

# Preparing for ward management: a neonatal network perspective

This study explores how effectively the ward managers within two neonatal networks were trained and prepared for the management element of their roles and examines whether national recommendations regarding management training within the NHS have been implemented. Recommendations for future training and preparation are to be developed as a result of the findings.

## Linda Hunn

RGN, RM, MSc, Special and Intensive Care of the Newborn  
Associate Director/Lead Nurse, Trent Perinatal and Central Newborn Networks,  
linda.hunn@nhs.net

Over the years, NHS management has devolved to ward level with each individual ward coming under the auspices of a ward manager. The author hypothesised that there is a tendency to promote nurses into these management roles who are able to display good leadership skills and abilities within their clinical role, but who have received little or no training for them to undertake the management elements of their new role. The overall aim of this study was therefore to gain a deeper appreciation of the management component of an operational ward manager's role, with a view to understanding if ward managers are effectively prepared for their role, and to make recommendations if required for their future development. This was conducted by way of an empirical case study within two neonatal networks: namely the Trent Perinatal and Central Newborn Networks, comprising 14 neonatal units within 11 acute provider trusts (FIGURE 1).

Ward management is an area that had previously been little explored in neonatal services but over the years had been the

subject of several large studies within the general nursing sector.<sup>1-3</sup> Amid these studies and within subsequent national reviews<sup>4-6</sup> recommendations had been made regarding the importance of the provision of formal management training and the recruiting of suitably trained individuals.

Ward management includes certain elements that separate it from general management; this being specifically due to the diversity of the role and the clinical and legislated obligations of all nurses, which often conflict with the ward manager's managerial responsibilities. The study therefore aimed to achieve maximum ecological validity and so consequently concentrated on those individuals undertaking the role, as it is acknowledged that only those who carry out the role or are directly impacted by it are likely to be able to provide reliable information regarding what skills may be required. The overall aim of determining which management attributes the neonatal ward managers were able to identify as being the required management skills would result in the provision of additional knowledge within the neonatal nurse management

## Keywords

neonatal networks; ward manager; nurse manager; competencies; management; middle management

## Key points

Hunn L. Preparing for ward management: a neonatal network perspective. *Infant* 2016; 12(2): 44-48.

1. Ward managers are often appointed for their clinical credibility and leadership skills as opposed to management training and ability.
2. There is a need for a national robust and effective training package for the future that can be applied to neonatal ward managers, and potentially ward managers within all specialties.
3. The creation of consistent person specifications is called for, as part of the ongoing NHS Pay Review Body's work.

Trent Perinatal Network	Central Newborn Network
Queen's Medical Centre Nottingham	Leicester Royal Infirmary
City Hospital Nottingham	Leicester General Hospital
Royal Derby Hospital	Northampton General Hospital
Sherwood Forest Hospital, Mansfield	Kettering General Hospital
Lincoln County Hospital	Queen's Hospital, Burton-on-Trent
Pilgrim Hospital, Boston	Warwick Hospital
	University Hospital of Coventry and Warwickshire
	George Eliot Hospital, Nuneaton

FIGURE 1 The participating neonatal units of the Trent Perinatal and Central Newborn Networks.

specialty, and potentially for general nursing in the future.

## The literature review

A literature review examined the main issues, namely:

- what constitutes operational ward management
- what skills are required of a ward manager
- how these individuals are prepared for the role.

## What is management?

The literature review aimed to define management so that management and leadership are clearly distinguished. Most importantly it provided a framework against which the current ward managers were measured when undertaking the empirical study, with regard to how they were prepared to carry out their roles, enabling provision of recommendations for future training.

Management is poorly defined and consistently overlaps with leadership with the terms being used interchangeably by some authors.<sup>7</sup> Where literature concentrates upon management as a single entity, it tends to refer to particular lines of responsibility: management concentrates upon achievement of results and does not go on to define which elements of a role

can be defined as management tasks.<sup>8</sup>

Management and leadership cannot be considered in isolation<sup>9</sup> and the Kings Fund (2011) determined that management, leadership and administration are all interdependent.<sup>10</sup>

Little could be determined from the literature regarding what specific management skills a ward manager may require. The Department of Health (2008)<sup>11</sup> identified that management and leadership roles should be undertaken by clinicians with the appropriate skills, and the NHS Plan (2000)<sup>12</sup> stated that: “NHS organisations should be led by the brightest and best of public sector management”. Both Berwick (2013)<sup>5</sup> and the Prime Minister’s Commission (2010)<sup>13</sup> recognised the importance of receiving the necessary training for management roles. However, it is of note that none of the aforementioned documents were helpful in determining how to identify appropriate individuals or what the management training should consist of. Moreover, the nursing regulatory bodies provide little guidance. The Nursing and Midwifery Council Code (2015)<sup>14</sup> has no standards that refer specifically to ward managers. Equally the Royal College of Nursing (RCN), despite the production of a framework for neonatal nurse competence,<sup>15</sup> which included within it a

schedule of managerial qualities, acknowledged that there were no agreed curriculums or programmes of preparation across the UK.

Since there was little guidance available as to what qualities are required of a ward manager and what is defined as management, a schedule of common management characteristics was extracted from the key documents (**FIGURE 2**). This formed the author’s hypothesis of what management comprises, which was used for benchmarking purposes to undertake the empirical research project.

## Are ward managers adequately prepared to carry out their roles?

Large case studies recognised that ward managers are ill prepared, and indeed identified that the individuals themselves felt under prepared.<sup>19,23</sup> NHS trusts admitted to recruiting managers almost exclusively on their clinical ability, giving management skills a low priority within the recruitment process.<sup>24</sup> With this apparent lack of consistency regarding both training and recruitment, and with the complexities of the role and the conflicting pressures, along with the perception that they are often unsupported when undertaking complex management processes,<sup>19</sup> it is perhaps unsurprising that ward managers continue to value, embrace

	Conflict	Risk	Budgeting	Business planning	Recruitment	Human resources issues	Performance management	Staff management	Data
McCallin and Frankson (2010) <sup>2</sup>	✓	✓	✓	✓	✓	✓		✓	
Kerridge (2013) <sup>16</sup>		✓			✓	✓	✓	✓	
Chase (1994) <sup>17</sup>	✓		✓		✓	✓		✓	
Baker et al (2012) <sup>18</sup>					✓			✓	
Berwick (2013) <sup>5</sup>		✓				✓	✓	✓	
Nursing and Midwifery Council (2015) <sup>14</sup>							✓	✓	
Royal College of Nursing (2009) <sup>19</sup>			✓		✓	✓	✓		
Office for Public Management and Burdett Trust for Nursing (2006) <sup>20</sup>			✓				✓		
Royal College of Nursing: neonatal nurse competency document (2015) <sup>15</sup>		✓	✓	✓	✓	✓	✓	✓	
Royal College of Nursing: integrated career and competence framework (2009) <sup>21</sup>			✓	✓		✓		✓	✓
Watkins (2010) <sup>22</sup>	✓	✓				✓	✓	✓	
Hales, Doherty and Gatenby (2012) <sup>1</sup>			✓			✓	✓		✓
Gould, Kelly, Goldstone and Maidwell (2001) <sup>23</sup>		✓	✓		✓	✓	✓	✓	✓
Hutchinson and Purcell (2008) <sup>24</sup>			✓		✓	✓	✓	✓	

**FIGURE 2** Management characteristics as identified within the literature review.

and prioritise their nursing and clinical roles<sup>1</sup> as these are areas within which they are familiar and feel most competent and require less support.

Research also revealed that the Department of Health (2004, 2014)<sup>25</sup> laid down an expectation within the NHS Pay Modernisation document that person specifications should be consistent for each pay band, leading the author to conclude that all ward managers should have a similar person specification and job description and should be recruited according to a comparable process. This national standard provided a further area to test when undertaking the empirical research.

### Conclusions from the literature review

Management, and which management skills an operational ward manager will require, is poorly defined. Moreover, management is a low priority in comparison to clinical leadership, clinical responsibilities and statutory requirements. Nurses appear to be appointed to management posts according to clinical leadership skills, not their management ability, which is not in keeping with the Department of Health NHS Pay Review standards.<sup>25</sup> Furthermore nurses struggle to prioritise their management responsibilities and feel ill prepared to take them on. These findings, along with the management characteristics as identified within the literature review (FIGURE 2) and the subsequent conceptual framework (FIGURE 3), were tested when undertaking the empirical study.

### Methodology

This explorative research took the form of a case study and was undertaken within the two neonatal networks (FIGURE 1). The research focused on the operational ward managers within the 14 units, which equated to 16 ward managers in total.

Data were collected in a variety of ways in order to ensure that they were as rich and varied as possible and to triangulate the emerging findings. Three surveys, which were distributed according to job title, were conducted via the 'Smart Survey' tool and were open to all 16 ward managers and eight matrons. Approximately 120 band 6 nurses (potential future ward managers) from across the two networks were also invited to participate in order to ascertain their views on what they perceived the management responsibilities to consist of and how they would wish to

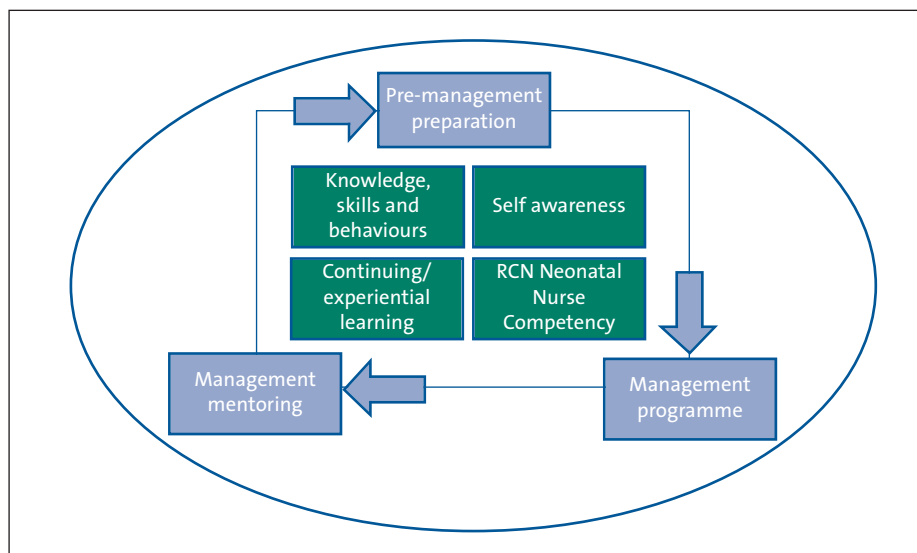


FIGURE 3 The conceptual framework for recommended practice.

be prepared for the role in the future. The surveys consisted of structured questions that were linked to the findings of the literature review. They aimed to provide the quantitative data and to ensure that the statistical analysis of the data could be conducted with the use of percentages and without any perceived ambiguity within the answers.

Quantitative data were gained from semi-structured interviews that were undertaken with three of the ward managers and three of the matrons. These were selected to ensure that there was a wide spread of experience and that the findings would be representative of both networks. In addition, a review of the current person specifications for all 16 ward managers was carried out in order to ascertain if there were any differences in what was expected of a ward manager in each trust, and whether there were any significant differences within those expectations.

In order to ensure triangulation of the data and avoidance of bias, semi-structured interviews were undertaken with a management representative and a neonatal consultant, which gained the perspectives of non-nursing stakeholders and determined if their expectations of these individuals were in line with the perceptions of the ward managers themselves. All interviews were audio taped with the participants' permission.

### Framework for data analysis

The semi-structured interviews for all staff groups focused upon the main research objectives; this was not only to ensure concentration upon the main objectives

but also to enable the analysis of the quantitative data after the interviews had taken place. Under each theme the interviewees were asked several open questions and their responses were categorised under those specific sections. The ward manager findings were described and analysed in comparison to the findings of the literature review and conceptual framework. The findings from the other staff groups were then compared and contrasted against the findings of the ward manager and the literature review findings. As the Smart Survey questions were closed questions, analysis of the data was produced in the form of charts and percentages and these were then compared and contrasted with the findings from the semi-structured interviews and the literature review. The aim was therefore to determine if there were any evident patterns and if anything could be learned from the data.

### Response rate

The author interviewed three of the 16 ward managers (18.75%), three of the eight matrons (37.5%) and two non-nursing managers, with a Project Lead completing a survey following the last minute non-participation of the manager who had originally agreed to participate in the project. Of the Smart Survey responses, 11 of the 16 ward managers (68%) completed a survey, three of the eight matrons (37.5%) and 40 band 6 nurses (33.3%). These response rates are able to demonstrate some ecological validity within the two networks; however, the author acknowledges that they do not represent any significant population

validity. It is also of note that despite the author's best attempts at achieving the views of non-nursing stakeholders, the participation rate from that group of individuals was particularly low.

## Findings and analysis

It was evident that the ward managers were able to demonstrate a good understanding of what elements of their role were defined as management; however there was a tendency to concentrate predominantly upon people management and human resources, a finding which was reflected within both the interviews and survey results. This concentration of this particular management element was reflected by one of the matrons who commented that the human resources component of the role amounted to around 50% of their time, which would account for this increased level of consideration. All participants also identified that it is very difficult to separate their management and leadership responsibilities as they are intrinsically linked, a finding which was in keeping with the literature review findings.

It was evident both from the semi-structured interviews and the survey results that the ward managers had received varying levels of management training. It is of note that there were no discernible differences in this finding between those who had been in post for some time and those who had been recently appointed. In addition, 50% of those surveyed identified that the training that they had received had been insufficient for their needs. Moreover, the expectations of what training and preparation would be sufficient from the viewpoint of the participating managers and matrons varied considerably with suggestions of postgraduate training, apprenticeship schemes or network-wide training and mentorship. In addition, the identification of appropriate individuals to undertake the role varied within the group with a suggestion that in addition to clinical credibility and management and leadership skills that they would seek individuals in whom they felt they could trust and have confidence in to carry out the role. This lack of clear specification makes their identification of appropriate individuals rather vague and unquantifiable, and as such, lacking in consistency across the two neonatal networks, which is in keeping with the findings within the

literature review.

There is no evidence to suggest that the national recommendations regarding consistent training and recruitment of these individuals has been implemented within the participating neonatal units and that practice has not varied over recent years, regardless of these recommendations.

The participating ward managers identified that they did not feel they were adequately prepared for the management role; neither did they have a good understanding of what the role might entail prior to appointment. They felt that they had been required to learn by experience. Interestingly they articulated that training programmes would not prepare them for many of the diverse issues that they had encountered. There was a common view that undertaking the management responsibilities was often difficult due to the many competing priorities that they had; most specifically, the need to work clinically when the unit was busy or staffing levels reduced. Those interviewed had recognised the failings within the system regarding their own training and preparation and had begun to implement processes to ensure that new recruits would be better prepared. It was, however, apparent that these processes were being devised as a result of their own recognised findings and not as a result of any of the national recommendations.

Evaluation of the person specifications for the ward manager position within each of the trusts revealed that there were very distinct differences between the trusts and that there was no consistency across the two networks. It also revealed that the post holder in one trust was not in possession of a current person specification or job description for the role. It was apparent that some of the management elements as outlined in **FIGURE 2** were present in each person specification, however these varied considerably and none of the documents contained all of the elements. It was therefore evident from this review that the national pay scale recommendations,<sup>26</sup> regarding the need for consistency for all individuals with the same job title, have not been implemented and are not consistently applied across the two networks.

## Discussion and recommendations

This study explored if both the national NHS and nursing recommendations for management training had been imple-

mented within the neonatal environment.

This research focused on NHS management within the neonatal specialty and does not review management within any other NHS specialty, or other management sectors.

The author is able to make the following recommendations from the findings of this study, as summarised in **FIGURE 4**:

1. The distinct career pathways and skills set that are required of a nurse manager should be determined by the NHS Pay Review Body. It is clear that consistent implementation of the NHS Pay Review Body<sup>26</sup> should be applied across the country to ensure that there is national consistency within job descriptions and person specifications for the future.
2. This study identifies that individual trusts have differing standards regarding what training is required despite the reports which recommend that nurse managers receive appropriate and consistent training.<sup>2,4,6,10</sup> There is a need to commence a management training process much earlier in a nurse's career and that potentially there is a place for a formal mentorship process for newly appointed ward managers across the network. In order to investigate this further the author recommends network-wide discussion and planning meetings to review the requirements of national standards and ascertain what all stakeholders would wish to see and what is achievable within both the time capabilities and financial constraints of all the stakeholder trusts, particularly during the current period of austerity within the NHS.
3. Production of a training programme should include full implementation of the career framework within the RCN neonatal nurse competency document<sup>15</sup> and should ensure that the recommendations from within the Francis report<sup>4</sup> are met.
4. With the exception of the RCN neonatal nurse competency document,<sup>15</sup> which identifies managerial competencies, there is no national standard that determines what skills a neonatal ward manager may require. Within the study there was a distinct lack of consensus from the participants as to what would be the optimal training and preparation. This is clearly an area which requires further investigation. A consistent method of training and preparing ward managers is necessary.



5. This research was undertaken specifically to ascertain the experiences of neonatal nurse managers. It should now be expanded further to involve nurse managers from other specialties. This should include undertaking some national work as per the NHS Confederation recommendations,<sup>27</sup> which advocated that there is a need to capture all local training programmes as case studies in order to inform and centrally develop a framework. The RCN neonatal nurse competency document,<sup>15</sup> should form part of this work programme.

## Summary

Despite the current high profile of the NHS and the recommendations for effective nurse management training, there is no national programme and little consistency of training and preparation for nurse managers within the two neonatal networks investigated. The project has been able to identify that there are potential areas of development; the need for a robust and effective training package for the neonatal ward managers has been clearly demonstrated. There is a requirement for future research or network-based work streams to identify what would be the most optimal training and preparation options for neonatal nurse manager training for the future.

## References

1. Hales C., Doherty C., Gatenby M. *Continuity and Tension in the Definition, Perception and Enactment of the First Line Management Role in Healthcare*. 2012 [Online]. Available at: [www.netccc.ac.uk/hsdr/files/project/SDO\\_FR\\_08-1808-246\\_V01.pdf](http://www.netccc.ac.uk/hsdr/files/project/SDO_FR_08-1808-246_V01.pdf) [Accessed 19 April 2015].
2. McCallin A., Frankson C. The role of the charge nurse manager: a descriptive exploratory study. *J Nurs Manag* 2010;19:319-25.
3. Udod S., Care W. Setting the climate for evidence-based nursing practice: what is the leaders role? *Nurs Leadership* 2004;17:64-75
4. Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary*. 2013 [Online]. Available at: [www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf](http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf) [Accessed 21 February 2016].
5. Berwick D. Improving the Safety of Patients in England. 2013 [Online]. Available at: [www.gov.uk/government/publications/berwick-review-into-patient-safety](http://www.gov.uk/government/publications/berwick-review-into-patient-safety) [Accessed 21 February 2016].
6. Willis P. *Quality with Compassion: The Future of Nursing Education*. 2012 [Online]. Available at: [www.williscommission.org.uk/\\_data/assets/pdf\\_file/0007/495115/Willis\\_commission\\_report\\_Jan\\_2013.pdf](http://www.williscommission.org.uk/_data/assets/pdf_file/0007/495115/Willis_commission_report_Jan_2013.pdf) [Accessed 27 January 2015]
7. Yukl G. *Leadership in Organisations*. 7th edition. 2010. New York: Pearson Prentice Hall.
8. Hughes O. *Public Management and Administration*. 4th edition. 2012. Basingstoke: Palgrave Macmillan.
9. Kotter J. *A Force for Change. How Leadership Differs From Management*. 1st edition. 1990. New York: The Free Press.
10. The King's Fund. *The Future of Leadership and Management in the NHS. No More Heroes*. 2011 [Online]. Available at: [www.kingsfund.org.uk/sites/files/kf/future-of-leadership-and-management-nhs-may-2011-kings-fund.pdf](http://www.kingsfund.org.uk/sites/files/kf/future-of-leadership-and-management-nhs-may-2011-kings-fund.pdf) [Accessed 27 January 2015].
11. Department of Health. *High Quality Care For All*. 2008 [Online]. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228836/7432.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf) [Accessed 27 March 2015].
12. NHS. *The NHS Plan. A Plan for Investment. A Plan for Reform*. 2000 [Online]. Available at: [www.nhs.uk/history/nhsplan.pdf](http://www.nhs.uk/history/nhsplan.pdf) [Accessed 19 April 2015].
13. Prime Ministers Commission. *Front Line Care. Report into the Prime Ministers Commission on the Future of Nursing and Midwifery in England*. 2010 [Online]. Available at: [http://webarchive.nationalarchives.gov.uk/20100331110400/http://cm.independent.gov.uk/wp-content/uploads/2010/03/front\\_line\\_care.pdf](http://webarchive.nationalarchives.gov.uk/20100331110400/http://cm.independent.gov.uk/wp-content/uploads/2010/03/front_line_care.pdf) [Accessed 19 April 2015].
14. Nursing and Midwifery Council. *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. 2015 [Online]. Available at: [www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf) [Accessed 21 February 2016].
15. Royal College of Nursing. *Career, Education and Competence Framework for Neonatal Nursing in the UK*. 2015 [Online]. Available at: [www.rcn.org.uk/professional-development/publications/pub-004641](http://www.rcn.org.uk/professional-development/publications/pub-004641) [Accessed 21 February 2016].
16. Kerridge J. Why management skills are a priority for nurses. *Nurs Times* 2013;109:16-17.
17. Chase L. Nurse manager competencies. *J Nurs Adm* 1994;24:56-64.
18. Baker S., Marshburn D., Crickmore K. et al. What do you do? Perceptions of nurse manager responsibilities. *Nurs Manag* 2012;43:24-29.
19. Royal College of Nursing. *Breaking Down Barriers, Driving up Standards. The Role of the Ward Sister and Charge Nurse*. 2009 [Online]. Available at: [www.rcn.org.uk/\\_data/assets/pdf\\_file/0010/230995/003312.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0010/230995/003312.pdf) [Accessed 19 April 2015].
20. Office for Public Management Ltd and Burdett Trust for Nursing. *Who Cares Wins. Leadership and the Business of Caring*. 2006 [Online]. Available at: [www.nursingleadership.org.uk/pubs/5719\\_burdett\\_trust\\_who\\_cares\\_wins\\_031006.pdf](http://www.nursingleadership.org.uk/pubs/5719_burdett_trust_who_cares_wins_031006.pdf) [Accessed 19 April 2015].
21. Royal College of Nursing. *Integrated Core Career and Competence Framework for Registered Nurses*. 2009 [Online]. Available at: [www.rcn.org.uk/\\_data/assets/pdf\\_file/0005/276449/003053](http://www.rcn.org.uk/_data/assets/pdf_file/0005/276449/003053) [Accessed 15 April 2015].
22. Watkins H., for the Insitute for Innovation and Improvement. *An Overview of the Role of Nurses and Midwives in Leadership and Management in Europe*. 2006 [Online]. Available at: [www.hope.be/05eventsandpublications/docpublications/82\\_nurses\\_and\\_midwives/82\\_an-overview-of-the-role-of-nurses.pdf](http://www.hope.be/05eventsandpublications/docpublications/82_nurses_and_midwives/82_an-overview-of-the-role-of-nurses.pdf) [Accessed 19 April 2015].
23. Gould D., Kelly D., Goldstone L., Maidwell A. The changing needs of clinical nurse managers: exploring issues for continuing professional development. *J Adv Nurs* 2001;34:7-17.
24. Hutchinson S., Purcell J. *Front Line Managers and the Delivery of Effective People Management. A Study of Front Line Managers in the NHS*. 2008 [Online]. Available at: [www2.uwe.ac.uk/faculties/BBS/BUS/Research/CESR/Front%20Line%20Managers.pdf](http://www2.uwe.ac.uk/faculties/BBS/BUS/Research/CESR/Front%20Line%20Managers.pdf) [Accessed 28 May 2015].
25. Department of Health. *Agenda for Change Final Agreement*. 2004 [Online]. Available at: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4095943](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4095943) [Accessed 28 May 2015].
26. NHS Pay Review Body. *NHS Pay Review Body. Twenty Eighth Report*. 2014 [Online]. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/288690/NHS\\_Pay\\_Review\\_28th\\_repot.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288690/NHS_Pay_Review_28th_repot.pdf) [Accessed 25 March 2015].
27. NHS Confederation. *The Role of the Nurse. Discussion Paper 3*. 2009 [Online]. Available at: <http://eprints.brighton.ac.uk/12357/1/The%20Changing%20Role%20and%20Identity%20of%20the%20.pdf> [Accessed 19 April 2015].

Observation	Recommendation
1. Career pathways and skills set should be determined by the NHS Pay Review Body <sup>26</sup>	Review all job descriptions and person specifications to reflect the review body recommendations
2. Differing standards of management training	Further discussion and research to determine what constitutes an adequate training programme and implementation at network level
3. Recommendations within the RCN neonatal nurse competency document <sup>15</sup> and Francis report <sup>4</sup> are not currently being met	National overview and implementation of all recommendations
4. Management training recognised as being inadequate	Network level discussion and planning meetings to review the requirements of the national standards and the views of all stakeholders. Training implemented as required
5. Findings limited to two neonatal networks	Further research to include other networks and specialties

FIGURE 4 Observations and recommendations arising from the study.