of pre-discharge parentcraft advice and continuity in the preparation of babies and their families for home is an important aspect of their responsibilities. One of the unit's neonatal nursery assistants has been involved in the implementation and running of the unit's Synagis clinic, for protection of babies at risk of respiratory syncytial virus.

Once these staff had taken up their new roles, a rethink was needed to replace them and so the recruitment of a housekeeper took place – believed to be the first within the Trust. There are now three housekeepers who provide essential support for the smooth running of the unit through

dynamic infection control and stock control processes. They also provide physical and emotional welfare for staff and parents. House-keepers need no formal training to start but are given in-house training and need to have the personal qualities enabling them to provide support for staff and parents.

The unit's staff come from a variety of nursing backgrounds



with child, adult, midwifery and neonatal nursery experience. Adult-trained nurses tend to become interested through midwifery placements within their training schedule and those with adult intensive care training have skills which are highly transferable. All of these nurses integrate into the neonatal environment quickly and the unit finds there is no difference in the speed at which they learn to become neonatal nurses, compared with midwifery or children's trained nurses.

The results of two nurse-led parent satisfaction audits have helped neonatal staff to understand the needs of parents and that information was used to shape the environment for parents within the newly-designed unit.

A resuscitation audit drove the improvement of training for neonatal nurses and midwives, while a further nurse-led audit of documentation has improved the multidisciplinary documentation for insertion of peripheral lines, in keeping with the DH "Winning Ways" document. At the moment the University of Central Lancashire is conducting research into family centred care within the unit as part of a multi-centred project.

Preston maintains a good record of staff retention, with a waiting list of candidates seeking to join the unit. A structured support programme for pre- and post-registration students, including Child Branch, Midwifery and Neonatal Degree Students, leads to increased satisfaction of allocation time spent on the unit, which in turn leads to increased enquiries regarding employment.

In addition, a neonatal clinical educator supports all grades of staff in their practice with an induction programme, various in-house study days including administration of IV drugs and neonatal-specific mandatory training, and one-to-one coaching with clinical supervision. The clinical educator also supports staff in their practice development, in clinical risk and child protection.

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