Growing our own: a neonatal nurse fit for the future

Recruitment of skilled neonatal nurses is a nationwide challenge. This article describes how a shortfall of skilled practitioners was tackled by developing a programme to train newly-qualified and 'new-to-neonates' nurses to become skilled at intensive care within a constrained timescale. The programme focuses not only on clinical competence but also on leadership from appointment.

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Key points

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1. A national shortage of skilled neonatal nurses compromised expansion of services.
2. It was necessary to train newly qualified nurses in neonatal intensive care within a two-year period.
3. A structured programme was developed focusing on clinical skills and leadership.

As a result of reconfiguration of neonatal services throughout the Greater Manchester Neonatal Network, Royal Bolton Hospital was chosen to become one of three 'super centres' providing Level 3 intensive care for neonates within the region[1]. At that time, the hospital was providing Level 2 care but did manage a small number of complex infants. A two-year projection plan predicted that it would be necessary to expand the number of cots from three intensive and 18 special care cots to nine intensive, eight high dependency, 22 special care and four transitional care cots by November 2011. Staff numbers would need to increase from 52 to 114. Decommissioning of services at Salford Royal Hospital would provide 34 staff with valuable Level 3 experience, but would leave a shortfall of 28 staff. However, following the first wave of recruitment in Autumn 2009, it became obvious that experienced neonatal nurses were not in abundance. There was a very poor response to Band 6 vacancies but an overwhelming response to Band 5 vacancies with most applicants being newly-qualified nurses or adult/paediatric nurses with no neonatal experience. The challenge was how to provide inexperienced nurses with the skills and knowledge to provide Level 3 intensive care in an expanding service within a two-year period. The situation called for some creative thinking.

Preparing the ground

Although linked to the Greater Manchester Neonatal Network, the education team and management at Bolton met to plan how the needs of the service could best be met. Resources were limited. There was a very limited financial budget and the timescale was non-negotiable – just two years to train inexperienced nurses in intensive care skills with a recognisable qualification in specialty (QIS), eg a university-accredited neonatal intensive care module. Historically, this process could take at least five years. Using Bolton Improving Care System (BICS) lean methodology[2] the team mapped out a two-year pathway for new recruits. This was a time consuming exercise and proved difficult but did reinforce the belief that this was an achievable, tangible plan. It became clear that the process would impact hugely on the existing workforce as they would need to train and supervise the new recruits. There was some doubt from both internal and external sources about ability to deliver.

Sowing the seeds

The Toolkit for High-Quality Neonatal Services[3] recommends that all staff providing direct nursing care should undertake a foundation education module in the care of newborn babies and that a minimum of 70% of the registered workforce should hold a qualification in specialised neonatal care. The Family Care Division at the Royal Bolton Hospital already has a well-established 12-month preceptorship programme which focuses not just on clinical skills and knowledge but cultivates leadership skills from onset, appropriately titled the New Leaders programme. The RCN guidance for competence, education and careers in neonatal nursing[4] recommends that new recruits to neonatal nursing should be viewed as novices irrespective of their

backgrounds. Although these recommendations were published well after the introduction of the New Leaders programme, it is a shared philosophy that underpins the content of New Leaders.

New recruits start in cohorts of four to 12 candidates with a two-week induction programme that covers mandatory training, neonatal anatomy and physiology, common neonatal problems, basic nursing care and clinical skills (**TABLE 1**). The recruits work closely with the education team during this period in a variety of settings, eg classroom-based sessions to deliver audio-visual presentations of anatomy, physiology and neonatal problems such as thermoregulation, surfactant deficient lung disease, etc. These sessions are swiftly followed by 'real life' application of the knowledge gained by looking after infants under direct supervision. The recruits also participate in simulation workshops and scenarios to allow them to become familiar with newborn resuscitation and emergency situations within a safe, non-threatening environment. This allows the educators to identify the learning styles and needs of individuals and the group and adjust the content of the programme accordingly. It also results in the group bonding and supporting each other.

This two-week intense induction programme is then followed up by a four-week supernumery period during which the recruits work with their designated preceptor who has overall responsibility for signing-off clinical competencies. Recruits are also allocated a buddy, usually a junior member of staff from the previous cohort of New Leaders, who provides moral and emotional support and supervises basic tasks.

Following the induction period, the recruits then attend a monthly study day. The content is driven by the recruits and is often influenced by activity and experiences on the unit. While allowing the group to share their experiences, it also provides an opportunity for the educators to review their progress and plan any necessary support to achieve their learning objectives. Preceptorship portfolios are audited at six months and recruits who achieve all the required competencies and objectives are then awarded their first incremental pay rise.

Timescale (months)	Development opportunity
0-6	Neonatal unit local induction for newly-qualified nurses • two week structured induction programme • four weeks supernumery supervised practice
0-12	New Leaders preceptorship programme • monthly study days • written competencies generic to Family Care Division
3-6	Northwest Neonatal Induction Programme (NNIP) • fortnightly study days • five-week supernumery high dependency/intensive care placement at home unit • five-week supernumery high dependency/intensive care placement at neighbouring Level 3 unit • written competencies generic to network
12-18	Qualification in specialty (QIS) • six-week supernumery intensive care placement • written competency workbook
18-24	Band 5-6 Leadership Development Programme • monthly study day • action learning set to complete change management project
36+	Band 6-7 Leadership Development Programme • monthly study day • action learning set to complete change management project

TABLE 1 Potential career progression at the Royal Bolton Hospital.

Cultivating the crop

Within three to six months, the recruits enrol on the Northwest Neonatal Induction Programme (NNIP)[5] which further develops clinical skills over a six-month period and requires a five-week supernumery placement at the home unit as well as a five-week placement at a neighbouring Level 3 unit. NNIP works harmoniously alongside the New Leaders programme as it focuses on high dependency and intensive care competencies. The Greater Manchester Neonatal Network provided funding for replacement staff to allow the unit to release candidates to attend study days and placements.

At around 12-18 months, recruits undertake a university-accredited module in high dependency and intensive care to acquire a qualification in specialty. In previous years, staff would not undertake QIS until they had several years' clinical experience but the skills and knowledge gained from NNIP equips them to embark on this much earlier in their careers.

From the onset of their careers, leadership skills are emphasised as much as clinical skills. Traditionally, staff were often promoted in order of length of employment but due to the national shortage of neonatal nurses, it is now possible for staff to 'fast-track' through Band 5, 6 and 7 should they have the desire, drive and capability to do so. Only in recent years have nurses been encouraged to train in leadership skills in all but senior management posts[6]. Most leadership courses are offered once the postholder is appointed but the New Leaders approach offers training before recruits apply for the promotion thus giving them an understanding of the role as well as preparation and resources to be able to perform at the appropriate level. Therefore, once qualified in specialty, recruits are invited to enrol on a Band 5-6 Leadership Development Programme, which focuses on a transformational leadership style. The programme is run over six study days in a five to six month period during which the recruits are expected to achieve proficiencies that include communication, professional leadership, clinical governance, clinical leadership, intensive care competence, learning and development and personal qualities and behavioural attributes. While most leadership programmes teach different leadership theories, they do not

necessarily teach how to put those theories into practice. With this in mind, the Leadership Development Programme asks recruits to undertake a change management project within their clinical practice using action-learning sets. Action-learning takes place by not only 'learning by doing' as is often stated[7] but by also reflecting and theorising the process. Recruits are encouraged to look at their own attitudes and behaviours as well as those of the team prior to, during and after the project work.

During the first session, recruits discussed leadership theories and were asked to bring ideas for their change management projects to discuss with the group. Subjects have included introducing a therapeutic cooling teaching pack, a nitric oxide ventilation care pathway, a breast pump loan record, a discharge planning checklist and a newborn bloodspot audit tool. Some have been very simple changes but have had a positive effect on clinical practice. By discussing their projects within the group, recruits were able to identify drivers for change, strategies to implement change and team behaviours therefore applying theory to practice from the outset. To date, the programmes have produced 43 change management projects.

The second session focuses on human resource issues such as managing sickness and absence, difficult conversations and examining unit, divisional and trust values and objectives but rather than formally teaching this subject, expert speakers are invited to hold an open forum. Initially, some speakers felt uncomfortable with this format but it ensures that the recruits learn from the programme.

The third session sees the recruits bring their project work to discuss their progress with the group. They discuss methodology employed to introduce their change, who is involved and positive and negative aspects of the process as well as reflecting on their own leadership style. Feedback and guidance are offered by peers and facilitators.

Session four focuses on clinical governance issues such as clinical incident reporting, dealing with complaints, professional boundaries, accountability and delegation. Session five deals with education and development with particular emphasis on effective appraisals, maintaining and enhancing the learning culture within the unit, assessment, giving feedback and personal and professional development.

At the sixth and final session, recruits present their change management projects to the group and to unit and divisional managers. Although most changes are successfully implemented, it is not necessary to do so to complete the Band 5-6 programme providing recruits reflect on why they were unable to introduce the change and how they might tackle things differently in the future. The primary objective of the project is to learn about the process of implementing change and how the process impacts on the individual, the team and unit culture. However, recruits to the Band 6-7 programme are expected to successfully introduce their change.

Combining the Band 5-6 development programme proficiencies and the QIS clinical competencies formed a solid basis for a knowledge and skills framework (KSF) portfolio[6] in which the recruits can demonstrate that they are working at Band 6. They incorporate a two-year action plan which is reviewed at six and 12 month intervals once they are in a Band 6 post.

Tall poppies

Following transition to a Level 3 unit, the Band 7 role has evolved into a dual role of clinical expert combined with shift coordination/unit management. As such, the new role focuses increasingly on essential non-clinical tasks, eg organising transfers of babies in and out of the unit, organising staff rotas and allocations and day-to-day management of the unit. Hence, the emphasis has shifted from an entirely hands-on, clinical role to embrace an additional operational/managerial role (for one or two shifts per week) for which the majority of existing Band 7s were unprepared. The Band 6-7 Leadership Development Programme examines the same subjects as the Band 5-6 programme but from a wider organisational perspective and recruits are expected to successfully lead and implement their change management project.

Reaping the rewards

There are no specific entry requirements for the Leadership Development Programmes and some recruits have completed the programme for their own development even though they have no intention of applying for a senior post. To date, 48 recruits have undertaken the New Leaders Preceptorship Programme, 35 recruits have enrolled on the Band 5-6 and 14 on the Band 6-7 Leadership Development Programmes. As a result, staff specifically prepared for the role have filled the vacancies. Indeed, the current Band 6-7 Leadership Development Programme has two recruits who entered as newly-qualified nurses and have progressed from New Leaders to prospective Band 7 in three-and-a-half years. As educators work so closely with new recruits from onset, it is easy to spot talented individuals at an early stage. However, some other individuals have blossomed personally and professionally by undertaking the Leadership Development Programmes.

Embedding the programmes into the culture of the unit has not been an easy task but has had an overall positive effect. For an effective transition to Level 3 status and the cohesion of two teams to take place, the unit had to review all policies, guidelines and care pathways and some of the work involved has been adopted by recruits to the Band 5-6 and 6-7 Leadership Development Programmes. To some degree, this has eased some of the

pressure on staff on the unit with regards to extra workload. Change generated from within the workforce is more likely to succeed and does enhance job satisfaction[7]. The programme has directly contributed to improving the quality of service for families as a result of all the change management projects.

Some of the recruits who have 'fast-tracked' through their career progression have posed a threat to some members of the established workforce and have even experienced hostility in some cases. Some established staff expressed an interest in the Leadership Development Programmes as they felt they had no training or formal preparation for their existing roles. They have enrolled on the programmes for personal development or to progress to the next step in their own careers.

Despite these problems, the positive effects far outweigh the negatives. The structured career progression aids recruitment and retention of staff as well as enhancing job satisfaction. By introducing leadership skills at Band 5, recruits are adequately prepared for the role beforehand and are able to look at the bigger picture as a Band 6, which they would not have done within our old structure. It has helped maintain the momentum of forging a new learning culture and enables changes to take place where needed, ensuring practice is based upon most recent and compelling evidence.

Conclusions

The New Leaders programme and the Band 5-6 and 6-7 Leadership Development Programmes are constantly evolving and improving in response to participants' feedback. Hence, the next programmes will include subjects such as emotional intelligence and resilience. The plan is to continue the programmes in the future so that everyone has the opportunity to undertake some leadership training at any stage of their career. As a result of NHS cash restraints, there is a constant need to think of innovative ways of training staff and this career progression pathway has addressed the needs of the service with little capital expenditure but a lot of effort and has had pleasing results. One of the most rewarding aspects for an educator is watching a newly-qualified nurse blossom personally and professionally into a confident, competent Band 6 with aspirations to progress to a Band 7 role. That makes all the hard work worthwhile.

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