

Yorkshire Neonatal Network Annual Report

April 2002/2003



TracyWoodall
NeonatalNetworkManager

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1 PURPOSE OF THE NETWORK

Following the publication of the new BAPM standards, the pending publication of the national strategy for neonatal intensive care and the anticipated children's National Service Framework (NSF) there was an anticipated need to formalise network arrangements and appoint a project manager to start developing networking practices.

In addition to the national strategy there was a clear recognition that capacity in Yorkshire was often insufficient to meet local needs, resulting in frequent out of area transfers. The role of the network manager includes developing a robust reporting mechanism for assessing capacity capabilities within existing resources and to advise on future developments to maximise existing capacity and workforce.

2 OBJECTIVES FOR THE FIRST YEAR

1. Gather and collate information on all transfers from units within the network.
2. Work with managers and lead nurses to identify and resolve workforce issues.
3. Lead a team of educators to assess learning needs of all staff within the network and maximise training opportunities.
4. Promote networking activities and provide opportunities for lead nurses and clinicians to meet.
5. Disseminate emerging national guidance and the work of the Yorkshire Neonatal Network through communication pathways and at national, regional and local events.
6. Work across demarcation boundaries to ensure optimisation of services developing effective working relationships and partnerships.
7. Provide professional advice, support and leadership to all personnel in the network.

Achievements of first year objectives have been gained in a manner of ways and are identified under the specific categories.

3 INFORMATION AND COLLATION OF TRANSFERS AND CAPACITY

- 3.1 A repeat of the transport audit was recommenced in October 2002 and will run until September 2003 to obtain a full year of data. This audit will be cross-referenced with cot bureau data to ascertain the movement of every mother and baby within the region. Out of area activity should be easily identified and the financial cost estimated.

- 3.2 Close working relationships have been developed and fostered with the lead consultant and nurse for the Yorkshire transport team and we are currently working on an option appraisal for the 2nd phase of regional neonatal retrieval.
- Two transport study days have been held and have been very productive meetings. Priorities for retrieval have been identified by all units and are considered as part of the option appraisal.
- 3.3 Further development of the retrieval service has been identified as a priority through the strategy group to address inter-hospital transfers, as babies are by-passing vacant Yorkshire beds due to the limitations of the retrieval service. In addition, cardiac referrals are a pressure on many units and the option appraisal will address this.

4 EDUCATION, TRAINING AND WORKFORCE DEVELOPMENT

- 4.1 I have worked closely with the education team and those members who have been in post for a significant period of time have submitted contributions to this report.
- 4.2 Education and training has received a high priority in networking activities throughout this year. Each unit has benefited by having a dedicated educator and those who have identified specific needs have received a great deal of support. The amount of time allocated to each unit is on a needs identified basis.
- In addition to clinical education, universities have played a key part in the network and there have been several meetings both in North and East Yorkshire and West Yorkshire.
- 4.3 In response to a request from the universities we are holding a development day focused on educational opportunities and the demands of service and educator providers. Workforce confederations will be participating on this day, as will out of region course providers. The event is to be held at Rudding Park at Harrogate to enable ease of access and parking. Financial contributions for this event have been gained from reps.
- 4.4 A regional education group has been formed and information is being gathered currently to assess the equity of opportunities for all workers within the network.

- 4.5 There has not been a huge issue regarding the nursing workforce within the region apart from one or two units who have found temporary solutions, or have required communication at senior management level to ensure safe delivery of care can be maintained. Nevertheless all units fail to meet the 1996 standards at the present time. The development of a robust nursing strategy is required and will need to be signed up to by all interested parties; the workforce confederations and strategic health authorities are included in this process.
- 4.6 I have been actively involved in the recruitment of many senior members of staff both in and out of region and have been involved in workforce planning in terms of developing new roles for several units.
- 4.7 I am working with educational institutions to start a programme of targeting student nurses to work in the specialty of neonates; this will be delivered with the help of the educator nurses.
- 4.8 The Manchester model of rotational nurse training throughout the network has been well received by most as a positive strategy for increasing recruitment and retention and raising the standards of supervision that junior nurses receive. The end of the 1st year Manchester course has excellent results and most of the staffs have opted to work in the district general hospitals. The strategic health authorities and workforce confederations are being consulted in this as it has a financial consideration.
- 4.9 New models of working are high on the agenda and I have developed a nurse consultant role for neonatal surgery which will give families more flexibility in where and when their babies are cared for and will improve the skills of DGH units in caring for post surgical babies. Nurse consultants are highly advocated in the national strategy as are advanced nurse practitioners therefore these new roles will need to be identified and strategies put in place for training recruitment and retention.

5 COMMUNICATION

- 5.1 A general consensus from around the region is that communication is improving gradually and that units feel more involved and part of a network rather than feeling isolated. Initially newsletters were intended to be monthly, however with a quiet period in terms of national guidance and limited information; this has been changed to quarterly. If new information emerges this will be communicated as required. I am

currently working with strategic health authorities to plan dissemination of the children's NSF

- 5.2 The development of the web site is nearly complete and units have been asked to provide their contributions to Dr Lawrence Miall who has worked tremendously hard in developing this site. This will play a key role in aiding communication and disseminating a lot of the excellent work that happens within the region.

6 STRATEGY GROUP

- 6.1 The strategy group meets on a BI-monthly basis and has actively supported network development. Key priorities have been developed and will be discussed from a financial perspective at the commissioning group meetings prior to each strategy group.
- 6.2 The aim of the commissioning group is to review previous spending against centralised money and to consider how new money should be spent against key priorities.
- 6.3 The strategy group and commissioning group need to decide how to proceed with appointing formally the lead professionals for the network board, as we are now trailing behind other networks that are appointing their board.

The key roles for this are the lead consultant and formalising the manager's role, which currently incorporates the lead nurse role.

- 6.4 The strategy group will have a busy year ahead implementing the NSF and the national strategy, which is due out very soon with a three-month consultation period.

7 NETWORKING AND STUDY DAYS.

- 7.1 I believe the reputation of Yorkshire as leaders of managed neonatal clinical networks is very positive and is seen as a whole systems approach to developing partnership working.
- 7.2 Close working relationships have been developed with the South Yorkshire network and the developing Northern Network and it is essential that these relationships are fostered as service provision crosses the geographical boundaries and will continue to do so for some time.

Even as a fully functioning all encompassing network in the future these relationships are important for standard setting and clinical governance comparisons.

- 7.3 One of the most successful networking activities achieved this year is the development of the consumables purchasing group. This group has representatives from all but one unit and involves working with units, supplies managers and NHS supplies to standardise where possible the consumable items used within neonatal service provision. The aim of this is to increase standardisation thereby improving the ease of rotational training through familiarity of equipment and to drastically reduce the variable and inequitable costs that reps provide currently on an individual basis. The ultimate aim is to stop the monopolising of market products through strength of purchasing and overall cost reduction.

This group is well attended and supported and crosses demarcation barriers by linking with the Northern group again increasing purchasing power.

I am working closely with NHS supplies to secure new contracts.

The consortium is a good networking activity as it rotates around the different units and members take the opportunity to visit the units and learn from each other. The consortia has been an excellent development opportunity for some staff, in particular Gail Stainbridge, senior sister at Harrogate has performed very effectively as chair of the group and keeps everyone well organised.

- 7.4 I have been involved with many study days, courses and conferences this year as identified below.

Attended

London Managed Clinical Networks

Project management course

Southport Neonatal conference

Presented

London Management of clinical networks

Airedale National agenda for neonatal care

Development day

Organised

Yorkshire Neonatal Nurses Association will also chair

Two development days
Education day
Hot topics conference

8 FINANCIAL PERFORMANCE

8.1 During this year I have been financially astute whilst being able to support many projects. Much of this has been due to developing effective but non-discriminatory relationships with representatives. A full account of reps support is listed below.

8.2 At the end of February my predicted under spend is £4,098 end of year figures not available as yet.

I believe this shows good management of limited resources, however next year may have more financial demands due to the increased anticipation to meet more regularly with units to implement the NSF.

8.3 The web site is funded from my budget, which benefits all units.

8.4 Financial support gained for study days and conferences

Cow & Gate	£200	Support for development day
Cow & Gate	£600	Support for development day
Chiesie	£200	Educational day
Chiesie		Supports transport study days
Chiesie		Supporting Yorkshire neonatal conference
Abbott		Supporting hot topics

9 SECOND YEAR OBJECTIVES

1. Complete and disseminate data from transport audit
2. Perform census if units and strategy group require.
3. Begin implementation of NSF and national strategy.
4. Provide an improved transport service fully funded.
5. Develop workforce and education strategy
6. Identify and seek funding for new roles.
7. Work more with neighbouring networks.

YORKSHIRE AND NORTH LINCOLNSHIRE REGION

ANNUAL ACTIVITY

AND

PROGRESS REPORT

APRIL 2003

REGIONAL NEONATAL NURSE EDUCATORS

**GWYNN BISSELL - SENIOR NURSE NEONATAL EDUCATION
(LEEDS)**

**JEANETTE DELANEY- TEACHER – PRACTITIONER
(HULL)**

**JANE WELBY - SENIOR NURSE
(BRADFORD)**

PREFACE
TO THE REPORT BY THE
YORKSHIRE NEONATAL NETWORK
EDUCATORS
APRIL 2003

Following the inception of the Neonatal Network Educator posts in 2002, every effort has been made to establish and implement a new focus on neonatal nurse education throughout the region's associated Neonatal Units. The enclosed report highlights some of the beneficial experiences that have been offered throughout the region's neonatal services, subsequent to our employment as neonatal educators within the Yorkshire and North Lincolnshire region.

It is acknowledged by the educators that both host unit and network responsibilities require a careful distribution in resources and time in order to maximise efficiency and maintain equity through out the region. However, fluctuations in resource and time allocation can occur within particular areas which depend largely on the individual activity demands and unit needs. Nevertheless, each educator has made a unique contribution to the needs of the service, and the report clearly illustrates how the individuals have been involved in a diverse range of pursuits.

In addition, the reports have been individually written in order to reflect the personalities and strengths of each educator, which reinforces the complimentary working relationship being established by the team members. We feel we are developing a strong team that is both creative and supportive. We aim to be a continued asset to the Yorkshire Neonatal Network, and look forward to facing future challenges together.

Regards,

Gwynn, Jane and Jeanette

**HULL AND EAST YORKSHIRE HOSPITALS
NHS TRUST**

AND

THE YORKSHIRE NEONATAL NETWORK.

**REGIONAL NEONATAL TEACHER
PRACTITIONER.**

ANNUAL REPORT APRIL 2003.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

AND

THE YORKSHIRE NEONATAL NETWORK.

REGIONAL NEONATAL TEACHER PRACTITIONER.

ANNUAL REPORT APRIL 2003.

As predicted in my Introductory Report of September 2002, this role has indeed presented challenges that have been met with some degree of determination and resourcefulness. This report highlights the role's development and the contributions that have been made to the neonatal service.

Having had the opportunity to reflect on the Introductory Report it has been possible to identify objectives that have and have not been met due to the influence of various factors, some beyond the post holders control. Nevertheless, the successful completion of alternative projects has ensured that the role has evolved to benefit the neonatal service utilising a multifarious approach as described under the following sub-headings: -

RESEARCH.

The recent relocation and expansion of the neonatal service in Hull is an attempt to provide a more effective service to local stakeholders. The introduction of therapies that were not available in Hull previously and the potential increase in the number of Intensive Care cots means that neonatal nurses may require some re-training and additional education to meet the growing needs of the service. This local change, combined with; rapid advances in knowledge and technology in healthcare, nurse education's move into institutes of higher education, the changes in level and structure of post-registration courses, and the governments drive to modernise the NHS, contribute to an emerging emphasis on the effective identification of training needs. It has therefore, become apparent that a systematic approach to the development of such a tool is essential, to guarantee that it reliably measures the training needs of individuals to competently practice in a progressive neonatal unit and prepare neonatal nurses for the increasing demands of personal, professional and legal accountability.

In order to address this issue I have recently obtained consent from the Trust and Local Ethics Committee to undertake an exploratory study to identify the key tasks to include in a training needs analysis instrument for neonatal nurse. The study will obtain the opinions of neonatal nurses, the multidisciplinary team and

service users via an anonymous questionnaire. The results of the survey will be used to inform the development of the training needs analysis tool.

Although the research project is practice based it is an essential component of the MSc in Nursing Research that I am currently studying and hope to complete in July of this year.

I have been using the research skills obtained through this and previous courses to help colleagues find and critique material as part of the guideline and benchmarking process.

PRACTICE DEVELOPMENT.

Over the last few months I have engaged with an array of practice development nurses from various disciplines and hospitals. The result has been twofold in that I have sought advice and support from practice development colleagues and in return have been able to 'spread and share' good practice between units across the region. My intention has been to promote a philosophy of collaboration and dissemination across professional groups and to overcome traditional rivalry and the conflict it causes. This is clearly illustrated by the organisation of a seminar involving a pharmacist from York with considerable knowledge concerning patient group directions, nurse prescribing and the associated legal issues. The seminar is to be held in Scunthorpe and attended by various members from the multidisciplinary team from around the area. Locally, I have recently completed a report that examines the problem of drug errors on the neonatal unit in Hull.

I have adopted a facilitative role, with Gwynn Bissell and Jane Welby, for the Regional Neonatal Benchmarking group. The group has been running for a number of years and has been very successful. However, the group had to move forward to meet the demands of a modernising NHS and it was felt that a project-based approach to a particular issue was required. The group now reviews benchmarks and hopes to produce evidence based guidelines, patient information leaflets and supporting documentation to accompany the benchmark under review. To assist with this work I am examining the process of guideline production to ensure that the groups work contributes to organisational goals such as meeting recommendations that help to reduce Trust' s payments to the Clinical Negligence Scheme (CNST). Liaising with the Clinical Governance Facilitator with the Northern Lincolnshire and Goole Hospitals NHS Trust has helped the launch of this work.

I also attend the neonatal guideline meeting in Hull to offer nursing representation and support.

CLINICAL RESPONSIBILITIES.

I feel that in order to offer sound practice development guidance I have to maintain my own clinical competence that inevitably informs my judgements and decision-making. I therefore complete one clinical shift a week where I am able to practice my extended roles like cannulation, teach on a one to one basis at the cot side or use the opportunity to act as a role model. My aim is to demonstrate leadership by combining my knowledge and experience with enthusiasm and a passion for nursing, thus influencing the quality of nursing care.

I have also supported the clinical teacher in Hull to design a competency document to provide neonatal staff with a comprehensive training document that supports competency based clinical learning.

EDUCATION.

I have used several methods to participate in and promote education. My first major task was to re-build relations with the University of Hull. Poor communication and some misunderstanding had reduced contact between the neonatal unit and the university to a minimum. I have re-established links with the child health subject team, course tutors who now visit the unit on a regular basis and established a group that meets quarterly, made up of key people from the university and the Trust, to discuss neonatal education issues. I have also been invited, with my regional educator colleagues, onto the curriculum-planning group for the Advanced Neonatal Nurse Practitioner Course at Masters level. I have also introduced myself to management and teaching staff at the University of York and the Northern Tertiary Neonatal Educators group.

To date, I have formally taught student midwives and post registration student nurses at the University of Hull, gave a lecture and facilitated a group discussion for the annual Transport study day held in Hull, taught on clinical staff 'time out' days and given talks to special interest groups from the neonatal unit in Hull and Scarborough.

My Network colleagues and I are now preparing a presentation for the Trent Neonatal Network Conference in June and a presentation stand for the Yorkshire Neonatal Nurses Association Study Day on 17th June. We are in the process of organising a Network Development Day focusing on education with Tracy Woodall the Network Manager. We are also in the process of completing a mapping matrix to chart current education and training activity. The mapping matrix will form the basis of an audit tool for future use.

MANAGEMENT.

Following a request from managers in Scarborough I examined and reported on the problems facing staff on the Special Care Baby Unit (SCBU) in Scarborough. This work included a work force analysis and training needs analysis that became the foundation to the Trust' s Local Development Plan regarding the SCBU service.

As a representative of some of the units in the area I attend the Neonatal Strategy Group meeting. This group discusses, negotiates and decides on the strategic direction of the service across the Region. My role in this area is in its infancy but is essentially to assimilate and disseminate information and to provide the units with a coherent voice within the group.

Liaison with individuals and other organisations such as the Learning Alliance and the Workforce Development Confederation has been ongoing. My aim is to raise the profile of the neonatal service and increase awareness regarding changes to education relevant to the neonatal multidisciplinary team.

Locally, I attend the Paediatric Charge Nurses Meeting, Practice Development Meeting and the Risk Management Meeting. My intention is to offer specialist advice and support whilst challenging the status quo on occasion.

Last year Alison Davey and I drafted a job description and person specification for the neonatal clinical teacher' s role. This followed a review of the role as it was felt that the existing job description did not match the needs of the unit. The post has now been graded by the Human Resources department and is due to be advertised shortly.

PROFESSIONAL DEVELOPMENT.

The last few months have proved to be a testing period of transition forcing me to address matters of time management, leadership, diplomacy and decision making. I have made some headway but recognise the need for continuously diligent efforts in improving these qualities.

Whilst the characteristics of autonomy, critical thinking, facilitation and specialist knowledge have been vital to this evolving role, it could potentially have become isolated with limitless diversity and little reward in the way of job satisfaction. However, my network colleagues and I have established a positive support system to prevent isolation. This good working relationship has also enabled us to carve out a role with realistic goals enshrined in a creative strategy.

The Learning Alliance has been a valuable resource and I have accessed workshops/training on change management and facilitation skills. I have also been afforded the opportunity to take part in the respiratory care team in Hull to keep abreast of such issues.

Clearly the Masters course that I am studying for not only challenges my academic ability but has built on my research skills culminating in a research project.

Thanks to counselling offered by Pat Robson, Assistant Director of Nursing in Hull, I have accessed Sue Proctor, Assistant Director of Nursing for Nursing Strategy at the Strategic Health Authority, who has agreed to be my mentor. Sue has already given me indispensable guidance and encouragement.

NEXT YEARS OBJECTIVES.

LOCALLY: -

- i) To develop further and implement a local education strategy for the neonatal service, working with the Neonatal Unit's professional Development lead.
- ii) Having established a Neonatal web page on the HEY Trust's Intranetto develop the site further and increase the staff's contribution and use of the site.
- iii) To develop and implement the Patient At Risk Course (PARC) under the guidance of Steve Jessop, Nurse Consultant and in association with Amedo Craven, Paediatric PDN.
- iv) To establish the Neonatal Unit as part of the Paediatric rotation.
- v) To ensure that an audit of drug errors is undertaken working with the multi-disciplinary team.
- vi) To support the development of clinical guidelines and develop a comprehensive guideline resource regarding medications.
- vii) To establish regular ' Professional Development Surgeries' for neonatal staff.

REGIONALLY.

These objectives will be developed and performed with the other Network Educator's:

- i) Develop and implement the education strategy.

- ii) Establish a clear systematic process of guideline development with supporting material.
- iii) Audit the education and training needs of neonatal staff.
- iv) Ensure the first ' Celebrating Good Practice' day is well organised and coordinated.

**ANNUAL ACTIVITY AND PROGRESS
REPORT
APRIL 02-APRIL 03
(LEEDS REGION)**

**SENIOR NURSE-NEONATAL EDUCATION
GWYNN BISSELL**

REPORT OF PROGRESS

Introduction

The following report outlines both the activities undertaken and the progress made during the past year, since commencing the post of Senior Nurse Neonatal Education within the Leeds Teaching Hospitals (Leeds Region). In order to highlight these areas of activity I have elected to use sub-divisions, although it may be identified that certain areas of activity overlap.

Orientation

On commencing the post I initiated a brief period of orientation to all of the neonatal clinical areas, and commenced the networking process throughout the Leeds Teaching Hospitals. Once the two regional Neonatal Educator colleagues from Bradford and Hull neonatal services were in post the networking process within the Yorkshire region was expanded upon. In order to develop robust working relationships the team of regional educators have channelled all their personal and professional strengths, which has enabled our team to forge links throughout the Yorkshire and North Lincolnshire region, thus leading to the developing of a strategy of neonatal nurse education.

Education, Teaching, Curriculum Development, Practice development

My initial priority was to highlight the educational needs of neonatal nurses within Leeds Neonatal Services. By utilising an education audit I was able to identify the needs of a selection of staff grades. The audit exposed many areas of both theory and practice deficits and equally the manner in which they may be addressed were acknowledged. A monthly programme of cross-city education was initiated to encompass these issues, in tandem with multidisciplinary advanced resuscitation updates, external study days, and specialist study days for those with identified interests (neonatal outreach, bereavement group). From the audit information I intend to compile a directory of specialist subjects linked to specific personnel.

I have liaised closely with members of staff in order to up date the induction and education packages required for new neonatal nurses. There will now be a specific induction day that has specific neonatal issues and this has been supported by the Professional Development Department and nurses form within both the neonatal units. Future developments include the modification of the

induction package and the competencies within it. The professional development group has done some work towards this.

I have delivered a substantial input of education, planning, and practice within the First Year pre- registration Child Health students, who were a pilot project for 2002 within the neonatal service. This was a successful project and I have identified four neonatal nurses with a keen interest in delivering the necessary care for these students in order that their experiences in future placements will be as successful. Indeed it is crucial to invest in all the students, as they are potentially the neonatal service's future work force!

I have had the responsibility of offering support to the Special and Intensive Care course students (formerly ENB 405) whilst their principal course leader was away for 4 months. This entailed close communication with level 2 students and portfolios, with the level 3 students also requiring some input. Many of these students were from out of the Leeds region, and therefore I engaged the expertise of my regional education colleagues as much as possible. The responsibility of disseminating changes to the curriculum and the supervision of the new Level 3 documentation is ongoing (being a link between the university and clinical areas).

I have lectured at the University of Leeds on several occasions (the community neonatal course, Transport course, and Pre- registration courses). Furthermore I have contributed to the development of the R23 Enhanced Neonatal Practitioner course being set up in Leeds University. Also my colleagues and I have been party to the planning and consultation of the new BSc Neonatal Nursing Modules that are being set up at the University of Leeds. Furthermore the University of Hull regarding the A19 Masters Advanced Practitioner programme is consulting the regional educators.

Collaborative Work

During the course of the past year I have been engaged in numerous collaborative projects of work within the Leeds Neonatal Services. One such project that I was asked to help facilitate cross- city was Unit philosophy and re-visiting of care planning/pathways. The group continues with this work. I have engaged in the issues of enhanced and advanced practices within the units of Leeds. There are several practitioners that have the R23 qualification of enhanced practitioner, though there has been a few problems in initiating the move forward to directly practice once the course had be completed. The guidelines have been written, however these require further work specifically pertaining to the scope of practice. I have made contact with Cathy Winn regarding this position and we are hoping to move forward shortly in line with the scope of practice and the Leeds Teaching Hospitals NHS Trust documentation.

The project of Advanced Neonatal Practitioner (with specific regard to Transport co-ordination) has been actively engaged by a steering group of medical and nursing personnel. My colleagues and I have taken the lead on this project to ascertain the most appropriate model for advanced practice within the Leeds neonatal units/ regional transport team, when the economics and practice become a viable option in the near future.

A more recent project that my Leeds colleagues and I have been developing and planning with the Professional Development Department and NVQ center, is the NVQ assessment award for Clinical support Workers/Nursery Nurses. This work is in its infancy however this seems to be a very exciting and new way of planning the neonatal unit work force of the future.

Other areas of engagement include the policy and practice group, CAT meetings, and senior nurse meetings. All these areas may require an active engagement in projects. Frequently I have engaged in the process of recruitment and selection of the nursing establishment. I have also been fortunate enough to be involved in the planning of the Trust's Annual Nursing, Midwifery and Health Visitor's Conference to be held in May 2003.

REGIONAL UNITS

Since coming into post I have invested a significant amount of time in building relationships and ascertaining the individual needs of the units within my area remit. The units within my care Dewsbury, Harrogate, and Pontefract have all had an education audit performed. This has pinpointed the needs of the individual units, the content of education required, and the manner in which the staff would like it to be delivered. These audits have also highlighted a core of link personnel who will deliver these programmes on a regular planned basis. Within each of these units there are personnel with specialist interests and expertise, and over a period of time our aim will be to set up regional links and devise a directory of links.

Other projects within the units include: -

- Guideline Development
- Staff development pathways and advice
- Teaching packages or access to practice specialties
- Resource for courses, access, and funding.
- Portfolio of education and courses within the region
- Advanced/ Enhanced practice initiatives

REGIONAL EDUCATION WORK

Within the region my educator colleagues and I have closely facilitated the changes within the North East Neonatal Benchmarking Group, and set up the regional subgroups to develop regional guidelines, practice, and up date the benchmarks. We have also engaged with the Tertiary Educators Group within the UK, and been able to share the current experiences and trends occurring within neonatal nursing. We plan to disseminate this work and engage both educators and practice development personnel throughout the NorthEast region by forming a similar group-forum in the future.

NEONATAL EDUCATION STRATEGY

The participation in the Neonatal Network Day paved the way for introducing the concept of commencing an education network, being able to familiarise myself with the region's unit managers, and gather thoughts on how the users of the education service would direct education within Yorkshire and North Lincolnshire. This has led my educator colleagues and I to develop a strategy for regional education. The following year will be spent developing the practical aspects of the strategy, which will allow long-term benefits to the region and permit network integration. This comprises of the following steps: -

- Step 1. Undertake a training needs analysis to identify skill deficits, targeting, assessing degree of course provision and training needs.
- Step 2. Mapping matrix of regional neonatal unit needs.
- Step 3. Plan a Neonatal Network Educational Development Day to encompass aspects of university provision, funding and Confederation provision, and present nursing medical strategy.
- Step 4. Plan the regional day for “Celebrating good practice” for all Neonatal units within region to display their ideas and practices.
- Step 5. Link with universities to input in curriculum course planning, provision, and commissioning.
- Step 6. Regional strategy of working towards standardised guidelines and

practices.

PERSONAL AND PROFESSIONAL DEVELOPMENT

I have continued to develop and equip myself with new skills since commencing the post of Senior Nurse Neonatal Educator. These needs were clearly identifiable from an early on set of taking the post, and I have addressed some of these. Principally I identified a need to up date myself on the process of staff personal development planning, recruitment and selection processing and the A1 award for NVQ Assessors. All these days have aided my understanding and decision making process, though I feel it would be of value for me to attend an in house study day of how to address complaints, and the process by which they are lead, at some time in the future.

I have also attended several study days relating to nutrition, education, respiratory care, and benchmarking. These days have provided me with regional links to fellow professionals, and suitable material to convey to other members of staff.

This year I have published my Masters Thesis on Family Support within the Community and also had a book review published. Also this year I have been part of the team organising the study half-day and annual Yorkshire Neonatal Nurses Association Branch Study Day in May 2003 on Respiratory Care. Our regional educator's team has been contacted to present our Role and the Education Network within Yorkshire and North Lincolnshire, at the Trent Network Conference in June 2003.

**REPORT OF PROGRESS AND
ACTIVITY
PERIOD AUGUST 2002 – APRIL 2003**

**JANE WELBY
SENIOR NURSE – NEONATAL EDUCATION**

**Based at
Neonatal Unit
Bradford NHS Teaching Hospitals Trust**

Area of responsibility:
Bradford; Calderdale; Airedale & Huddersfield
REPORT OF PROGRESS AND ACTIVITY

Date post commenced: Monday 29th July 2002
Senior Nurse – Neonatal Education

The report, which follows, outlines my activity and progress made for the period specified above. For ease, I have used sub-divisions to identify areas of activity, although there are clearly areas of overlap.

Following a brief initial re-orientation to the Neonatal Clinical area at the Bradford Royal Infirmary, I met with my colleagues at Hull and Leeds and we began to forge a strong and productive working relationship, using our personal strengths to complement each other.

The following summary of my activity to date concludes with an overview of the strategy being developed by the three nurse educators.

NETWORKING

Initially I used my time to establish networks within the area of my responsibility. This was achieved in a number of ways. Taking a lead in the benchmarking group has been invaluable in establishing links with colleagues from Neonatal units across the region and beyond, and has given me the opportunity to establish credibility within the area covered by my regional remit in particular.

Participation on the Neonatal Network Day also served as an introduction to Neonatal Unit Managers, as did my attendance at the Conference held regarding the Children's NSF.

I have also been able, with my regional colleagues, to establish a sound working relationship with the academic staff from the regions universities and have contributed to the development of level 3 modules at the University of Bradford for the Degree in Child Health curriculum. I have, with my colleagues been invited to participate in curriculum planning at the University of Hull in April.

My networking has developed within the Bradford Hospitals Trust also, and I am an active member of the Practice and Professional Development Team for Children's and Neonatal Services, and have established a working relationship with the Lecturer/Practitioner for Children's services. I also work closely with

the Breast Feeding Co-ordinator for the Bradford Trust, leading to Baby Friendly assessment and status.

TEACHING/CURRICULUM DEVELOPMENT AND PRACTICE DEVELOPMENT

I have contributed to the pre and post registration Child Health courses at the University of Bradford and take a lead in supervising the clinical placements of students on the neonatal unit at Bradford. I am also actively involved in offering support and guidance where appropriate to students undertaking the Special and Intensive Care course at Leeds (formerly ENB 405).

I facilitated and supported a senior nurse in developing a programme of theory days for staff new to the Neonatal Unit at Bradford and participated in their delivery. I revised the induction package for nurses new to the unit to introduce a competency-based package of training, and developed competencies for each grade. This has been well received by both new staff and mentors, and the units within my remit have shown interest and are considering revising it to suit their own specific needs. The whole induction programme was initiated and developed in response to a need for a comprehensive package for the orientation of eighteen Nurses from the Philippines for whom I was responsible for supervising and supporting their mentors and their adaptation to the Neonatal unit prior to their registration in the UK.

I have worked jointly with the NNU manager at Bradford on developing a competency document designed to assist nurses to progress from D to E and E to F grades.

I have also since taking up post, been responsible for the mentorship and supervision of the Practice Development Nurse for the unit and we have developed and participated in a study day for Nursery Nurses and facilitated an assessment programme for specific skills undertaken by them.

With the Practice Development Nurse, I have developed, and facilitated a series of monthly update days for Neonatal Nurses, and participate in their delivery. With the Medical Educator for this region, (Dr Seal), we plan to develop the days with a more multidisciplinary focus and extend invitations to the local region at a later date. Dr Seal and I have also begun to work on a programme of monthly disciplinary meetings utilising the sessions already running for SHO's.

We are currently working towards an integrated system for patient documentation for the neonatal unit, and I am supporting the Practice

Development Nurse with the proposed role enhancement for nurses working in the low dependency nurseries.

I am developing and facilitating the development of health promotion displays for the unit.

I have also been involved in teaching on a study day for senior staff concerned with enhancing practice in the intensive care area.

Since taking up post, I have been involved with 'Time Out' days for staff the most recent being for the Outreach team. From this I have assumed responsibility in supporting the team in gathering and documenting evidence in relation to the way forward for the outreach service in Bradford.

Within the next few months, I will be working closely with the Practice Development Department for Children's Services in organising and facilitating a conference and also working towards Practice Development Unit status.

REGIONAL UNITS

I have invested a significant amount of time since coming into post, in developing relationships and getting to know colleagues within those units covered within my remit, and as such these colleagues are beginning to express their views as to what I, as a representative of the Network may offer them.

My work with the NNU's within my area varies dependent on their specific needs and requirements and currently involve largely Practice Development issues, which I propose, will ultimately develop into an individualised educational strategy for each area. The emphasis has been very much focussed on sharing.

Individual projects include:

- Updates and assessment schedules for Intravenous drug administration
- Guideline development
- Setting up Group Directives for specific drugs
- Enhanced Practice initiatives and Advanced practice steering group proposals
- Competency based training and progression
- Development of Nursery Nurses and Health Care Assistants.
- Teaching within Neonatal Units

Guideline development has also been very much a part of benchmarking and I facilitate a group of members from each of these units to review specific

benchmarks and to develop appropriate evidence based guidelines and assessment tools where indicated.

I have provided a questionnaire for each of the units in order to develop a ‘wish’ list in relation to perceived educational needs as a fore-runner to a training needs analysis proposed by the regional educator’s team, and I am currently collating the information received.

PERSONAL PROFESSIONAL DEVELOPMENT

Throughout this period, I have continued to develop myself professionally and I am currently completing my dissertation for the award of MSc in Health Education and Health Promotion. I have been asked to consider taking the project forward post MSc, collaboratively with the University staff with a view to extending the scope of the project, and potentially I would be aiming towards a PhD.

I have taken advantage of the study days provided by the Bradford Hospitals Trust Department of Professional Development and have updated my knowledge of mentorship/preceptorship and clinical supervision. I have also attended a two day course devoted to Recruitment and Selection and am awaiting a date for a place on the course – Leading in an empowered organisation.

I have also attended study days for Benchmarking, Nurse led weaning of ventilation and a day facilitated by the Learning Alliance, which was concerned with management issues and the art of positive feedback.

NEONATAL EDUCATORS STRATEGY

My colleagues and I as part of our remit are currently developing a strategy for education for the region. This includes undertaking training needs analysis to identify skill deficits, which require targeting and to assess the degree to which course provision meets training needs. We are currently planning a neonatal network development day with an emphasis on current university provision, funding arrangements and to present the nursing and medical educational strategy. Also planned for later this year is a day for celebrating good practice with invitations from all neonatal units within the area to participate. We will continue to link with the universities in relation to providing input into their course development, provision and the commissioning of courses. We will

continue to work towards a regional strategy for the development of standardised guidelines and protocols as appropriate and feasible.

For the future, I am currently formulating my aims and objectives for the coming year, which will be negotiated and agreed, with my line Manager and also with the Managers within my regional units.

This first few months in post, I believe have been fruitful in terms of networking and developing working relationships with my colleagues and the staff within my regional units. The next year will be utilised in developing the practical aspects and strategy for education, which will ultimately benefit the region and integrate neonatal services within the frame of a network.

Neonatal Education and Training Annual Report 2002-2003

Introduction

This is the first year that we have tried to develop a regional neonatal education and training strategy for the Yorkshire region. This has been facilitated by the appointment of three Consultant Neonatologists with an interest in education and three Senior Nurse educators. These clinicians are:

Dr Lawrence Miall- Leeds Teaching Hospitals

Dr Sunita Seal- Bradford Royal Infirmary

Dr Mustafa Zubier- Hull Royal Infirmary

Gwynn Bissell- Leeds Teaching Hospitals

Jane Welby- Bradford Royal Infirmary

Jeanette Findlay- Hull Royal Infirmary

During the last year we have developed a number of educational initiatives, which are described below. We have also begun a process of assessing the educational needs within all the neonatal units in the region and devising a formal education strategy to deliver a programme of activities to meet these needs. This process is on-going.

Regional seminar programme

We have instigated a series of bi-monthly regional seminars for neonatal staff. These are multi-professional meetings for nurses, doctors and allied professionals. During the course of a year we hope to cover a wide range of topics, with invited speakers who are experts in their field. The inaugural meeting looked at cultural and religious issues around bereavement and other aspects of neonatal care, as well as the ethical and legal framework around end of life decision making. A subsequent meeting focussed on congenital abnormalities, including intersex conditions and cleft lip and palate. These seminars have attracted a good audience from around the region, with a good representation of both doctors and neonatal nurses. Future meetings will address breast feeding, respiratory disorders, drug misuse and child protection and brain injury.

Neonatal resuscitation

Bradford and Halifax have for some years been running NLS (Neonatal Life Support) courses. In Leeds we are going through the accreditation process and hope to run our first course in November. We had hoped to secure regional funding to allow a large number of neonatal staff to undertake the NLS course. Sadly this was not forthcoming this year but remains a priority. With three

centres in the region providing NLS training we will have a good infrastructure to improve the quality of newborn resuscitation. In Leeds we have commenced a Neonatal Intermediate Life Support Course, addressing the resuscitation of babies who collapse after birth. We hope to offer places on this course to professionals from the Yorkshire region in the near future.

Higher Specialist Training for Specialist Registrars in Neonatology

The new 'national grid' training scheme for year 4/5 specialist registrars came into being in September 2002. We are very pleased to have David Booth and Jo Preece as national grid trainees in Neonatology in Yorkshire. Several other specialist registrars are completing their specialist training within the region. We have instigated a regular training meeting for these trainees, to which other interested neonatal consultants and specialist registrars are invited. A wide range of topics have been discussed, with the meeting focussing on evidence based practice and 'controversies' in neonatal care.

Guideline Development

In conjunction with the regional transport team we have started to develop a guideline for the stabilisation of infants prior to transportation. This is the first of what we hope will be many regionally agreed guidelines. As we move towards closer collaborative working across the region the need for uniformity of practice will become more pressing, and this has been a good example of co-operation between various clinicians in order to develop these guidelines.

Yorkshire NeoNet Website

We have been actively working on developing a website for the neonatal service across the Yorkshire region. We feel it is important that this is seen to be a resource for all the neonatal units in the region, and are keen that contributors come from as wide a range of locations as possible. Each hospital will have an individual representative page, and there will be area focussing on transport, education and training and the cot bureau. We plan to have a discussion forum and a forum for developing and discussing regional guidelines and protocols. We hope to launch the site in the next few months at www.yorkshireneonet.org.uk. Progress has been somewhat slow due to the difficulties of complying with NHS regulations and the need to interact with the various intranets in participating hospitals.

Future projects:

SHO Training and "Unfinished Business"

Following the publication of the report "Unfinished Business" it is likely that SHO training will undergo considerable changes in the coming years. We aim to be in a position to develop training programmes that cater for the needs of SHO's wanting to pursue a career in neonatology.

Liaison with university departments

The nurse educators have worked closely with the universities to ensure good quality neonatal higher education is available. Development of modules for enhanced and advanced practice are on going, as is the new BHSc pathway in

Neonatal Intensive Care. The transport team are involved in provision of a transport module and are also contributing to the development of a national NeoSTAR transport course.

Dr Lawrence Miall

Consultant in Neonatal Medicine (Education and Training)