



Royal College
of Nursing

Career, education and competence framework for neonatal nursing in the UK

RCN guidance





Acknowledgements

It is anticipated that this Royal College of Nursing (RCN) neonatal competency framework will be useful for all health care professionals working within neonatal nursing. The RCN and the working group would like to thank everyone involved with its development, particularly Fiona Smith, RCN Adviser in Children and Young People's Nursing, for her strategic vision.

A number of people from a variety of organisations, including the British Association of Perinatal Medicine, the Neonatal Nursing Association and the Scottish Neonatal Nursing Group, gave willingly of their advice and time, notably Dr Bryan Gill, Sue Turill, Glenys Connolly and Róisín McKeon-Carter. Without their invaluable enthusiasm, passion, commitment and drive this task would have been much harder.

The working party volunteers who were involved in the development of this framework included representatives from all four UK countries.

Working party volunteers

Róisín McKeon-Carter, Senior ANNP and Service Line Director Neonatology, Plymouth Hospitals NHS Trust

Wendy Davies, Lead Nurse, Wales Neonatal Network

Yvonne Freers, Clinical Reader, Simpson Centre for Reproductive Health, Edinburgh

Rosie Kelly, Clinical Manager, Acute Paediatrics and Neonatology South Eastern Health and Social Care Trust

Alex Mancini, Lead Nurse for Neonatal Complex, Palliative and Bereavement Care, NICU Chelsea and Westminster Foundation Trust, London

Heather Nelson, Family Care Co-ordinator, Neonatal Service, Nottingham University Hospital Trust

Lynne Paterson, Neonatal Nurse Consultant, South Tees Hospitals NHS Foundation Trust and Nurse Lead, Northern Neonatal Network

Alison Wright, Senior Nurse Neonatal Services and ANNP, NICU Ninewells Hospital, Dundee

Sharon Nurse, Senior Teaching Fellow, School of Nursing and Midwifery, Queen's University, Belfast

Project leads

Doreen Crawford, Current Chair of the RCN Children and Young People (CYP) Acute Care Forum (which includes the neonatal special interest community), Senior Lecturer Child Health, De Montfort University, Leicester and Consultant Nurse Editor of the Nursing Children and Young People Journal

Debra Teasdale, Head of Health, Wellbeing and the Family, Canterbury Christ Church University, Kent

This publication is due for review in November 2016. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this publication has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, to the extent permitted by law, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2015 Royal College of Nursing. All rights reserved. Other than as permitted by law no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers or a licence permitting restricted copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Careers for neonatal nurses

RCN guidance for nursing staff

Contents

Introduction	4
Background	4
1. Competence and education framework to support careers in neonatal nursing in the UK	7
Overview	7
The application of 'levels of practice' to the neonatal workforce	11
2. Core competences for neonatal practice	14
Communication and interpersonal relationships	14
Personal, professional and people development	16
Health, safety and security	18
Service development	21
Quality	24
Equality, diversity and rights	26
Responsibility for patient care	28
3. Core clinical skills for the neonatal workforce	31
4. Curriculum/programme preparation and maintaining proficiency	49
References	106

Introduction

Neonatal care has come a long way in a short time. Outcomes that could only have been dreamed of 10 to 15 years ago are, in many cases, now possible for infants of extremely low birth weight. Alongside advances in supportive technology and pharmacology there have been equally worthy care innovations, including a range of benchmarks, standards and competences developed and designed to ensure safe and enhanced quality care (SNNG, 2005; DH, 2009; BAPM, 2010; RCN, 2012b; Scottish Government, 2013).

The ethos of neonatal care emphasises close collaboration with families in all neonatal health care settings and we acknowledge the importance of family members in relation to the health and wellbeing of infants (IPFCC, 2013). We urge all neonatal units to action the BLISS Charter tool (BLISS, 2013) as findings from a recent national survey (Picker Institute, 2011) indicated the need for improvement on this point.

This document has been informed by numerous influential drivers, from a variety of sources, and it has been difficult to do justice to the breadth of information available. As neonatal care is in a state of constant evolution and transition, this document will be updated and developed in line with changes to the service and will include your feedback.

Background

England

Health Education England (HEE) has stated that it is the NHS engine responsible for delivering better health and a better health care workforce for England – including the education, training and personal development of every member of staff (HEE, 2013). Yet a search on the HEE website for neonatal care, education, pathway or programmes returns no results.

The *Education outcomes framework* (DH, 2013) was designed to help the integrated health and care workforce meet the outcomes set out in the NHS, public health and social care frameworks, and is central to the relationship between the Department of Health (DH) and the whole health care system. As yet, the indicators are not specific to neonatal nurse education, but elements from the domains are transferable, in particular those related to competence, capability, performance, values, behaviours and the application of NICE clinical guidelines.

Northern Ireland

For many years, neonatal services in Northern Ireland (NI) collaborated closely using an informal network model to ensure consistency of practice and training across the Province. In 2013, a managed clinical network became operational as a result of recommendations in the Troop Report (*Independent review of incidents of pseudomonas aeruginosa infection in neonatal units*, April 2012). The primary aim of the network is to enhance the future commissioning and delivery of safe, high-quality, sustainable neonatal services for all infants and their families within NI. This will include: advising on a review of cot capacity; implementation of clinical guidance; patient care pathways; communication pathways and user engagement. The network is supported by a regional transport team.

Nurse education has been delivered by a range of providers in Northern Ireland with Queen's University providing neonatal modules, University of Ulster providing the non-medical prescribing course and the clinical education centre providing stand-alone training days. Some competency development has taken place through the introduction of the infection care audit tool for augmented care areas (*Regional neonatal infection prevention and control audit tool*, RQIA, Feb 2013) with a specific focus on

neonatal units. Advanced neonatal nurse training is not currently provided in Northern Ireland, but work is underway to develop an advanced nurse practitioner course with specialist pathways in adults, paediatrics and neonates to be delivered in Northern Ireland. This work, it is hoped, will also provide a career pathway for all nurses from generalist through specialist to advanced practice and consultant nurse.

A neonatal service review is due to be undertaken during 2014 to consider staffing levels across the region. The focus will be on both medical and nursing establishments as well as cot capacity.

Scotland

Early on, Scotland led the way in designing neonatal nurse competency levels (SNNG, 2005). The competency document developed by the Scottish Neonatal Nurses' Group put the focus on the registrant and made several pertinent recommendations, including the need to ring fence funding to support neonatal nurse education.

Scotland has developed a comprehensive career and development framework for health care support workers providing neonatal care in hospital settings which complements the existing career and development framework for neonatal nurses in Scotland (SNNG and NES, 2010; SNNG and NES, 2012).

The Scottish Government recognises that achieving and maintaining elements of its neonatal care quality framework requires a competent nursing workforce in sufficient numbers to comply with the quality statements. Work is ongoing within NHS Education Scotland (NES) to consider ways of ensuring a national approach to sustainable neonatal education at all levels. In line with the Scottish Government's nursing and midwifery workload and workforce planning strategy, a national neonatal workload tool is completed by all neonatal units each day.

Wales

In Autumn 2010, a Wales Neonatal Network was established bringing together NHS health professionals and partners from other organisations to ensure equitable, high quality, clinically effective neonatal care is available to infants and their families in Wales.

A primary aim of the network is to co-ordinate the development of a sustainable neonatal service to ensure

Welsh mothers and infants receive appropriate care provided by skilled, trained staff. The network has published two reviews of capacity (cots and staffing available) in 2012 and 2013 and has made recommendations to address nurse shortages and improve staff skill levels. The network has a key role in monitoring nursing establishments, staff in post and QIS qualification status on a six-monthly basis.

Since 2011, nurse establishments have improved in Wales and in 2013 the *Review of nurse training and education in Wales* was published, along with the *Education career framework*. Nurse education is delivered by the University of South Wales and the University of Bangor. In South Wales the intensive care module is now available at Masters level. The non-registered workforce has been re-examined with a comprehensive assessment of their roles and responsibilities. Best practice guidance and educational development for this part of the workforce has been given to Health Boards. Neonatal competences have been developed for nurses working in local neonatal units who rotate to intensive care units for updating of skills and competences. In 2013, all units in Wales adopted a Neonatal Patient Acuity Tool which measures nurse numbers against the acuity of infants and helps to support safe levels of care.

National networks and workforce skills

Neonatal NHS services in England were first configured into networks in 2003. Following this there have been numerous changes and reconfigurations; in its review of neonatal services in England, the National Audit Office (2007) was unable to state whether or not networks had improved the overall value for money of the service. In 2010, Scotland followed suit with the establishment of three regional networks.

The RCN and Bliss continue to campaign for improved staffing levels (RCN, 2013b) and for an appropriate skills mix as outlined in the RCN toolkit (2009) and quality framework (2013). As the neonatal workforce is a diverse team, education to equip the practitioner – regardless of level – is important. Pockets of excellence have emerged such as the neonatal intensive care unit, transitional care ward nursery nurse and health care assistant preceptorship programmes developed by the South West Peninsula Neonatal Network.

The Cavendish Review (2013) recommended that HEE should introduce a Certificate of Fundamental Care and a Higher Certificate of Fundamental Care for all health care assistants (HCAs). To be meaningful to neonatal education,

these would need to be tailored to the specialty and the level 2, 3 and 4 competences and the level 2, 3 and 4 recommended education and training in section 4 of this document could provide the basis for this.

Neonatal education requires strategic direction and leadership. The Council of Deans of Health is the representative voice of UK university health faculties which provide education and research for health care professionals.

With 85 member universities, the Council plays an influential leadership role (Council of Deans for Health, 2013a) and is clearly interested in health care support worker education and training needs (Council of Deans for Health, 2013b). National and UK-wide guidance on the education and career path for HCAs/assistant practitioners is important as recommendations for this workforce to be regulated are growing (The Law Commission, 2012; RCN, 2012c; Mid Staffordshire enquiry, 2013; The Cavendish Review, 2013). There is significant pressure on government to take action and the regulation of unregistered neonatal workforce would reduce safeguarding risks for this vulnerable cohort of patients.

This document goes beyond the minimum standards as defined by Skills for Health (2013) and although this document contains no specific section on safeguarding, the competences and curriculum have been developed in line with the current recommendations.

Preparing registrants and health care support workers

At the time of writing, several neonatal programmes and pathways for providing registrants and health care support workers with the knowledge and skills required in neonatal care has been suspended across the UK. In these times of financial austerity a number of higher education institutions have taken the difficult decision to withdraw neonatal courses that were not viable financially. This will have serious implications for the future development of the neonatal service, and in order to staff units and care for resident infants and families, managers are having to become ever more resourceful and creative.

The Centre for Workforce Intelligence is the English and Welsh authority for workforce planning and development, providing advice and information to the health and social care system. It has developed a set of metrics to help planning models (CfWI, 2013) which are being ignored.

One of the system dynamics models of GP supply and care pathways, including long-term conditions, maternity, and neonatal cited in Table 2, comes from an area which has suspended the neonatal education pathway. This has resulted in students having to travel long distances for places on surviving programmes.

Once qualified in the specialty, registrants should not stand still. Reflecting the RCN Children and Young People's Nursing Philosophy (in press) and the NMC requirement for revalidation, the RCN supports the need for continuing professional development and specific post-registration education and training opportunities. The RCN has developed guidance for nurses who have extended and expanded their scope of practice (RCN, 2012b). Many of the elements contained within the guidance are transferable.

Values and resilience

Although the neonatal service has largely escaped the criticisms which other care services have been exposed to, recruitment to the specialty requires candidates to be compassionate and caring as reflected in the vision enshrined in *Compassion in practice* (DH, 2012), the *RCN Principles of nursing* (2010) and the quality ambitions of the *Healthcare quality strategy for Scotland* (Scottish Government, 2010). In Northern Ireland the following documents are proving very influential: *Quality 2020* (DHSSPSNI, November 2011) and *Maternity Strategy 2012-2018* (DHSSPSNI, July 2012).

Educating for resilience to protect against the risk of compassion fatigue that can arise as a consequence of the numbers of infants that die on a neonatal unit is easier said than done. Kain (2013) suggested that neonatal nurses may have inefficient grief management skills and has urged for the development of a framework to aid understanding of the nature of nurse grief.

Such a tool will take time to develop, but in the meantime this document contains educational strategies to support nurses who are caring for infants with palliative care. It also includes end-of-life care – see for example, Mancini et al (2014).

1

Competence and education framework to support careers in neonatal nursing in the UK

Overview

Table 1 overleaf provides a visual representation of how neonatal staff are able to develop and progress from entry at HCA level 2. For registered nurses/midwives, in keeping with the previous framework (RCN, 2009), the Benner model demonstrating progression within levels of practice has been retained. Career progressions through these levels of practice are achieved utilising the following elements:

- knowledge acquisition demonstrated through specific programmes of preparation or education either within or external to higher education
- relating this knowledge to the demonstration of competence which has been linked to the KSF (NHS, 2004; RCN, 2009; for links to the Welsh and Scottish competences see references).

The development of this framework reflects current good practice and the requirements for career progression within health care settings (Skills for Health, 2006; RCN, 2009). It aims to ensure equity in the career and educational opportunities available to meet the needs of neonatal nurses, the employing organisation and the wider neonatal community as a whole. As a result it is recommended that:

- this framework is used throughout the UK to inform workforce development and educational plans in practice environments

- the associated competences, core clinical skill set and matched educational requirements should be used at practice level and by higher education institutes to underpin and benchmark local provision.




As such the competences in this document are described in more detail than the broad statements within the Department of Health's *Toolkit for high quality neonatal services* (DH, 2009) and the *Neonatal care in Scotland: a quality framework* (Scottish Government, 2013), which will be beneficial during any audit of local neonatal services following the introduction of the specialist neonatal care quality standards (NICE, 2010).

The Benner's level of practice entry point into the structure will vary depending on an individual's prior experience, skill set and educational attainment. To ensure parity in recruitment and career development practices across the UK it is recommended that:

- employers should be encouraged to use the knowledge, level of educational achievement, and specified skill set to support the development of job descriptions and specifications
- the framework can be used to map prior experience and competence to determine individual development needs and potentially accelerate career progression.

The educational aspects reflect expected entry qualifications for each level of the framework, continuing professional education for contemporary practice, and the requirements for progression to allow transition to higher level of practice/competence. This is supported by narrative on the following pages.


Table 1. Overview of RCN competence and education framework to support careers in neonatal nursing

Level of practice	Minimum professional/educational entry requirements	Continuous development	Competence level and broad description of level of practice/role	Skills for Health (SfH) career framework*
<p> Health care support worker (HCSW)</p> <p>Nursery nurse</p>	<p>Assessed at interview/NVQ/SVQ level 2 or equivalent</p> <p>Nursery nurse certificate</p> <p>Accreditation prior experience</p>	<p>Induction programme and programme of preparation commensurate with the work requirements of the service.</p> <p>New staff will require mentorship and supervised practice until skill levels are assessed. Engage with and obtain level 3 skills knowledge and practice modules.</p> <p>Annual mandatory updates and portfolio of evidence demonstrating incremental learning to support practice.</p> <p>Possible future regulation requirements.</p>	<p>Achieves and maintains competence and core skills required to perform at this level. With service level requirement, agreement and approval may expand role to include specialist elements such as breastfeeding support worker, or neonatal infant care support for the maternity wards/children's wards and departments.</p>	<p>Level 2</p>
<p> Senior health care support worker (SHCSW)</p> <p>Nursery nurse</p>	<p>Assessed at interview/NVQ3/SNVQ3 or equivalent</p> <p>Nursery nurse diploma</p> <p>Accreditation prior experience</p>	<p>Induction programme and programme of preparation commensurate with the work requirements of the service and previous experience. Mentorship until skills are assessed, supervised practice. Engage with and obtain level 4 skills knowledge and practice modules.</p> <p>Annual mandatory updates and portfolio of evidence demonstrating incremental learning to support practice.</p> <p>Possible regulation requirements.</p>	<p>Achieves and maintains competence and core skills required to practice at this level. With service level requirement, agreement and approval may expand role to include specialist elements such as routine neonatal phlebotomy worker, or neonatal infant care support for the special care infants/ maternity wards/ children's wards and departments.</p> <p>Will be required to support level 2 practice staff.</p>	<p>Level 3</p>
<p> Assistant practitioner</p>	<p>NVQ4/Foundation degree</p> <p>HNC/HND</p>	<p>Induction programme and programme of preparation commensurate with the work requirements of the service and previous experience. New staff will require mentorship and supervised practice until skill levels are assessed.</p> <p>Career development options include participation on access to nursing course or allied health professional programmes such as audiometry.</p>	<p>Achieves and maintains competence and core skills required to practice at this level. With service level requirement, agreement and approval may expand role to include specialist elements such as infant hearing examinations.</p> <p>Will be required to support level 2 and 3 practice staff.</p>	<p>Level 4</p>

<p>Novice/ advanced beginner</p>	<p>The best-prepared candidates would be registered as nurses in the child field of practice and an increase in training numbers will be required. If adult field of practice is considered or registered midwife (RM). Holding either diploma/degree qualification the entrant will need considerable induction and a fast track programme.</p>	<p>Preceptorship programme for newly qualified staff. Induction/foundation education in neonatal care.</p> <p>To remain in role:</p> <ol style="list-style-type: none"> 1. work toward degree qualification (if diploma holder) 2. one year post qualification – NMC approved mentorship course 3. continuous updating to remain contemporary. 	<p>Achieves and maintains competence and core skills for new entrants.</p> <p>Initially – acquires basic skills and knowledge for practice for supervised practice in special care.</p> <p>Once practice level has reached consistently high standards this role may extend to high dependency care under supervision, prior to undertaking post registration qualification.</p>	<p>Level 5 Practitioner</p>
<p><i>The nurse may remain at this level, maintaining competence but should be encouraged and supported to develop further to prepare for the specialist course.</i></p> <ul style="list-style-type: none"> • Undertake post registration qualification in neonatal nursing (special, high dependency and intensive care) to support development of competence and core skill as a neonatal nurse qualified in speciality (QIS) status. • Works towards neonatal nurse (QIS) competence and core skills under direct supervision of NMC-qualified mentor in high dependency and intensive care environments. 				
<p>Competent</p>	<p>RN (Child/Adult) or RM</p> <p>Post registration neonatal qualification</p> <p>Engaged with degree level study</p> <p>NMC mentor</p>	<p>To remain in role:</p> <ol style="list-style-type: none"> 1. consolidates knowledge and skills development 2. continuous updating to remain contemporary 3. NMC approved sign-off mentorship programme. 	<p>Achieves and maintains neonatal nurse (QIS) competence and core skills.</p> <p>The neonatal nurse is qualified to practice within all areas of neonatal care.</p>	<p>Level 6 Senior practitioner</p>
<p><i>The neonatal nurse may remain at this level, maintaining competence or may choose to develop further.</i></p> <ul style="list-style-type: none"> • Undertake study in neonatal nursing at honours degree/postgraduate level to support development of competence and core skill at experienced neonatal nurse status and potential role development. • Works towards competence and core skills for experienced neonatal nurses under the supervision of an experienced expert nurse with sign-off mentor qualification. 				
<p>Proficient</p>	<p>RN (Child/Adult) or RM</p> <p>Post-registration neonatal qualification</p> <p>NMC sign-off mentor qualification</p> <p>Honours degree qualification or recognition of prior experiential learning in clinical, education, leadership or management roles</p>	<p>To remain in role:</p> <ol style="list-style-type: none"> 1. consolidates knowledge and skills development 2. continuous updating to remain contemporary 3. NMC-approved practice educator/lecturer programme for those leading in-house/HE education. 	<p>Achieves and maintains competence and core clinical skills for experienced neonatal nurses. Considers enhanced neonatal nurse practitioner programmes.</p> <p>Role development experienced neonatal nurses work in prescribed nursing roles such as neonatal transportation, shift management roles (for example, ward charge nurse/sister), development care lead, lactation support, community outreach practitioner, practice development/clinical educator.</p>	<p>Level 6 Senior practitioner</p>
<p>The neonatal nurse may remain at this level, maintaining competence or may choose to develop further.</p> <ul style="list-style-type: none"> • Undertake postgraduate study to support future role development and the development of competence as an expert neonatal nurse. • For clinical practice role development works towards core skills for expert neonatal nurses (or locally determined equivalent) under supervision (expert nurse with an NMC approved sign-off mentor qualification or an appropriately qualified member of the medical team). 				

*It is important to note that the career framework levels do not equate directly to Agenda for Change pay bands.

Table 1. Overview of RCN competence and education framework to support careers in neonatal nursing

Level of practice	Minimum professional/educational entry requirements	Continuous professional development	Competence level and broad description of level of practice/role	SfH career framework*
 Expert	RN (Child/Adult) or RM Post-registration neonatal qualification NMC mentor/practice educator qualification Enhanced neonatal nurse practitioner Educated to master's degree level or equivalent Recognition of prior experiential learning in clinical, education, leadership or management roles	To remain in role: 1. consolidates knowledge and skills development 2. continuous updating to remain contemporary 3. access to doctoral and post-doctoral study to advance neonatal nursing in the future	Achieves and maintains competence for expert neonatal nurses. For those in clinical practice expert roles, achieves and sustain core clinical skills set as specified within expert level or as locally determined. Expert neonatal nurse roles include neonatal unit manager, neonatal practice development, facilitator/family support/safeguarding lead, researcher, established advanced neonatal nurse practitioner, neonatal nurse consultant.	Level 7-8 Advanced practitioner Level 8 plus Consultant Educator Researcher Executive Senior board level

*It is important to note that the career framework levels do not equate directly to Agenda for Change pay bands.

The application of ‘levels of practice’ to the neonatal workforce

Health care support worker (HCSW) Level 2

For those with no prior experience of working within the health care sector or with experience outside maternity and neonatal services, this would be the point of entry into the RCN career and educational framework to support neonatal nursing across the UK.

All staff will be required to meet national mandatory induction standards and participate in local induction and orientation programmes; for example, cleanliness champions, breastfeeding support training, child protection and basic life support training. HCSWs working at this level would be expected to care for the well infant, detect deterioration in the condition of the infant, support colleagues in diagnostic procedures and implement treatments as instructed under the direct supervision of a registered practitioner or Level 4 assistant practitioner. At present not all countries in the UK use Level 2 health care support workers.

Senior health care support worker (SHCSW) Level 3

For those who can evidence previous experience and/or consolidation of practice as HCSW or appropriate level of knowledge and skill to care for infants requiring special care, this would be the point of entry into the RCN career and educational framework to support neonatal nursing across the UK.

In addition to meeting national mandatory induction standards and participating in local induction and orientation programmes, all staff will participate in role-specific in-house education; for example, develop awareness of subtle cues/behavioral changes concerning infant/family wellbeing, carry out familiar tasks with minimal supervision and/or more specialised tasks and duties delegated to them, use specialist equipment, recognise risk in relation to care provision and utilise assessment tools as appropriate, show awareness of patient advocacy, act as a role model for HCSWs and offer help and support to more senior colleagues.

SHCSWs working at this level would be expected to care for infants who require special care under the direct supervision of a registered practitioner or Level 4 assistant practitioner/nurse. At present not all UK countries use Level 3 health care support workers.

Assistant practitioner Level 4

For those who can provide evidence of previous experience and consolidation of practice as a SHCSW and who have the appropriate level of knowledge and skill and can demonstrate the depth of understanding and ability to care for infants requiring special care.

In addition to meeting national mandatory induction standards, participating in local induction and orientation programmes, and role-specific in-house education, all staff will have the opportunity to attain neonatal specific education at NVQ4/foundation degree or equivalent.

Within this role the assistant practitioner will have in-depth knowledge and understanding and a comprehensive skill base related to their practice. They will be expected to assess, plan, deliver and evaluate aspects of care of an infant requiring special and minimal high dependency care under direct or indirect supervision of a registered practitioner. The assistant practitioner will support and act as a mentor and role model for HCSWs and senior HCSWs and offer help and support to more senior colleagues.

Benner level – novice/advanced beginner: new entrant

If using the Benner model – the novice to advanced beginner would define the new entrant to neonatal nursing.

For those with no prior experience of the sick or compromised neonate following initial registration, this would be the point of entry into the RCN career and educational framework for registrants to support neonatal nursing across the UK.

All newly qualified entrants to neonatal nursing will require a period of preceptorship in order to make the transition from being a student to becoming an accountable practitioner (NMC circular 21/2006). Preceptorship programmes should be aligned with local induction programmes which facilitate familiarisation with local policies and procedures.

During preceptorship and beyond, these ‘novices’ would be supported to develop the competence and core clinical skill for new entrants to enable them to provide basic care within the special care situations. This practical development would be complemented by the acquisition of additional knowledge via in-house, network or higher education institute study sessions – so creating a foundation of knowledge to support initial and subsequent career development (DH, 2009; Scottish Government, 2013).

An established nurse or midwife at this career level (one-year post registration) would be expected to commence work towards a NMC-recognised mentorship qualification to facilitate the experience of student health care professionals during neonatal placements in their specified area of expertise (NMC, 2008a).

Nurses/midwives working at this level would not be expected to work routinely with complex neonates in any care category. Although they should have insight into high dependency/intensive care they would not be equipped to provide these levels of care without direct supervision.

Career progression

Those who aspire to advance their career should be encouraged to work towards the requirements for the competent level of practice by undertaking a post-registration specialist neonatal education and training programme. This will involve developing care knowledge and skills within high dependency and intensive care environments under direct supervision of a nurse who is qualified in specialty (QIS) and the attainment of competence and the core skill set of the neonatal nurse QIS.

Benner level – competent: the neonatal nurse/midwife (QIS)

Progression to neonatal nurse/midwife status can occur after successfully completing a post-registration education and training programme and demonstrating the competences and core clinical skills as a neonatal nurse/midwife qualified in specialty.

Although the term ‘neonatal nurse/midwife’ is not recordable on the professional register as yet, it is essential from a workforce perspective that the knowledge, skills and competences inferred by this status are transferable across the UK. Therefore, the theoretical component of the specialist education required for operation as a neonatal nurse/midwife should be based within the UK higher

education (HE) sector, which is subject to rigorous quality control to ensure a standardised level of attainment. Such education and training programmes will be consistent with higher education undergraduate degree level, specifically focused on the neonate across all the care categories as defined nationally (BAPM, 2001). In England, neonatal modules of study within higher education at the present time are generally 30 and 60 HE credits at HE level 5 or 6. In Scotland, these courses are 20 and 40 credits at SCQF level 10. As registered nursing/midwifery is now an all graduate profession it is recommended that:

- future provision of specialist education to support the ‘neonatal nurse/midwife’ should be offered at postgraduate degree level, but with flexibility of level to facilitate the attainment of degrees for those who have a diploma or equivalent qualification gained in the UK or abroad and this will support the progression towards an all graduate status for nurse/midwife. All staff who undertake this level of study and skill acquisition should be recognised nationally within the neonatal community as a neonatal nurses/midwives in line with previous recommendations (NES, 2002).

Career progression

The neonatal nurse/midwife may choose to remain within the competent level of practice, embedding education and continuing to demonstrate knowledge, competence and core clinical skills of the neonatal nurse/midwife QIS. Neonatal nurses and midwives will assume personal responsibility for continuing professional development to support contemporary practice (NMC, 2010). They will teach and supervise learners in the skills within their range of competence, so must work towards a recognised NMC mentorship qualification with sign-off responsibility – so reflecting the principles already evident within pre-registration assessment (NMC 2009a).

Progression can occur if the neonatal nurse/midwife engages in additional experience/education to develop the skills required to achieve the knowledge, competence and core clinical skill set for the experienced neonatal nurse who operates at the proficient level of practice. Typically this will require completion of a postgraduate programme of study.

Benner model – proficient: the experienced neonatal nurse/midwife

Experienced neonatal nurses/midwives function at this level of practice and will provide effective management of all levels of neonatal care. This level of nurse/midwife is

sufficiently experienced to act independently within a multi-disciplinary/multi-agency context, and reflects roles such as:

- clinical specialist
- neonatal transportation
- shift management roles (for example, ward charge nurse/midwife/sister)
- development care lead
- lactation support
- community outreach practitioner
- practice development/clinical educator.

The experienced neonatal nurse/midwife has completed an academic degree that supports an individual's higher level functioning in the neonatal unit. Such an award may give them eligibility to record a professional qualification of specialist practitioner.

In collaboration with medical staff and advanced neonatal nurse practitioners, the experienced neonatal nurse/midwife will assess, plan, implement and evaluate the overall management of infants requiring all levels of neonatal care; will assess and manage critical and clinical events to ensure safe and effective care, summoning appropriate assistance as necessary; and will facilitate learning by others in the neonatal unit (NMC, 2008a).

Career progression

Experienced nurses/midwives working at the proficient level of practice would, like all others, be required to maintain contemporary practice (NMC, 2008b) and will demonstrate competence and core clinical skills as an experienced neonatal nurse/midwife.

However, those who aspire to the expert practice level will engage with postgraduate higher education study leading towards a master's degree qualification. Where future career development remains embedded within clinical practice, then the experienced nurse/midwife would also work towards developing the competence and core clinical skills associated with the expert roles in neonatal nursing.

Benner level – expert: this could include specific roles beyond neonatal nursing alone

Experienced neonatal nurses may choose to further develop their knowledge, skills and competence to this level to become an expert neonatal nurse who is able to function in an independent role. The expert nurse will engage in

national guidance, debate and policy. Roles at this level may include the following:

- neonatal manager – providing service management for a defined area
- neonatal matron – providing service and clinical management for a defined area
- neonatal practice development facilitator/researcher – leading on and promoting best practice through patient safety and quality improvement initiatives, including and undertaking clinical audit and research
- advanced and specialist roles – experts in specific areas of neonatal care
- accessing and completing an advanced neonatal nurse practitioner programme (ANNP*); equipping the ANNP to provide total care for a caseload of infants. The ANNP programme should be achieved through a UK-wide accredited educational programme and the ANNP should work within a designated advanced neonatal nurse practitioner role; this should help eliminate variability between programmes and roles
- neonatal nurses/midwife consultants/educators and researchers – championing strategic policy development/equipping the neonatal work force of the future and performing studies to push the boundaries of care forward and making today's dreams tomorrow's reality.

All expert neonatal nurses/midwives will have undertaken postgraduate study to support and develop their roles. While all operate at expert level of competence, only clinical practice experts would be operating at the expert level of the core skills as this is not a requirement for those whose role has diverted from the direct provision of neonatal care.

Career progression

Experts will engage with appropriate CPD opportunities to remain contemporary within their role (NMC, 2010) and be able to successfully revalidate. They should assist in the education and development of the future workforce as determined locally (NMC, 2008a). The development of greater expertise to enhance neonatal care will involve the completion of a postgraduate higher education and training programme to master's degree level and/or leading to a master's degree qualification/doctoral study and post doctoral education where appropriate for the role.

* ANNP practitioners can also be midwives.

2

Core competences for neonatal practice

The development of core competences can be seen as integral to the neonatal practitioner's career development as seen in Section 1. In compliance with the NHS career structure and development, the competences were informed by the *Knowledge and skills framework* (NHS, 2004) which cites the dimensions outlined below. Aspects of family-centered and developmental care are embedded within the core dimensions which are presented under the following headings:

- communication and interpersonal relationships
- personal, professional and people development
- health, safety and security
- service development
- quality
- equality, diversity and rights
- responsibility for patient care.

The competences included under each heading overlap with several of the specific dimensions of the NHS (2004) KSF, therefore these are included as subheadings throughout. It is recognised that each unit will have developed their own role profiles and that these may be more extensive or place different emphasis on certain aspects of the core competences.

Communication and interpersonal relationships

Including data processing and management, production and communication of information and knowledge, and the design and production of visual records.

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

Elements

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

Tools

- All forms of communication – oral, written, electronic, body language, tone of voice.
- Active listening.
- Facilitating.
- Advising and counselling.
- Influencing and persuading.

Competences for the levels of neonatal practice

<p>Level 2</p> <p>Communicates effectively with a range of people on a range of matters.</p> <ul style="list-style-type: none"> Needs to be able to communicate with a range of people on a range of matters in a form that is appropriate to them and the situation. These may be parents under stress and parents whose language is not English. Manages barriers to effective communication. Communicates in such a way as to demonstrate compassion and empathy, with respect, and preserve the dignity of the family. Should be sensitive as to when communication is not going well and be mindful of their scope in practice and seek early support. Keeps accurate and complete records consistent with legislation, policies and procedures. Appreciates the need for confidentiality of information and how it is maintained. Demonstrates accurate verbal handover in every section. 	<p>Level 3</p> <p>Develops and maintain communication with people about difficult matters and/or in difficult situations.</p> <ul style="list-style-type: none"> Identifies the range of people likely to be involved in the communication process and seek to identify potential communication differences. Presents information in the relevant context. Communicates with people in a form and manner that is consistent with their level of understanding, culture, background and preferred ways of communicating. Recognises and reflects on barriers to effective communication. Supports a culture of communication which has the infant and family at the centre of the process. Models styles which demonstrate caring, compassion and empathy. (With some responsibility to Level 2 colleagues) provides feedback to other workers as appropriate. Keeps accurate and complete records of activities consistent with legislation, policies and procedures. Understands the need for confidentiality of information and how it is maintained. 	<p>Level 4</p> <p>Should have the competence to facilitate an understanding of the importance of communication and interpersonal relationships.</p> <ul style="list-style-type: none"> Discusses the importance of communicating and interacting in a professional manner with parents and members of the multidisciplinary team. Demonstrates in practice the principles of effective communication and appropriate communication skills which takes into consideration the whole family. States the importance of family-centred care and how it is implemented on the unit. Demonstrates the ability to deliver accurate verbal handover at the cot side. Demonstrates the ability to record accurate information in patient records, both written and electronically. Demonstrates the ability to interact with parents and families in different and difficult care setting. Shows empathy/compassion and caring attitude to patients, parents and families. Communicates in an approachable, courteous and professional manner. Demonstrates an understanding of the need for confidentiality of information and how it is maintained.
---	---	--

<p>Novice/advanced beginner: new entrant</p> <ul style="list-style-type: none"> Understands the importance of effective communication. Demonstrates the ability to communicate effectively and efficiently with colleagues. Communicates tactfully, maintaining trust, integrity and confidence. Uses effective communication strategies to work with infants and in partnership with parents/carers, giving them information necessary to facilitate informed choice, to meet the needs of the infant. Uses communication strategies to empathise the caring environment. Collects, collates, records, inputs and reports routine and simple data and information. Maintains accurate and contemporaneous records. 	<p>Competent neonatal nurse/midwife (QIS)</p> <ul style="list-style-type: none"> Develops a rapport and communicates effectively within the neonatal team and with other health care professionals, about routine and daily activities, overcoming differences that may exist. Promotes effective respectful communication processes with infants, families and colleagues. Within the realm of allocated responsibility, influences and teaches others. Has the courage to act as the infant's advocate when appropriate. Has the confidence to communicate bad news. Structures, analyses, interprets and reports factual data and information and supervises others in the maintenance of accurate and contemporaneous records. Checks information, confirms accuracy, recognises discrepancies and take appropriate action. 	<p>Proficient neonatal nurse/midwife</p> <ul style="list-style-type: none"> Processes, modifies and manages data and information. Writes complex reports. Prepares and delivers presentations. Establishes and maintains communication with individuals and groups about complex and difficult neonatal matters, overcoming any problems. Actively supports and leads initiatives to ensure optimal communication of local and national policy directives and information pertinent to neonatal care. Persuades, motivates, influences and negotiates with a wide range of people to assist with decision-making and action as required. Analyses, interprets and reports information and knowledge related to ideas and concepts. 	<p>Expert neonatal nurse/midwife</p> <ul style="list-style-type: none"> Influences strategic policy making at local and national level. Leads meetings, gives presentations and influences a wide range of individuals and groups at strategic level to take action and make changes. Receives and processes complex, sensitive and contentious information, initiating actions required. Establishes and maintains communication with various individuals and groups on complex, wide ranging and potentially stressful topics related to neonatal services. Enables effective communication to overcome barriers. Designs and develops strategies to process and manage data and information. Analyses, synthesises and presents knowledge and information about complex subjects and concepts to influence key decisions.
---	---	--	--

Personal, professional and people development

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

Elements

- Practice at all times within current legislation, professional rules, codes and guidelines.
- Provide ongoing evidence of competence through maintenance of a personal professional portfolio.
- Develop self and others.
- Contribute to practice development through active participation in clinical working groups.
- Contribute to the development of the philosophy of shared governance within the neonatal team.
- Facilitate and actively participate in clinical support activities and orientation of colleagues and learners.

Tools

- Formal learning.
- On-the-job training opportunities.
- E-learning.
- Access to specific training and awards.
- Networking.
- Clinical supervision.

Competences for the levels of neonatal practice

<p>■ Level 2</p> <p>Develops own knowledge and skills and provide information to others to help their development.</p> <ul style="list-style-type: none"> • Responds positively to the constructive feedback from others and is proactive in seeking areas to develop and enhance their own skills and interests in the development of the service within their current post. • Reflects on what has been helpful in their learning and development to date. • Takes an active part in the annual developmental review of own work against their role descriptors/outline for the post with their reviewer and proactively suggests areas for learning and development in the coming year. • Takes an active part in learning opportunities of parents and others. • Evaluates the effectiveness of learning opportunities and alerts others to benefits and problems. • Keeps an up-to-date record/portfolio of their own developmental progress. 	<p>■ Level 3</p> <p>Develops oneself and contributes to the development of others.</p> <ul style="list-style-type: none"> • Can reflect constructively on the feedback from others and can evaluate how well they are applying their knowledge and skills to meet their current work. • Meets the demands and the requirements of their post. • Identifies own development needs and sets own personal development objectives in discussion with their reviewer. • Takes responsibility for own personal development and maintains own personal development portfolio. • Makes effective use of learning opportunities within and outside the workplace, evaluating their effectiveness and feeding back relevant information. • Enables others to develop and apply their knowledge and skills in practice. • Teaches and supports parents and more junior colleagues. • Contributes to the development of others in a manner that is consistent with legislation, policies and procedures. • Contributes to the opportunities in the workplace to support others to see it as a learning environment. 	<p>■ Level 4</p> <p>Develops the competence to facilitate an understanding of the importance of personal, professional and people development.</p> <ul style="list-style-type: none"> • Demonstrates they recognise their own limitations and level of ability and develops learning plans to meet personal learning needs. • Shows an understanding of all aspects of confidentiality. • Demonstrates an insight into the level of skills and experience and areas where they need to improve. • Is able to identify their limitation in practice and can identify their learning needs via their personal development plan (PDP). • Demonstrates the use of reflective practice to develop their skills. • Demonstrates they are aware of the knowledge and skill for their grade. • Demonstrates that wherever possible they have actively participated in learning opportunities to develop knowledge and skills.
<p>■ Novice/advanced beginner: new entrant</p> <ul style="list-style-type: none"> • Contributes to own personal development. • Is aware of limitations of skills and scope of professional practice in neonatal nursing, exercises accountability and seeks advice and support accordingly. • Demonstrates a commitment to continuous professional development and actively participate in the appraisal process. • Actively participates in teaching programmes and facilitates learning. • Recognises signs of own negative stress and seeks appropriate support. 	<p>■ Competent neonatal nurse/midwife (QIS)</p> <ul style="list-style-type: none"> • Develops own knowledge, skills and practice and contributes to the development of others. • Acts as a resource of specialist knowledge and clinical practice. • Fosters an environment that encourages staff development, supporting and counselling staff as necessary. • Develops, delivers and evaluates staff development programmes that support the achievement of clinical skills, leadership and best practice in neonatal nursing. 	<p>■ Proficient neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Develops own knowledge and skills to remain current in practice, disseminating new knowledge and skills for wider benefit. • Identifies own limitations and/or knowledge and skill deficits, formulates a plan of action and organises development opportunities to enhance continuous professional development. • Recognises the limitations of others; provides support/information/teaching to others to help their development. • Recognise signs of negative stress in others, offers support and work towards alleviation of tension.
<p>■ Expert neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Demonstrates knowledge of public policies and participates in professional activities that relate to the advancement of neonatal nursing practice. • Develops and evaluates own and others' knowledge and practice across professional and organisational boundaries. • Identifies and delivers strategies to ensure the provision of education and development programmes to meet the needs of the neonatal service. • Supports the development of a culture in which professionals learn together. • Supports the development of a culture in which individuals are valued and inter-professional learning is encouraged. 		

Health, safety and security

The neonatal practitioner will utilise a range of policies, procedures and protocols that optimise a safe and secure environment that supports neonatal practice.

Elements

- Maintain and promote health, safety and security.
- Demonstrate knowledge of and comply with local and national health and safety legislation, infection control policies, and clinical governance and risk management regulations.
- Contribute to maintaining a safe and secure environment.

Tools

- Health and safety legislation and policies.
- Infection control policies.
- Clinical governance.
- Risk management.
- Moving and handling.
- Staff governance.
- Training/mandatory updates as defined in employer's health and safety policies and procedures.

Competences for the levels of neonatal practice

<p>Level 2</p>	<p>Level 3</p>	<p>Level 4</p>
<p>Monitors and maintains health, safety and security of self and others.</p> <ul style="list-style-type: none"> Attends and completes the in-house mandatory and statutory training including the child safeguarding, health, safety and security sessions. Can demonstrate ways to minimise risk to health, safety and security which may include: <ol style="list-style-type: none"> safe hand hygiene practices and use of personal protection equipment moving and handling infants/equipment alarm systems monitoring parenting skills cleaning equipment and equipment use safe handling of EBM and infant formula personal health maintenance. Recognises the need for 'developmental care' and 'quiet time' on the neonatal unit. Assists and supports the neonatal multidisciplinary team in the assessment of actual and potential risks in the workplace for self and others. Can access and use risk assessment tools and support the neonatal team in using validated risk assessment tools. Monitors the safety of the environment for infants and their families. Identifies and assesses the potential risks involved in their work activities and processes for self and others. Identifies how best to manage the risks. Works in such a way to be compliant with legislation, policies and procedures. Can initiate the actions required in the management of an emergency situation. Summons assistance immediately when this is necessary. Is vigilant in reporting actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed. Supports others in maintaining health, safety and security. 	<p>Promotes, monitors and maintains best practice in health, safety and security.</p> <ul style="list-style-type: none"> Participates in the mandatory and statutory training including the child safeguarding, health, safety and security sessions. May lead some sessions. Demonstrates ways to minimise risk to health, safety and security which may include: <ol style="list-style-type: none"> safe hand hygiene practices and use of personal protection equipment moving and handling infants/equipment alarm systems monitoring parenting skills cleaning equipment and equipment use. safe handling of EBM and infant formula personal health maintenance role modelling behaviours designed to minimise risks to infant and families. Supports and enforces the units developmental care strategies and monitors the adherence to the nursery quiet time. Identifies the risks involved in work activities and processes and support strategies on how best to manage the risks. Monitors work areas and practices and ensures they are safe and free from hazards, that they conform to health, safety and security legislation, policies, procedures and guidelines. Takes the necessary action in relation to risks, identifies how health, safety and security can be improved and takes action to put this into effect. 	<p>Competence to facilitate a greater understanding of the knowledge and skills required ensuring the health, safety and wellbeing of the infant, staff and visitors.</p> <ul style="list-style-type: none"> Demonstrates that they have completed in-house mandatory and statutory training, including health, safety and security. Demonstrates the ability to support the neonatal nursing team in the assessment of actual and potential risks in the workplace for self and others. Knows where to access risk assessment tools and support the neonatal team in using validated risk assessment tools. Promotes and assists in maintaining a healthy, safe and secure working environment – checking fixtures and fittings in the low dependency nursery; maintaining levels of heating, lighting and ventilation. Demonstrates safe systems of working in their day-to-day practice for self and others implemented as a result of undertaking relevant risk assessments; for example, the correct disposal of clinical and non-clinical waste. Demonstrates appropriate use of security systems and alarms, the monitoring of parents, visitors and other members of the multidisciplinary team to the neonatal unit; for example, challenging visitors. Should be aware of clinical negligence, confidentiality and child safeguarding issues. Demonstrates knowledge of how to report accidents and incidences. Demonstrates knowledge of how to refer to the neonatal team when concerned about actual or potential risks. Demonstrates ways to minimise risk to health, safety and security which may include: <ol style="list-style-type: none"> safe hand hygiene practices moving and handling infant/s/equipment alarm systems monitoring parenting skills cleaning equipment and equipment use. Recognises the need for developmental care and quiet time on the neonatal unit. Is aware of what action to take to evacuate the neonatal unit should the need arise. Demonstrates what actions to take with regard to protecting self and others from violent and aggressive situations.

<p>■ Novice/advanced beginner: new entrant</p>	<p>■ Competent neonatal nurse/midwife (QIS)</p>	<p>■ Proficient neonatal nurse/midwife</p>	<p>■ Expert neonatal nurse/midwife</p>
<ul style="list-style-type: none"> • Is aware of, and complies with, local and national health and safety legislation, infection control policies, and clinical governance and risk management regulations. • Assists in maintaining a safe and secure environment. • Identifies potential risks in the workplace and takes appropriate action to minimise the risk. • Participates in the preparation and maintenance of neonatal equipment. • Identifies emergency situations, summons help and acts within own level of expertise. 	<ul style="list-style-type: none"> • Actively implements local and national health and safety legislation, infection control policies, clinical governance and risk management regulations, and integrates these into practice. • Manages emergency situations, summons appropriate help, and acts within own level of professional competence. • Monitors and maintains the health, safety and security of self and others in the neonatal unit. • Prepares and maintains equipment. 	<ul style="list-style-type: none"> • Supports others to deal with emergency situations. • Carries out risk assessments related to neonatal care and manages those risks appropriately. • Ensures all appropriate measures are taken in relation to infection control. • Acts as a role model and promotes best practice in health, safety and security. • Prepares and maintains equipment and ensure staff training is current and up-to-date. • Contributes to staff training. 	<ul style="list-style-type: none"> • Ensures the working environment complies with organisational, professional and legal requirements and guidelines. • Monitors safe work practices. • Assumes line management responsibility for accident/incident reporting and monitoring. • Develops a culture that actively improves health, safety and security. • Promotes risk management strategies in the neonatal unit. • Acknowledges and identifies training needs of staff, negotiates resources, facilitates training to meet needs. • Ensures best practice in health, safety and security, including adequate training for staff. • Develops and provides appropriate training opportunities. • Assesses the need for and manages the purchase of equipment to support neonatal care.

Service development

Including logistics, facilities maintenance and management, partnership, leadership, management of people, and management of physical and/or financial resources.

The neonatal practitioner will demonstrate knowledge of effective inter-professional working practices that respect and utilise the contribution of all members of the health care team. The neonatal practitioner will contribute effectively to the planning and organisation of neonatal care services to maximise the provision of a high quality service to infants, parents, families and carers.

Elements

- Demonstrate ability to co-ordinate, organise and prioritise workload.
- Demonstrate leadership skills within the neonatal nursing practice.
- Maintain collaborative working relationships with the multidisciplinary team, the general public and external agencies.
- Manage resources effectively.
- Be receptive to new developments in the provision of neonatal care.
- Participate in clinical governance initiatives.

Tools

- Setting goals and objectives.
- Supervising and facilitating.
- Delegating.
- Equipment.
- Operational planning.
- Budgeting.
- Controlling and monitoring.
- Administration.
- Leading, managing and developing staff.
- Coaching and mentoring.
- Visioning.
- Resources.
- Time management.
- Prioritising.
- Project planning.
- People management.

Competences for the levels of neonatal practice

Level 2	Level 3	Level 4
<p>Contributes to the improvement of services.</p> <ul style="list-style-type: none"> Discusses and agrees with the work team the implications the direction, policies and strategies have on their current practice. Voices 'bright ideas' and negotiates the changes that they can make as a team to develop the neonatal service. Supports others in understanding the need for and in making agreed changes. Evaluates own and others work when required to do so, perhaps using benchmarking to evaluate the effectiveness of change. Feels able to discuss elements of good practice elsewhere. Has the confidence to raise an alert if there are systems in place which are detrimental to the delivery of the service. 	<p>Appraises, interprets and applies suggestions, recommendations and directives to improve services.</p> <ul style="list-style-type: none"> Identifies and evaluates areas for potential service improvement. Discusses these with others and agrees how the service could be improved as a result. Supports other team members during times of change and work with others to overcome problems and tensions that could present. Shares the vision to maintain and sustains direction, policies and strategies until they are firmly embedded. Has sufficient flexibility to alter their practice in line with agreed improvements and challenge tradition which is on longer of use. Evaluates with others the effectiveness of service improvements. Supports others in making an appraisal of draft policies and makes recommendations for improvement. 	<p>Competence to facilitate a greater understanding of service development.</p> <ul style="list-style-type: none"> Shows a willingness and understanding of the need to identify any areas that will improve the effectiveness of the service and their own practice within the neonatal team. Encourages parents/families to comment on services provided through parents questionnaire/comments box/online feedback/parent forums and so forth. Works within the scope of their practice and competence and seeks support from the nursing team to improve upon work practices and the services. Demonstrates a positive and constructive approach to service improvement. Raises concerns to senior members of neonatal staff when it is perceived that aspects of the service are adversely affecting patients, parents, families, carers and other members of staff – for example, infection control issues and so forth.

Novice/advanced beginner: new entrant	Competent neonatal nurse/midwife (QIS)	Proficient neonatal nurse/midwife	Expert neonatal nurse/midwife
<ul style="list-style-type: none"> Assists in maintenance and development of the neonatal service. Acts as a role model for junior colleagues and learners and supervises learners as appropriate within predetermined parameters and provides feedback. Comments on policies, procedures or possible developments. Participates in partnership working within the neonatal unit. Assists with the logistics of moving infants and equipment within the service. Recognises the need to organise and prioritise workload as part of a team, taking cognisance of activities within the neonatal unit. Is aware of and maintains the physical resources in the neonatal unit. Is aware of and efficiently uses the financial resources in the neonatal unit. 	<ul style="list-style-type: none"> Supervises junior staff within predetermined parameters and provides feedback. Develops leadership potential within the clinical environment, acting as a role model for staff and peers. Participates in partnership, working with individuals, groups and others within the neonatal unit. (Within the realm of allocated responsibility), effectively manages resources in the neonatal unit. (Within the realm of delegated responsibility), contributes to the development of neonatal care. Plans own time and prioritises over a daily and weekly time-scale. Organises the logistics to move infants and equipment. 	<ul style="list-style-type: none"> Actively contributes and participates in the development of neonatal services. Provides effective professional leadership, facilitating change and developing the service in response to changing health care needs. Proactively facilitates and participates in resource and neonatal unit management, maximising resources and contributing to the management and development of staff. Highlights and instigates action plans to manage deficits in resources. Deputises for the line manager. Is involved in the recruitment and selection and personal professional development of staff. Develops and sustains working with individuals, groups, agencies and others involved in neonatal care. Proposes policy/service changes. Allocates, delegates, co-ordinates, monitors and assesses work of the team and individuals. 	<ul style="list-style-type: none"> Develops strategies and policies for neonatal service development at local and national level. Monitors staff development. Leads a team with complex work activities by establishing objectives and standards. Develops, sustains and evaluates partnership working with individuals, groups, agencies and others involved in the provision of neonatal care. Develops, implements and evaluates policies and strategies for recruiting, deploying, developing and retaining staff. Demonstrates a critically analytical approach to strategic decision making and judgements related to neonatal care. Provides leadership and management in neonatal nursing through effective role modelling, offering vision for the advancement of neonatal nursing. Empowers neonatal nurses in practice and stimulates co-operation and enthusiasm within the neonatal nursing team.

		<ul style="list-style-type: none"> • Plans and organises several complex neonatal care activities. • Organises and prioritises conflicting workload demands. • Prioritises the movement of infants and equipment. 	<ul style="list-style-type: none"> • Prepares, develops and monitors financial and material resource for a range of complex neonatal care activities. • Identifies success criteria and establishes monitoring systems for neonatal nursing practice. • Plans and manages projects related to service development strategies to ensure safe and efficient movement of infants and equipment. • Secures physical and financial resources and establish strategies for their use.
--	--	--	---

Quality

Including research and development.

The neonatal practitioner will demonstrate commitment to evidence-based practice, utilising research, quality standards and clinical audit tools. The neonatal practitioner will demonstrate a critical thinking approach to problem solving to enhance neonatal care.

Elements

- Actively use a problem solving approach to care delivery and the needs of the infant.
- Utilise research skills, critically appraise and evaluate neonatal practice.
- Contribute to the maintenance of an environment within the neonatal unit where research, quality and clinical audit are valued.
- In collaboration with the multi-professional team, audit standards of care delivery.
- Use decision-making skills.

Tools

- Creative thinking.
- Decision making.
- Research.
- Audit.
- Evaluation.
- Making recommendations.
- Reflective practice.

Competences for the levels of neonatal practice

<p>■ Level 2</p> <p>Maintains quality in own work and encourage others to do so.</p> <ul style="list-style-type: none"> • Acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so. • Works within the limits of their own competence and within their own level of responsibility and accountability in the multidisciplinary team and organisation. • Works as an effective and responsible team member. • Seeks to prioritise their own workload and organises own work to reduce risks to quality care. • Seeks to use and maintain the health care setting's resources efficiently and effectively and supports others to do so. • Seeks to monitor the quality of work in their own area and alerts others to quality issues. 	<p>■ Level 3</p> <p>The Level 3 neonatal practitioner has a role in contribution to the improvement of quality.</p> <ul style="list-style-type: none"> • Acts consistently with legislation, policies, procedures and other quality approaches and promotes the value of quality approaches to others. • Understands their own role within the multidisciplinary team and works within their own scope. The Level 3 practitioner seeks to develop their skill base over time. • Works as an effective and responsible team member and supports others to do so. • Prioritises their own workload, organises and performs own responsibilities in a manner that maintains and promotes quality. • Evaluates the quality of own and others work and raises quality issues and related risks with the relevant people. • Supports the introduction and maintenance of quality systems and processes in own work area and take the appropriate action when there are persistent quality problems. 	<p>■ Level 4</p> <p>Competencies to facilitate a greater understanding of quality.</p> <ul style="list-style-type: none"> • Demonstrates an awareness of quality in the health care setting and makes recommendations and suggestions during team meetings which could enhance the quality of care. • Demonstrates an understanding as to the need to maintain standards of care and support Level 2 and 3 in their own quests to sustain quality family-centred care. • Monitors the workload of Level 2 and 3 staff and refers any concerns to a senior member of the neonatal team. • Monitors parent satisfaction and refer any suggestion of complaint to a senior member of the team. • Demonstrates that they know how to be safe within their sphere of ability and competence. • Knows how to refer quality issues promptly to a senior member of staff. • Is aware of how to use and maintain resources efficiently and effectively, such as consumables and sundries.
<p>■ Novice/advanced beginner: new entrant</p> <ul style="list-style-type: none"> • Adopts a questioning/reflective attitude towards clinical practice, seeking and utilising best evidence /guidelines in the provision of care to the infants and their families. • Assists with audit, research and development projects. 	<p>■ Competent neonatal nurse/midwife (QIS)</p> <ul style="list-style-type: none"> • Adopts a critical approach to clinical practice and encourages questioning/reflection in others to promote a culture of best practice in neonatal care. • Identifies areas for practice development, suggests improvements utilising local mechanisms and assists where appropriate with the change process. • Demonstrates skills and understanding of audit methodology, principles and evidence based practice. 	<p>■ Proficient neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Assesses and analyses information to solve problems. • Makes recommendations that have a positive impact on neonatal care. • Instigates, and facilitates and proactively fosters a culture of enquiry and facilitate change to integrate best evidence into neonatal care, by using strategies of research and audit.
<p>■ Expert neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Makes decisions and develops solutions to problems that involve clear risk and may have no clear answer. • Makes significant decisions that have a direct impact on the medium or long-term performance of the neonatal unit. • Analyses and develop solutions for complex professional, clinical or managerial problems. • Identifies areas for research in clinical practice. • Participates in and/or leads research projects in collaboration with others. • Participates in the systematic review of protocols, treatment plans and outcomes to determine their effectiveness in meeting established standards of care. 		

Equality, diversity and rights

The neonatal practitioner will practice within a legal, professional and ethical framework that includes employer's and local guidance, policies and procedures, ensuring that own actions support and promote equality, diversity and rights.

Elements

Know, understand, use and integrate into practice all current legislation, rules and codes that are relevant to neonatal nursing practice, including:

- Code of Professional Practice
- Midwives' Rules and Standards
- the Children Act 2004, Safeguarding Framework and local procedures
- International Convention on Human Rights/The Rights of the Child.

Tools

- Creative thinking.
- Decision making.
- Research.
- Audit.
- Evaluation.
- Making recommendations.
- Reflective practice.
- Mandatory training and updates.

Competences for the levels of neonatal practice

<p>■ Level 2</p> <p>Works in such a way that supports equality and values diversity.</p> <ul style="list-style-type: none"> • Recognises the importance of the infant and family's rights and acts in accordance with legislation, policies and procedures. • Acts in a way that acknowledges and recognises a person's expressed beliefs, preferences and choices. • Respects diversity and values people as individuals. • Seeks to promote the rights of the infant to be nourished with their own mother's breast milk. • Seeks to enhance the quality of care by providing care which is respectfully family-centred. • Takes account of their own behaviour and communication style and the need to be aware on the effect these may have on others. • Develops skills to identify situations which may have a negative impact on an infant or their family's rights and take action to see the situation resolved. 	<p>■ Level 3</p> <p>Works in such a way that promotes equality and values diversity.</p> <ul style="list-style-type: none"> • Interprets and transfers the ethos of equality, diversity and rights in accordance with legislation, policies, procedures and relevant standards into their work ethic and support the delivery of care which is sensitive to this requirement. • Seeks to identify patterns of discrimination and takes action to overcome discrimination and promote diversity and equality of opportunity for all. • Enables others to promote equality and diversity and a non-discriminatory culture. • Supports people who need assistance in exercising their rights. • Seeks to encourage the rights of the infant to be nourished with their own mother's breast milk. • Takes steps to ensure the quality of care is respectful, caring, and compassionate and family-centred. 	<p>■ Level 4</p> <p>Competences to facilitate a greater understanding of equality, diversity and rights.</p> <ul style="list-style-type: none"> • Is able to demonstrate an awareness of relevant standards, legislation, policies and procedures which affect the key aspects of the Band 4 role which may relate to: disability, dignity at work, mental capacity, religious beliefs, human rights, language, complaints and issue resolution. • Demonstrates that they know how to ensure privacy and dignity, for example, when breastfeeding or expressing breast milk, kangaroo care, cultural beliefs. • Demonstrates that they are aware that families will have differing perspectives and behaviour such as cultural, religious and ethnic differences. • Demonstrates in their day-to-day practice an ability to treat people equally and fairly and be able to identify discriminatory practices. • Demonstrates in their day-to-day practice an ability to identify discrimination towards neonates, parents, families and carers. 	
<p>■ Novice/advanced beginner: new entrant</p> <ul style="list-style-type: none"> • Assists in maintaining an environment in which everyone – including infants, parents/ carers, families and colleagues – is treated equitably and with respect. • Acts in a manner that support equality, diversity and rights of all individuals • Acts as an advocate for infants rights. • Recognises and respects the preferences and beliefs of the family/carers. • Reflects on and challenges personal assumptions and ways of working. • (In relation to child safeguarding) is aware of role and responsibilities and activate safeguarding procedures when necessary, seeking support as required. 	<p>■ Competent neonatal nurse/midwife (QIS)</p> <ul style="list-style-type: none"> • Reflects on and challenges assumptions and ways of working of others. • Supports an environment in which everyone, including infants, parents/carers, families and colleagues – is treated equitably and with respect. • Provides parents with the information required for them to make informed decisions regarding their infant. 	<p>■ Proficient neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Promotes an environment in which everyone is treated equitably and with respect. • Enables parents to make informed decisions regarding their infant and supports them in their decisions. • Identifies the potential for and take action to prevent or rectify discrimination and compromise of rights. • Interprets and challenges ways of working and develop appropriate solutions. • Acts as an advocate on behalf of those whose rights have been compromised. 	<p>■ Expert neonatal nurse/midwife</p> <ul style="list-style-type: none"> • Actively develops and promotes an environment in which everyone is treated equitably and with respect. • Develops anti-discriminatory policies/ procedures and provides appropriate support services for infants, parents, carers and staff that comply with legislation, professional regulations and best practice. • Monitors effectiveness of equality, diversity and rights policies and procedures throughout the neonatal unit. • Regularly reviews implementation, effectiveness and compliance with equality and diversity legislation.

Responsibility for patient care

Including assessment of addressing individuals, improvement of protection of health and wellbeing needs, biomedical investigation and reporting, and measuring, monitoring and treating physiological conditions through the application of specific technologies.

The neonatal practitioner will, within agreed parameters, apply knowledge, clinical judgement, and a range of skills to provide safe, effective care to infants and their families/ carers.

Elements

- Develop and maintain a sound knowledge base relevant to neonatal care.
- Develop and maintain own clinical competence.
- Critically appraise own level of competence, identifying areas for further development.
- In collaboration with the family and the multidisciplinary team, assess, plan, deliver and evaluate neonatal care that reflects individual physical, social, cultural and spiritual needs.
- Ensure that the most appropriate, individualised clinically effective neonatal care is achieved within the confines of available resources.
- Implement care under the direction of current unit and professional policies, procedures and guidelines, and the law.
- Demonstrate effective decision making in the context of current role.
- Use health promotion strategies to support/advise parents and families.
- Ensure care is taken to safeguard infants and their families/carers at all times.
- Ensure written documentation is clear, concise, timely and complies with professional and local guidelines and standards.
- Demonstrate an awareness of current developments in neonatal practice.
- Demonstrate that neonatal practice is embedded in evidence/best practice.
- Maintain and improve quality in all areas of neonatal practice.

Tools

- Education and training.
- Health promotion.
- Guidelines, protocols, policies and standards.
- Biomedical investigations and reporting.
- Neonatal care assessment tools.
- Quality standards.
- Legislation.
- Specific technologies.

Competences for the levels of neonatal practice

<p>■ Level 2</p>	<p>■ Level 3</p>	<p>■ Level 4</p>
<p>With guidance, supervision and support the practitioner will undertake care activities to meet the health and wellbeing needs of the infant and their family.</p> <ul style="list-style-type: none"> • Undertakes care to support the infant and family's emotional health and wellbeing needs. • Undertakes care to support the infant and family's physical health and wellbeing needs. • Undertakes care designed to support the provision of spiritual health and wellbeing of the family and where appropriate assists with palliative care. • Reports any health and wellbeing which might arise from a safeguarding issue. • Undertakes care designed to limit the exposure to risk of incidents/accidents. • Alerts colleagues to any deterioration of condition or situation. • Undertakes planned care designed to assist with the neonate's care in the specialist environment. • Undertakes care designed to comply with the relevant legislation, policies and procedures whether national or local. 	<p>With supervision and support, plan, deliver and evaluate care to meet the infant who is in special care health and wellbeing needs and those of their family.</p> <ul style="list-style-type: none"> • Assists with the infant and family's emotional health and wellbeing needs. • Assists with the infant and family's physical health and wellbeing needs. • Helps provide for the spiritual health and wellbeing needs and the needs of the infant and family and where appropriate assists with palliative care. • Risks to health and wellbeing might arise from safeguarding issues. • Reduces exposure to risk of incidents/accidents. • Aids the prevention of neglect. • Responds to rapid deterioration of condition or situation. • Assists with the requirement for care in a neonatal specialist environment. • Follows guidance to permit correct adherence to the relevant legislation, policies and procedures may be national or local. 	<p>Plans, delivers and evaluates care to address the infant and their family's complex health and wellbeing needs. These may include health and wellbeing needs which are elaborated in the clinical competences.</p> <ul style="list-style-type: none"> • The infant and family's emotional health and wellbeing needs. • The infant and family's physical health and wellbeing needs. • Spiritual health and wellbeing needs and the need for, when appropriate, palliative care. • Risks to health and wellbeing might arise from safeguarding issues. • Exposure to risk of incidents/accidents. • The prevention of neglect. • Responds to rapid deterioration of condition or situation. • A requirement for care in a neonatal specialist environment. • Adheres to relevant legislation, policies and procedures may be national or local.

<p>■ Novice/advanced beginner: new entrant</p>	<p>■ Competent neonatal nurse/midwife (QIS)</p>	<p>■ Proficient neonatal nurse/midwife</p>	<p>■ Expert neonatal nurse/midwife</p>
<ul style="list-style-type: none"> • Develops a sound knowledge base relevant to neonatal nursing. • Provides quality, essential routine neonatal care within clearly defined guidelines. • Responds to the needs of the infant and the family, providing quality care using current information and knowledge. • Undertakes routine assessment tasks related to the health and wellbeing of the infant. • Assists in delivering programmes of neonatal care to support future health and wellbeing, including delivery of specific health promotion information/teaching. • Performs routine tests and tasks related to neonatal investigations and reporting. • Assesses, intervenes, evaluates and reports the outcomes of planned care. • Ensures actions assist the maintenance of high-quality neonatal care. 	<ul style="list-style-type: none"> • Plans, implements and evaluates nursing care to meet the health and wellbeing needs of the infant when the infant's condition is stable. • Assists in the care of the infant whose needs are complex and ever changing. • Uses critical judgement and reasoning to facilitate and deliver care to infants in partnership with parents/carers and the multi-professional team. • Recognises and takes appropriate action when the infant's condition is becoming unstable or is deteriorating, including referral and initiation of emergency interventions. • Applies technology for measurement, monitoring and treatment, interpret and respond to the needs of families/parents/carers. • Assists parents/carers and other staff to assess infant's health, wellbeing and related needs. • Maintains a comprehensive knowledge and skills base related to neonatal nursing. • Acts as a resource to colleagues. • Supervises care delivery of junior colleagues. • Ensures actions promote quality and alert others to relevant quality issues. • Uses core clinical skills and develops critical reasoning skills to provide safe and effective care to infants in partnership with parents/carers and the multi-professional team. • Contributes to practice development. • Is accountable for own practice. • Is responsible and accountable for overall care delivery for a defined group of infants with indirect supervision. • Anticipates the need for, plans and participates in programmes of care to support future health and wellbeing including: audiology and ophthalmic screening, vaccination, discharge planning and delivering specific health promotion information/teaching. • Ensures actions promote quality and alert others to relevant quality issues. • Supervises care delivery of junior colleagues. • Applies technology for measurement, monitoring and treatment. 	<ul style="list-style-type: none"> • Manages the implementation of quality care/service • Acts as a role model, providing support and guidance to others in implementing care. • Assesses, plans, delivers and evaluates neonatal care to address needs that are complex and ever changing. • Plans, analyses, interprets and reports biomedical investigations within own level of practice. • Plans, monitors and quality assures the application of technology for measurement, monitoring and treatment. • Contributes to quality improvement. • In partnership with parents/carers and the multi-professional team, use highly developed/specialist knowledge and clinical skills in the neonatal unit to create a culture and climate that is proactive and responsive to meet the health care needs of infants. • Supervises the care given by junior colleagues. 	<ul style="list-style-type: none"> • Develops and maintains knowledge, skills and competence to the level of the expert who is able to function in an independent role. • Develops practice in applying technology for measurement, monitoring and treatment. • Develops practice in biomedical investigation and reporting. • Demonstrates a critically analytic approach to strategic decision making and judgements related to neonatal care. • Continuously monitors activities against quality standards, anticipates factors that may reduce quality and takes effective action to address them. • Develops, implements and evaluates initiatives and strategies to improve the quality of neonatal care. • Improves quality of neonatal care through practice review. • Develops and implements strategies for neonatal care, include standards, policies and guidelines for care delivery. • Develops policies and strategies to improve the health and wellbeing of infants. • Fosters a proactive care culture. • Seeks opportunities to add value to care provision. • Acts as a role model for effective leadership in neonatal nursing and contributes to creating a vision for the advancement of neonatal nursing so stimulating co-operation and enthusiasm in neonatal nursing. • Empowers neonatal nursing practice by publishing locally, nationally and internationally.

3

Core clinical skills for the neonatal workforce

To achieve the competences expected for each of the levels of neonatal nursing practice from unregistered new entrant to expert and advanced, the neonatal workforce must develop specific skills (see Section 4 for example curriculum to enable these to be met). The skills required are diverse (DH, 2010, p.53). Some are transferable across several competences and the skills required are likely to change over time. Therefore the working group has restricted competence clarification to core clinical skills. Scotland has developed more detailed frameworks for Levels 2-4 reflecting the RCN's position of the Level 2-4 knowledge and skills frameworks. These are reproduced in the addendum which can be found at the end of this section.

This document focuses on the key competences required for those who have responsibility for infant care and uses the modified categories of skills previously selected by the RCN in its 2009 publication, *Integrated core career and competence framework for registered nurses*.

Categories are as follows:

- fluid, electrolyte, nutrition and elimination management
- neurological, developmental care and pain management
- respiratory and cardiovascular management
- skin, hygiene and infection control management
- infant temperature management
- palliative care, end-of-life care and bereavement management
- investigations and procedures
- equipment and monitoring.

The neonatal workforce must have the knowledge and ability to rationalise the strategy chosen in the application of all clinical skills.






Nurse consultant, clinical nurse specialist, lead nurse, advanced neonatal nurse practitioner.

In addition to the above core clinical skills, nurse consultants, clinical nurse specialists, lead nurses and advanced nurse practitioners will be required to demonstrate elements from the following (RCN, 2012):

- provide expert professional advice to patients, carers and colleagues
- undertake research in a specialist area
- provide education and training to other staff, students
- ensure the maintenance of clinical excellence.

Fluid, electrolyte, nutrition and elimination management

<p>■ ■ ■ Unregistered and support neonatal workforce</p>	<p>■ ■ ■ Novice/advanced beginner: new entrant</p>	<p>■ ■ ■ Competent neonatal nurse (QIS)</p>	<p>■ ■ ■ Proficient practice neonatal nurse</p>	<p>■ ■ ■ Expert neonatal nurse/ ANNP/nurse consultant</p>
<p>Recognises normal characteristics of the infant's stool and urine. Involves the family in the care of their infants.</p>	<p>Recognises normal and abnormal gastrointestinal function, urinary tract function and bilirubin elimination, reporting deviations. Implements interventions to sustain homeostasis according to unit guidelines. Involves the family in the care of their infants.</p>	<p>Recognises the more subtle deviations from the normal gastrointestinal function and urinary tract function. Manages high bilirubin levels. Implements interventions to sustain homeostasis according to unit guidelines. Teaches and supports the family so that they can be involved in the care of their infants.</p>	<p>Initiates management and follows guidelines in the care and management of infants who have deviation from the normal eliminatory pathways. Teaches, mentors and supervises other staff to look after the infant who have a range of care requirements. Supports the development of family education programmes so that parents can feel included and valued as partners in the care of their infants.</p>	<p>Investigates, prescribes and manages treatments for any GI problems, and problems with urinary tract function and bilirubin elimination. Devises family education programmes so that parents can feel included and valued as partners in the care of their infants. Monitors, audits and updates unit policies which relate to the care of infants who have GI problems, problems with urinary tract function and bilirubin elimination.</p>
<p>Advises and supports mothers in manual/mechanical expression of breast milk and the handling and storage of same. Assists the mother to breast feed according to evidence-based/unit guidelines.</p>	<p>Initiates and supports lactation. Supports mothers in manual/mechanical expression of breast milk. Assists the mother to breast feed according to evidence-base/unit guidelines.</p>	<p>Informs and advises on storage of breast milk, breastfeeding, hand and mechanical expression and supplementary methods of feeding. Encourages and assists the mother to breast feed according to evidence-base/unit guidelines. Supports unit staff in the management of the breastfeeding dyad. Supports the development of unit policies related to breastfeeding.</p>	<p>Supports the development of unit policies related to breastfeeding. Teaches, mentors and supervises other staff the importance of natural feeding. Participates and involves others in research and development of practice to promote breastfeeding.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. May undertake consultant nurse roles in neonatal nutrition and as lactation specialists.</p>

 Unregistered and support neonatal workforce	 Novice/advanced beginner: new entrant	 Competent neonatal nurse (QIS)	 Proficient neonatal nurse/enhanced practice neonatal nurse	 Expert neonatal nurse/ANNP/nurse consultant
<p>Advises and demonstrates sterilisation procedures of feeding equipment and storage.</p> <p>Advises on safety issues around prepared formula milk.</p> <p>Assists parents/carers in bottle feeding techniques.</p>	<p>Advises and demonstrates sterilisation procedures of feeding equipment, storage of sterilised equipment.</p> <p>Educates and demonstrates to the parents and junior staff on the reconstitution of feeds and the management of these feeds.</p> <p>Assists parents/carers in enteral feeding techniques.</p>	<p>Informs and advises on all aspects of other enteral feeding methods.</p>	<p>Uses evidence-based practice for enteral feeding.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>
<p>Performs safe bottle feeding techniques.</p>	<p>Safely carries out all forms of tube and bottle feeding according to evidence-base/unit guidelines.</p>	<p>Assesses enteral feeding needs, devises plan in partnership with the parents and reviews appropriately.</p>	<p>Devises procedures/guidelines for enteral feeding.</p> <p>Monitors and evaluates, audits and reviews implementation.</p>	<p>Teaches staff how to identify where there are difficulties with the infants feeding (see below) and makes referrals to speech and language specialists.</p>
<p>Administers nutritional supplements according to prescription and under the direction of the nursing team.</p>	<p>Administers nutritional supplements according to prescription and in accordance to guidelines.</p>	<p>Ensures the required nutritional supplements are prescribed.</p>	<p>Monitors the need for nutritional supplements and ensures compliance.</p>	<p>Assesses the infant's growth trajectory and prescribes nutritional supplements as required.</p> <p>Reviews the need for nutritional supplements.</p>
<p>Recognises typical and atypical oral feeding behaviour; records and reports findings.</p>	<p>Safely administers intravenous therapy according to unit guidelines, recognising and reporting deviations and complications.</p> <p>Identifies typical and atypical oral feeding behaviour; records and reports findings.</p>	<p>Sets up, maintains and discontinues intravenous/intra-arterial therapy, according to unit guidelines.</p> <p>Maintains central lines and infusions such as transparent nutrition (TPN).</p> <p>Intervenes appropriately to reduce/avoid deviations/complications.</p> <p>Manage feeding difficulties according to care plan to reassure and support the family.</p>	<p>In specific situations, inserts peripheral intravenous lines. Supervises insertion of intravenous lines by others.</p> <p>Manages appropriate treatment for deviations/complications.</p> <p>In partnership with the family designs and institutes a plan of individualised care in order to meet the infant's needs.</p> <p>Educates, mentors and supervises staff to ensure safe care.</p>	<p>Establishes intravenous and intra-arterial access, umbilical lines, etc.</p> <p>Inserts and removes central lines.</p> <p>Instigates and prescribes treatment.</p> <p>Selects and prescribes appropriate fluid management.</p> <p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>

Fluid, electrolyte, nutrition and elimination management (continued)

<p>Unregistered and support neonatal workforce</p>	<p>Novice/advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ANNP/nurse consultant</p>
<p>Monitors input and output, records and reports findings.</p>	<p>Monitors input and output.</p>	<p>Calculates intake requirements according to guidelines. Measures output.</p>	<p>Calculates intake and output according to clinical condition and environment within set guidelines. Educates, mentors and supervises staff to ensure safe care.</p>	<p>Calculates and prescribes fluid intake according to clinical condition and environment.</p>
<p>Measures and weighs infants, records and reports findings.</p>	<p>Measures weight and length.</p>	<p>Monitors growth and development through measurement of weight and length, reporting of deviations.</p>	<p>Acts on deviations from normal growth and development and refers appropriately.</p>	<p>Investigates, prescribes and manages treatments for problems with weight or length.</p>
<p>Supports the infant and family during blood sampling. Follows unit guidelines.</p>	<p>Obtains capillary blood sample to measure and monitors blood glucose levels, reporting deviations. Follows unit guidelines.</p>	<p>Implements interventions according to unit guidelines for blood glucose regulation.</p>	<p>Ensures implementation of evidence-based guidelines. Educates, mentors and supervises staff to ensure safe sampling techniques.</p>	<p>Interprets and instigates appropriate management and further investigation. Devises, audits and reviews unit guidelines for best practice in partnership with medical staff.</p>
<p>Provides care to an otherwise well infant who is receiving phototherapy according to local guidance. Supports the family to engage in their infants care.</p>	<p>Cares for the infant who requires phototherapy according to local guidance. Encourages and supports the family to engage in their infant's care.</p>	<p>Initiates phototherapy according to predetermined criteria and supports and supervises staff who are caring for these infants. Ensures the family have received an explanation for the treatment and management of their infant.</p>	<p>Educates, mentors and supervises staff to ensure safe care. Supports the development of parent information materials so that parents can have written information regarding the treatment and management of their infant.</p>	<p>Prescribes phototherapy according to clinical need. Investigates cause of pathological hyperbilirubinaemia. Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>

Neurological, developmental care and pain management

<p>Unregistered and support neonatal workforce</p>	<p>Novice/advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ ANNP/nurse consultant</p>
<p>Caring for the well infant. Recognises typical sleep/wake states, usual posture and movement in the newborn. Reports deviations from normal. Supports the family to follow the infant's need for stimulation and sleep periods.</p>	<p>Recognises normal behaviour in infants of different gestations, including sleep/awake states. Recognises normal tone, posture and movement. Reports deviations from normal Supports the family to follow the infant's need for stimulation and sleep periods.</p>	<p>Recognises physiological and behavioural differences between stress, distress, discomfort, pain, convulsions and drug withdrawal. Alleviates infant's discomfort/pain using standard nursing strategies. (In partnership with the family) devises a care plan taking into account the infant's need for stimulation and sleep periods.</p>	<p>Provides education, guidance and support for staff to enable them to recognise the infant's physiological and behavioural differences.</p>	<p>Initiates referrals based on need.</p>
<p>Maintains ongoing use of relevant assessment tools and report findings.</p>	<p>Completes available/appropriate assessment tools and report findings.</p>	<p>Interprets outcomes of assessment and implements strategies according to local guidelines. Provide explanation to the family on the use of assessment tools.</p>	<p>Educates staff on the use of relevant assessment tools. Monitors and supervises staff who use these tools to ensure consistency in the use of such instruments.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. Initiates appropriate treatment.</p>
<p>Identifies potentially adverse events and refers on to minimise any impact should they occur.</p>	<p>Anticipates potentially adverse events and refers on to minimise their impact should they occur.</p>	<p>Plans, implements and evaluates care to avoid/minimise the impact of adverse events. Documents and refers identified adverse events.</p>	<p>Reviews care and management strategies to avoid/minimise the impact of adverse events. Provides explanation to the family where 'minor' events have occurred.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. (In partnership with the medical staff) informs and provides explanation to the family where adverse events have occurred.</p>
<p>Anticipates and recognises signs of distress/pain in the newborn and takes steps to provide comfort follows unit guidelines. Supports the family to provide non-pharmaceutical measures of promoting comfort.</p>	<p>Recognises and reports signs of pain. Provides routine nursing care to alleviate pain and stress to the infant according to unit guidelines. Provides pharmaceutical agents to minimise pain and discomfort as prescribed. Encourages and supports the family to provide non-pharmaceutical measures of promoting comfort.</p>	<p>Recognises and reports subtle signs of pain. Implements strategies that minimise painful experiences. Ensures that pharmaceutical agents to minimise pain and discomfort are prescribed when required. Supports and supervises staff to ensure that infants are provided comfort when necessary.</p>	<p>Devises protocols to reduce stress and relieve pain.</p>	<p>Audits stress relief and pain reduction protocols.</p>

Neurological, developmental care and pain management (continued)

<p>Unregistered and support neonatal workforce</p>	<p>Novice / advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/ enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ ANNP / nurse consultant</p>
<p>Recognises behaviour associated with neonatal abstinence syndrome (NAS). Supports the family to provide non-pharmaceutical measures of promoting comfort and consolation to their infant who has NAS.</p>	<p>Recognises behaviour associated with NAS. Provides routine nursing care to alleviate effects of NAS; administration of medications to manage these infants.</p>	<p>Implements strategies that minimise the effects of NAS.</p>	<p>Provides support and guidance for staff involved in the care associated with maternal drug dependency and NAS.</p>	<p>Develops strategies for staff regarding maternal drug dependency and NAS involving multi-disciplinary/agency groups. Initiates referrals based on need.</p>
<p>Follows individualised developmental care plans support the family to be involved in their infant's care.</p>	<p>Uses developmental care strategies including environmental aspects, positioning and handling according to the care plan and according to unit policies. Encourages the involvement of families.</p>	<p>(In partnership with the family) plans the infant's care and adapts nursing strategies to meet the needs of specific infants. Involves the families in the care of their infants.</p>	<p>Educates and supports staff in the use of developmental care strategies. Provides explanations to the family when additional measures are required.</p>	<p>Initiates referrals based on need.</p>

Respiratory and cardiovascular management

<p>Unregistered and support neonatal workforce</p>	<p>Novice / advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/ enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ ANNP / nurse consultant</p>
<p>Assesses an infant's wellbeing. Reports deviations from normal breathing and deviations from the normal pulse.</p>	<p>Recognises normal and abnormal respiratory/cardiovascular function. Reports deviations from normal.</p>	<p>Intervenes to restore/maintain homeostasis according to local guidelines. Mentors, supervises and supports staff in assessing the infant's vital signs.</p>	<p>Interprets trends and evaluates management, including blood gas analysis. Educates, mentors and supervises staff in the accurate assessment of the infant's vital signs.</p>	<p>Recognises deviations from normal respiratory and cardiovascular function. Interprets and responds to trends in the results of blood gas analysis. Diagnoses respiratory pathology interpretation of chest radiography. Prescribes and instigates supportive interventions and therapies following infant assessment.</p>

<p>Anticipates and recognises deterioration in the newborn and takes steps to request assistance and initiates basic life support measures in an emergency.</p> <p>Supports and comforts parents.</p>	<p>Recognises the need for, and requests, assistance.</p> <p>Observes and participates in the resuscitation of the infant.</p> <p>Initiates basic life support measures in an emergency.</p> <p>Supports and comforts parents.</p>	<p>Performs basic life support.</p> <p>Recognises need for and requests assistance.</p> <p>Assists with advanced resuscitation and stabilisation.</p> <p>Provides explanation to parents during the resuscitative event if the parents wish to be present.</p>	<p>Leads in basic life support situation and stabilisation.</p> <p>(In some situations) performs the role of an advanced resuscitator.</p> <p>Provides team debriefs when required.</p>	<p>Performs and leads advanced resuscitation and stabilisation.</p> <p>Teaches staff the assessment skills and the basic life support chronic lung disease (CLD) actions required to respond to deviations.</p> <p>Performs to neonatal advanced life support (NALS) standards.</p> <p>(In partnership with the medical team) informs families of the outcomes of resuscitation.</p>
<p>Provides ongoing care of infants who are oxygen dependent and who are otherwise stable.</p> <p>Supports families to participate in the care of their infant.</p>	<p>Safely administers oxygen therapy via the incubator, head box, nasal cannulae and facially, including adequate humidification as prescribed.</p> <p>Encourages families to become involved in the care of their infant who has an oxygen requirement.</p>	<p>Safely cares for the infant requiring mechanical ventilation/continuous positive airways pressure.</p> <p>Provides explanation and reassurance for the family who have an infant with this care requirement. Where possible, involve them in planning and participating in their infants care.</p>	<p>Adjusts respiratory support according to need within the local guidelines.</p> <p>Educates, supervises, mentors and supports staff who are caring for infants with a need for respiratory support.</p>	<p>Initiates and manages long-term respiratory support for infants with chronic lung disease (CLD), prescribes medication to manage CLD.</p> <p>Instigates and co-ordinates discharge planning for families of infants with CLD.</p> <p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>
<p>Recognises when infants have a build up of secretions and takes action to ensure a clear airway.</p>	<p>Uses safe and effective oral and nasal suction techniques.</p>	<p>Assesses the need for suction of respiratory secretions.</p> <p>Uses safe and effective endotracheal tube/tracheostomy suction techniques.</p> <p>Performs chest physiotherapy techniques as prescribed.</p>	<p>Reviews and evaluates the effectiveness of physiotherapy and suction interventions.</p> <p>Educates, supervises and mentors staff who need to assess an infant for the need for suctioning and in how to safely perform the procedure.</p>	<p>Prescribes chest physiotherapy.</p> <p>Initiates referrals based on need.</p> <p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>

Respiratory and cardiovascular management (continued)

<p>Unregistered and support neonatal workforce</p>	<p>Novice/advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ANNP/nurse consultant</p>
<p>Monitors skin integrity where infants have had chest drains. Observes the skin integrity of the site.</p>		<p>Assists with elective/emergency intubation. Cares for infants who require ventilation. Supports extubation.</p>	<p>Recognises the need for intubation/extubation. Cares for infants requiring a range of ventilation strategies and adjunctive support (see examples provided in the ANNP column). Performs extubation. Educates, mentors and supports staff to care for infants who require ventilatory support.</p>	<p>Performs intubation. Assesses and prescribes a range of ventilation modalities; for example, synchronised intermittent mandatory ventilation (SIMV), tidal volume ventilation (TV), patient-triggered ventilation (PTV), pressure support ventilation (PSV), high frequency oscillation ventilation (HFOV). Prescribes sedation/analgesia and muscle relaxation to maintain infant comfort and complies with supportive ventilation. Prescribes adjunctive respiratory support; for example, nitric oxide inhalation (iNO), systemic pulmonary vasodilators.</p>
	<p>Observes the healing of the chest drain wound, reports any concerns.</p>	<p>Assists with the insertion/removal of chest drainage. Provides care for infant with chest drain in situ.</p>	<p>Educates, supervises and mentors staff who are caring for infants who have a requirement for a chest drain.</p>	<p>Inserts, secures and removes chest drainage. Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>
		<p>Cares for infants who are requiring inotropic support to maintain stability.</p>	<p>Cares for infants who are unstable and are requiring complex inotropic support. Weans down such support according to inotropic protocols.</p>	<p>Assesses the need for and prescribes inotropic support. Detects underlying cardiac anomaly or disease; for example, patient arterial duct, persistent pulmonary hypertension of the newborn, congenital heart disease.</p>

Skin, hygiene and infection control management

<p>Unregistered and support neonatal workforce</p>	<p>Novice/advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ ANNP/nurse consultant</p>
<p>Complies with correct hand hygiene procedure, implements other infection prevention and control measures as per local policies. Supports families to comply with hand hygiene policy and infection control strategies.</p>	<p>Implements correct hand washing and other infection control measures as per local guidelines. Policies compliance with infection control guidelines. Performs basic aseptic and non-touch techniques.</p>	<p>Implements correct hand washing and other infection control measures as per local guidelines. Educates the parents in the compliance with infection control guidelines. Performs a range of aseptic and non-touch techniques.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>	<p>Audits compliance with best practice in relation to infection control measures. Researches evidence-based practice to support guidelines for infection control.</p>
<p>Performs care according to the infant's care plan. Examines skin, cord and eyes using assessment tool(s) if appropriate to local practice, records and reports findings. Supports parents to participate in their infant's care.</p>	<p>Examines skin and mucous membranes, eyes and cord base for deviations from normal and report. Provides care according to the infants care plan. Implements treatment for deviations as prescribed. Encourages parents to participate in their infant's care.</p>	<p>Mentors and supervise staff in performing the assessments required to ensure the wellbeing of the infant. (In partnership with the parents) devises a plan of care to meet their infant's needs. Implements strategies to prevent iatrogenic damage and potential injury.</p>	<p>Educates staff in the correct use of tools to assess skin.</p>	<p>Prescribes and manages therapies to promote skin integrity. Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>
<p>Provides ongoing management of established stoma; refers to a QIS if there is concern as to output. Supports parents to participate in their infant's care.</p>	<p>Uses appropriate measures to maintain hygiene and skin integrity. Provides stoma care. Assesses nature and characteristics of stoma output recognise deviations from the norm. Encourages parents to participate in their infant's care.</p>	<p>Assesses wound healing processes. Assesses nature and characteristics of stoma output. Performs therapeutic wound cleansing techniques. Applies therapeutic dressings. Involves parents in designing a plan of care to enable them to participate in their infant's care.</p>	<p>Educates, mentors and supervises staff in the care of a variety of stoma and what the usual output characteristic are. Refers to other staff any complications with the stoma as appropriate.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. Prescribes treatments and appliances. Refers as appropriate.</p>

Temperature management

<p>Unregistered and support neonatal workforce</p>	<p>Novice / advanced beginner: new entrant</p>	<p>Competent neonatal nurse (QIS)</p>	<p>Proficient neonatal nurse/ enhanced practice neonatal nurse</p>	<p>Expert neonatal nurse/ ANNP / nurse consultant</p>
<p>Routinely manages an infant's temperature and promotes safety in the home. Involves the family in the infant's care.</p>	<p>Assesses neonatal body temperature using appropriate method and site for infants who require special care and report deviations from normal. Encourages the family to be involved in the infant's care. Provides explanation as to the need for the infant to be cared for in a temperature suited to their needs.</p>	<p>Assesses neonatal body temperature using appropriate method and site for infants who require high dependency and intensive care, and reports deviations from normal. Monitors central and peripheral temperature gap, and reports deviations from normal. Cares for infants who are receiving therapeutic hypothermia.</p>	<p>Supports the development of audit and reviews nursing guidelines for temperature monitoring. Recognises the need for therapeutic hypothermia in following the resuscitation of infants at risk of hypoxic ischemic event (HIE). Cares for infants who are receiving therapeutic hypothermia. Educates, supervises and mentors staff to care for infants who need to be passively cooled or who require therapeutic hypothermia. Reinforces the explanation provided by the medical team to the families as to the need for hypothermia.</p>	<p>Devises audit and reviews nursing guidelines for temperature monitoring. Commences passive cooling. Monitors and supervises the care of infants who are receiving therapeutic hypothermia. Manages the cerebral function monitors where these are in use. (In partnership with the medical team) provides rationale for the use of hypothermia and ongoing explanation to the families who have infants who are receiving hypothermia.</p>
<p>Monitors the temperature in infants who are having skin-to-skin care, swaddled for comfort, bathing, and so forth.</p>	<p>Uses appropriate strategies to maintain body temperature within normal limits, including environmental aspects, clothing and equipment for infants who require special care.</p>	<p>Anticipates the infant's risk of temperature deviations. Uses strategies to prevent temperature deviations for infants who require high dependency and intensive care.</p>	<p>Devises, audits and reviews nursing guidelines for temperature regulation strategies.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. Investigates and treats temperature deviations.</p>
<p>Promotes safety in the home and applies sudden infant death literature to care of the infant.</p>	<p>Uses appropriate interventions to correct temperature deviations for infants who require special care.</p>	<p>Uses appropriate interventions to correct temperature deviations for infants who require high dependency and intensive care.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. Investigates and treats temperature deviations.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff. Investigates and treats temperature deviations.</p>






Palliative care, end-of-life care and bereavement management

<p>■ ■ ■ Unregistered and support neonatal workforce</p>	<p>■ ■ ■ Novice/advanced beginner: new entrant</p>	<p>■ ■ ■ Competent neonatal nurse (QIS)</p>	<p>■ ■ ■ Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>■ ■ ■ Expert neonatal nurse/ANNP/nurse consultant</p>
<p>Follows plan of care for the comfort of an infant and family where palliative care is agreed.</p>	<p>(With the support of the mentor) participates in the care of the dying infant and the infant who is receiving palliative care.</p>	<p>Sensitively and empathetically cares for the dying infant and his/her parents with support and guidance from senior staff.</p>	<p>Supports and guides staff caring for the dying infant.</p>	<p>Initiates and facilitates sensitive discussion with parents and senior medical staff.</p>
<p>Follows plan of care to ensure sensitive and effective communication with families of infants who have died.</p>	<p>(With the support of the mentor) provides appropriate care for the infant who has died.</p>	<p>Sensitively and empathetically cares for the infant who has died and the bereaved parents in accordance with bereavement protocol with support and guidance from senior staff.</p>	<p>Supports and guides staff caring for the infant and parents, wider family and friends after the infant's death. Devises bereavement protocol.</p>	<p>Manages failed resuscitations and the discontinuation of aggressive and futile supporting strategies.</p>
<p>Cares for family.</p>	<p>Develops self-awareness and the need to relieve distress.</p>	<p>Develops self-awareness and recognises stress/ distress in others.</p>	<p>Supports and guides staff, identifies staff who are stressed and who need additional support.</p>	<p>Acts as the infant and families advocate and lead the palliative and end-of-life care for an infant who requires such a care plan.</p>
<p>Recognises own needs of stress and discomfort.</p>	<p>Accesses the unit's network of support following an infant's death</p>	<p>Participates in support network; seeks appropriate guidance and provides some support and guidance for staff.</p>	<p>Facilitates sensitive discussions with staff and proactively maintain a culture of care which supports all individuals.</p>	<p>Facilitates sensitive discussions with staff and proactively maintain a culture of care which supports all individuals.</p>
<p>Uses unit's support network</p>				

Investigations, tests and procedures

<p>■ ■ ■ Unregistered and support neonatal workforce</p>	<p>■ ■ ■ Novice/advanced beginner: new entrant</p>	<p>■ ■ ■ Competent neonatal nurse (QIS)</p>	<p>■ ■ ■ Proficient neonatal nurse/enhanced practice neonatal nurse</p>	<p>■ ■ ■ Expert neonatal nurse/ANNP/nurse consultant</p>
<p>Undertakes a defined range of investigations and procedures which are required by the infant.</p>	<p>Performs routine diagnostic and therapeutic procedures according to protocols and guidelines.</p>	<p>Recognises the significance of results and seeks appropriate management.</p>	<p>Instigates appropriate management.</p>	<p>Requests specimens and samples. Prescribes appropriate management according to results.</p>
<p>Assists in the care of infants requiring special care undergoing a defined range of non-invasive investigations and procedures.</p>	<p>Implements prescribed management.</p>	<p>Assists in the care of infants requiring high dependency and intensive care undergoing non-invasive and invasive investigations and procedures.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff.</p>
<p>Assists the ANP/medical team in support of infants who are undergoing investigations and procedures; for example, venepuncture or cannulation.</p>	<p>Assist in the care of infants requiring special care undergoing non-invasive investigations and procedures</p>	<p>Assists in the care of infants requiring high dependency and intensive care undergoing blood sampling.</p>	<p>Performs non-invasive and invasive procedures for example congenital hip anomalies.</p>	<p>Performs non-invasive and invasive procedures for example congenital hip anomalies.</p>
	<p>Assists in the care of infants requiring special care undergoing blood sampling.</p>	<p>Performs venepuncture according to local guidelines.</p>	<p>Performs venepuncture according to local guidelines.</p>	<p>Inserts arterial, percutaneous central venous catheter and central lines.</p>
	<p>Performs capillary blood sampling.</p>	<p>Performs arterial and central line sampling.</p>	<p>Performs arterial and central line sampling.</p>	

Investigations, tests and procedures (continued)

 Unregistered and support neonatal workforce	 Novice/advanced beginner: new entrant	 Competent neonatal nurse (QIS)	 Proficient neonatal nurse/enhanced practice neonatal nurse	 Expert neonatal nurse/ANNP/nurse consultant
<p>Undertakes measurements of vital signs (temperature, heart rate, respiratory rate and oxygen saturation), records and reports.</p> <p>Observes infant's colour, records and reports.</p>	<p>Measures blood pressure using non-invasive techniques, reporting deviations from normal.</p>	<p>Sets up arterial blood pressure transducer.</p> <p>Measures arterial blood pressure.</p>	<p>Interprets blood pressure recordings.</p>	<p>Prescribes appropriate therapy to maintain homeostasis.</p>
	<p>Cares for infant receiving blood transfusion.</p> <p>Administers drugs via oral, topical, rectal and intramuscular routes, according to professional and local policies.</p> <p>Assesses the therapeutic response.</p> <p>Identifies side effects and report appropriately.</p>	<p>Cares for infant receiving exchange and partial exchange transfusion.</p> <p>Administers drugs via IV route according to professional and local policies.</p> <p>Assesses the therapeutic response.</p> <p>Identifies side effects and acts appropriately within local guidelines.</p>	<p>Review therapeutic response to exchange/partial exchange transfusion and provides care according to local guidelines.</p>	<p>Prescribes blood and blood products according to national and local policies.</p> <p>Performs exchange and partial exchange.</p> <p>Prescribes and administers drugs via all routes, according to national and local policies.</p> <p>Plans, implements and evaluates drug therapies.</p> <p>Evaluates therapeutic response/side effects and acts accordingly.</p>

Equipment and monitoring

 Unregistered and support neonatal workforce	 Novice/advanced beginner: new entrant	 Competent neonatal nurse (QIS)	 Proficient neonatal nurse/enhanced practice neonatal nurse	 Expert neonatal nurse/ANNP/nurse consultant
<p>Cleans and stores a range of equipment which is necessary for the care of infants in the neonatal unit in accordance with local and manufacturer's instruction.</p> <p>Sets up and checks equipment necessary for the support of infants in the neonatal unit in accordance with local and manufacturer's instruction.</p>	<p>Cleans and stores equipment necessary for the care of infants requiring special care in accordance with local and manufacturer's instruction.</p> <p>Sets up and tests equipment necessary for the care of infants requiring special care in accordance with local and manufacturer's instruction.</p>	<p>Cleans and stores equipment necessary for the care of infants requiring high dependency and intensive care in accordance with local and manufacturer's instruction.</p> <p>Sets up and tests equipment necessary for the care of infants requiring high dependency and intensive care in accordance with local and manufacturer's instruction.</p>	<p>Ensures that equipment is ready for use if and when required.</p> <p>Ensures the functionality of supportive equipment.</p> <p>Devises guidelines for the setting up and testing of equipment.</p>	<p>Has ongoing awareness of new innovations, their applicability to the practitioners own unit and consideration of the need for adopting new equipment.</p> <p>Makes the business case for new technology, has a central role in the education and development of the staff in the use of new technology.</p>

<p>Safely uses a designated range of equipment necessary for the observation and monitoring of infants requiring special care in accordance with local and manufacturer's instruction.</p>	<p>Efficiently and safely uses equipment necessary for the care of infants requiring special care in accordance with local and manufacturer's instruction.</p>	<p>Devises guidelines for the safe use of equipment.</p>	<p>Assesses the need for equipment used in neonatal care and advise appropriately.</p>
<p>Interprets significance of the alarms of the equipment in use in special care.</p>	<p>Interprets significance of equipment alarms in infants requiring special care and responds appropriately. Troubleshoots equipment problems.</p>	<p>Devises, audits and reviews guidelines for best practice in partnership with medical staff for alarm parameters.</p>	

Addendum: Frameworks for levels 2–4 Fluid, electrolyte, nutrition and elimination management

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Advises on the initiation and maintenance of lactation.</p> <p>Advises and supports mothers in manual/mechanical expression of breast milk and its handling and storage.</p> <p>Assists the mother to breast feed according to evidence based/unit guidelines.</p> <p>Advises and demonstrates sterilisation procedures of feeding equipment and storage of same.</p> <p>Assists parents/carers in bottle feeding techniques.</p> <p>Recognises typical and atypical oral feeding behaviour; records and reports findings.</p> <p>Measures and weighs infants, records and reports findings.</p> <p>Monitors input and output, records and reports findings.</p> <p>Applies nursing care to a infant receiving phototherapy according to local guidance.</p>	<p>Recognises normal and abnormal gastrointestinal and urinary tract function.</p> <p>Records and reports deviations from normal to the assistant practitioner/QIS practitioner.</p> <p>Verifies intake requirements for enteral feeding according to guidelines.</p> <p>Provides other forms of enteral feeding; for example, cup, gastric and gastrostomy according to local guidance.</p> <p>Sets up enteral feeding pumps and records measurements.</p> <p>Administers oral nutritional supplements which have been checked by a registered practitioner according to local policy.</p> <p>Initiates phototherapy as directed by a registered practitioner.</p>	<p>Understands and recognises normal and abnormal gastrointestinal function, urinary tract function and bilirubin elimination.</p> <p>Records and reports deviations from normal to a QIS practitioner.</p> <p>Explains the maturation of feeding skills in the newborn.</p> <p>Assesses enteral feeding needs, devise plan and reviews appropriately.</p> <p>Passes naso/oral gastric feeding tubes.</p> <p>Advises on the need for nutritional supplements as appropriate.</p> <p>Anticipates and monitors infants at risk of hypoglycaemia and implements preventive and, where necessary, corrective management strategies according to local guidance.</p> <p>Monitors and measures serum bilirubin levels and initiates phototherapy according to local guidance.</p> <p>Safely monitors intravenous cannula site, recognises and reports deviations/complications.</p>

Skin, hygiene and infection control management

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Examines skin, cord and eyes using assessment tool(s) if appropriate to local practice, records and reports findings.</p> <p>Recognises and supports ways in which parents can be involved in their infant's care; for example, explains the normal process of cord separation, describes approaches to promoting healthy skin, describes types of bathing including issues around safety.</p> <p>Complies with standard infection prevention and control precautions and local policies.</p> <p>Performs correct hand hygiene procedure and other infection prevention and control measures as per local policies.</p> <p>Demonstrates and advises parents, their visitors and staff about hygiene and visiting guidelines.</p>	<p>Applies strategies to maintain and manages skin integrity in the immature and vulnerable infant; for example, stoma care, application and removal of tapes and topical applications.</p> <p>Describes signs of skin infection in the newborn, records and reports observations.</p> <p>Undertakes routine infection/colonisation screening appropriate to local practice.</p> <p>Participates in audit activities.</p> <p>Explains to parents their infant's susceptibility to infection and the reasons behind infection prevention and control measures in the unit.</p>	<p>Examines and assesses skin, cord, eyes and mucous membranes using assessment tool(s) if appropriate to local practice, records and reports findings.</p> <p>Anticipates the infant at risk of iatrogenic skin damage; for example, the immature infant, the infant with NAS and assesses skin integrity using assessment tool(s) if appropriate to local practice.</p> <p>Implements strategies/treatment as prescribed to manage skin injury and infection(s) of skin, cord, eyes and mucous membranes, evaluating and reporting to inform subsequent care/management.</p> <p>Demonstrates and supports others to comply with infection prevention and control policies.</p> <p>Participates in audit activities through observing practice and monitoring compliance.</p>

Neurological, developmental care and pain management

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Recognises typical sleep/wake states, posture and movement in the newborn.</p> <p>Anticipates and recognises distress/pain in the newborn and takes steps to provide comfort.</p> <p>Recognises behaviour associated with neonatal abstinence syndrome (NAS).</p> <p>Provides routine nursing care to alleviate effects of NAS.</p> <p>Completes assessment tools according to local practice.</p> <p>Records and reports typical/atypical observations of behaviour.</p> <p>Provides parents with an explanation of the assessment tool(s) being applied to their infant.</p> <p>Assists parents in recognising and interpreting their infant's behavioural cues.</p>	<p>Recognises and reports overt signs of pain.</p> <p>Uses developmental care strategies to promote stability and reduce pain/distress, including environmental aspects, containment, swaddling, positioning and handling, non-nutritive sucking.</p> <p>Records and report typical/atypical observations of physiology and behaviour.</p> <p>Responds to infant's cues and support parents in applying developmentally sensitive care.</p>	<p>Recognises physiological and behavioural differences between sleep/awake states, stress, distress, pain, convulsions and drug withdrawal behaviour in infants of different gestations.</p> <p>Anticipates potentially distressing/painful events, applies appropriate assessment, implements strategies to support stability and comfort, evaluates to inform subsequent care planning.</p>

Respiratory and cardiovascular management

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Recognises normal colour and tone in the newborn, reporting deviations from normal.</p> <p>Measures vital signs (heart rate, respiratory rate and oxygen saturation), records and reports results.</p> <p>Anticipates and recognises deterioration in the newborn, reports results.</p> <p>Participates in a local and or an approved newborn resuscitation programme.</p> <p>Alerts others to collapsed infant and initiate basic life support measures.</p> <p>Assists with advanced stabilisation and resuscitation.</p> <p>Provides parents with an explanation of infant's vital signs giving rationale(s) for measurements and implications of findings.</p>	<p>Measures and records temperature, heart rate, respiratory rate and oxygen saturation by intermittent and continuous methods, reporting deviations from normal.</p> <p>Safely administers supplemental oxygen therapy including adequate humidification where appropriate via non-mechanical means according to local guidelines, reporting changes in oxygen requirements.</p> <p>Assesses the airway for patency and performs safe and effective oral suction as directed.</p> <p>Provides parents with an explanation of the care specific to the delivery of supplemental oxygen therapy.</p>	<p>Recognises the need for and/or modifies vital sign monitoring according to infant's condition and local guidelines.</p> <p>Measures blood pressure using non-invasive techniques, reporting deviations from normal.</p> <p>Implements strategies to maintain and normalise vital signs within accepted parameters.</p> <p>Initiates safe and effective naso-pharyngeal suction as clinically indicated.</p> <p>Provides parents with an explanation of the care specific to the delivery of supplemental oxygen therapy, highlighting risks and benefits, safety monitoring and procedures.</p>

Infant temperature management

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Anticipates infants at risk of hypo/hyperthermia and proactively takes steps to prevent cold/heat stress from occurring.</p> <p>Performs nursing procedures – for example, bathing – in the newborn to promote thermal stability in accordance with local guidelines.</p> <p>Measures temperature according to local guidelines and using available equipment, records and reports results.</p> <p>Identifies with parents the ways in which temperature can be taken and the risks of infant being too hot or too cold.</p> <p>Advises and assists parents, incorporating their needs/preferences, on how to dress their infant according to the care giving undertaken; for example, bathing, the temperature of the environment (indoors v outdoors) and to adjust strategies as the temperature changes.</p>	<p>Anticipates infants at risk of thermal instability and proactively take steps to prevent cold/heat stress from occurring; for example, when transitioning from incubator to cot, instigating incubator phototherapy.</p> <p>Adjusts environment, clothing and nursing activities to achieve/maintain normothermia as directed within management plan.</p> <p>Uses specialist equipment; for example, incubator, radiant warmer, heated cot to maintain thermoneutral environment as directed within management plan.</p>	<p>Recognises the need for and/or modifies temperature monitoring including continuously according to infant's condition and local guidelines, records and reports results.</p> <p>Implements strategies to achieve/maintain normothermia (within accepted parameters).</p> <p>Uses appropriate interventions to correct temperature deviations.</p>

Investigations, tests and procedures

<p>Level 2</p>	<p>Level 3</p>	<p>Level 4 Nursery nurse/assistant practitioner</p>
<p>Supports infants and families while the infant has a requirement for heel prick procedures for blood glucose management.</p> <p>Collects urine and stool specimens using the correct specimen medium.</p> <p>Supports infants and families when there is a need to collect oral and nasal secretions.</p>	<p>Under supervision may be required to undertake heel prick procedure for blood glucose management.</p> <p>Collects urine and stool specimens using the correct specimen medium.</p> <p>Under supervision may be required to collect oral and nasal secretions using the correct specimen medium.</p> <p>Collects skin swabs using the correct swab for different investigations.</p>	<p>Undertakes heel prick procedure for blood glucose management.</p> <p>Undertakes blood spot screen for new born screening, explaining rationale for test.</p> <p>Collects urine and stool specimens using the correct specimen medium.</p> <p>Collects oral and nasal secretions using the correct specimen medium.</p> <p>Collects skin swabs using the correct swab for different investigations.</p>

Equipment and monitoring

<p>Level 2 HCA/MSW/HCSW (in the well infant)</p>	<p>Level 3 Nursery nurse/HCA/SHCSW (in the infant receiving special care)</p>	<p>Level 4 Nursery nurse/assistant practitioner (in the infant receiving special care)</p>
<p>Cleans and stores equipment necessary for the care of infants in accordance with local guidelines and manufacturer's instruction.</p> <p>Efficiently and safely uses equipment necessary for the care of well infants in accordance with local guidelines and manufacturer's instruction.</p> <p>States the frequency that equipment should be checked and changed and be able to find replacement equipment.</p> <p>Verifies expiry/service date for consumables/equipment and processes for replacement/repair of same.</p> <p>Locates and checks equipment required for resuscitation purposes.</p> <p>Provides parents with an explanation of the equipment/monitoring infant is receiving.</p>	<p>Cleans and stores equipment necessary for the care of infants requiring special care in accordance with local guidelines and manufacturer's instruction.</p> <p>Efficiently and safely uses equipment necessary for the care of infants requiring special care in accordance with local guidelines and manufacturer's instruction.</p> <p>Sets up and checks equipment alarms in infants requiring special care.</p>	<p>Cleans and stores equipment necessary for the care of infants requiring minimal high dependency in accordance with local guidelines and manufacturer's instruction.</p> <p>Efficiently and safely uses equipment necessary for the care of infants requiring special and minimal high dependency care in accordance with local guidelines and manufacturer's instruction.</p> <p>Sets up, checks and interprets significance of equipment alarms in infants requiring special and minimal high dependency care in accordance with local guidelines and manufacturer's instruction.</p> <p>Sets up and checks equipment required for resuscitation purposes.</p>

4

Curricula/ programme preparation and maintaining proficiency

It is a matter of some concern that there are no nationally UK-wide agreed curriculums or programmes of preparation for the neonatal workforce. For the maternity support worker (MSW) or the health care assistant (HCA) there may have been no programme of preparation prior to appointment, so a period of preparation to equip these workers with the knowledge and skills to perform the fundamentals of care will be required as part of an induction, as a minimum. Further training and supervision will be required as the MSW or HCA consolidates this induction and to prepare them to expand their repertoire of skills for use in the service.

Nursery nurse education and training has evolved over a period of years and is currently offered at several levels, from certification to diploma. The focus of nursery nurse education is on the normal development from birth to school years, and will usually not include the sick or premature neonate. When appointed to work in neonatal units these practitioners will also require a period of induction and training, depending on their level of experience.

Associate and assistant practitioners may be educated to foundation degree level but may not have a neonatal specific set of skills, so a period of preparation to equip them with the skills to perform within this specialist area will be required. This could be offered as an in-house induction apprentice-style development programme or provided as a combination of supervised practice and theory, which could be delivered by a local educational establishment; the combination in partnership could provide a neonatal foundation certificate which attracts credits.

Since 2010, the newly registered entrant to neonatal nursing will have been prepared according to the NMC's criteria for entering the register and will have grounding of competency within the four domains of nursing:

1. professional values
2. communication and interpersonal skills
3. nursing practice and decision-making
4. leadership, management and team working.

These skills are transferable, but vary depending on the field of practice the registrant has specialised in. It is recommended, therefore, that a comprehensive programme equipping the neonatal workforce is provided, commensurate with the level in which the practitioner is expected to function. The new registrant as a novice in neonatal care could undertake a foundation neonatal nursing course, in addition to a suitable induction and close mentoring. However, registration and regulation are no barriers to other members of the neonatal workforce undertaking such certification and flexibility in the entry requirements in HEIs could be considered to accommodate access.

Becoming qualified in speciality

When considering progression within the neonatal speciality, the RCN's *Competence, education and careers in neonatal nursing* (2012) and the BAPM's *Matching knowledge and skills for qualified in speciality (QIS) neonatal nurses* (2012) went some way in setting benchmarks for HEIs to follow. However, there continues to be a considerable variation in the educational provision and level of training towards QIS provision. The learning outcomes of such programmes of preparation should be fully integrated into the competency framework so there is no theory/practice gap.

It is one thing to prepare a registrant to the QIS level, whether this is for the child field of practice, or as a midwife or ANNP, but it is quite another to determine how they should sustain their level of practice. A rolling programme of revalidation that is built into a system of mentoring and support which complements the annual performance review is to be welcomed and at the time of writing the NMC was in the process of developing this. However, the central ethos of both the individual performance review (IPR) and the revalidation process should be to sustain the learning and development of the practitioner, rather than just monitor a baseline of acceptable performance.

Enhanced practice neonatal nurses/specialist neonatal nurses

The enhanced/specialist neonatal nurse/midwife is a practitioner who has completed a QIS programme and has undertaken further education and training within the field such as cannulation, insertion of lines, and airway and respiratory management. They may be mid-way to considering the full ANNP role, or they may have followed a more holistic path and developed specialist breastfeeding advisor roles, neonatal outreach nursing, or roles to support families – such as family co-ordinators. These roles are flexible and adaptable and reflect the requirements of the neonatal units within which individuals work.

The ANNP is an established and highly valued member of the neonatal workforce and should be funded from whichever budget their roles support and counted within the staffing accordingly. They should not be funded from the nursing budget if their roles are predominately medical.

The importance of the family

Neonatal nurses work in partnership with parents and families. The family should be integrated into everything we do, consequently there is no one section which focuses solely on families. The family has inestimable value in participating in the care which has been planned to ensure the wellbeing of infants who are resident in neonatal care. Therefore, the family's participation is included throughout; to do otherwise would run the risk of isolating the needs of families from the curriculum. Page 51 shows an example curriculum.

As with the previous section where the skills are progressively gained the curricula can be regarded as a spiral with each phase building on a previous stage. This section has focused on the QIS functioning mainly in high dependency and intensive care. Where skill mix permits they would naturally complement and enhance the special care workforce.

Suggested curriculum to support development of competence/retention of competences

Fluid, electrolyte, nutrition and elimination management – learning outcomes

<p>■ ■ ■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
<p>The learner will be able to provide for the nutritional needs of the stable neonate/well infant.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) A programme of preparation and mentoring to supervise to equip the practitioner to provide advice on the initiation and maintenance of lactation. A programme of preparation and mentoring to equip the practitioner to advise and support mothers in the manual/mechanical expression of breast milk and the handling and storage of this. A programme of preparation and guidance to equip the practitioner to assist the mother to breastfeed according to evidence-based/unit guidelines. A programme of preparation and assessment to equip the practitioner to advise and demonstrate sterilisation procedures of feeding equipment and storage. The above can be assessed by a practical assessment and a series of workbooks. A programme of preparation, observation and assessment to equip the practitioner to provide advice on safety issues around prepared formula milk, assist parents/carers in bottle-feeding techniques.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN) Inclusive of the ability to perform the skills expected from the Level 2 practitioner and some overlap is acknowledged. The Level 3 practitioner should undergo a programme of preparation to enable the learner to recognise normal and abnormal gastrointestinal and urinary tract function. Understand how to record observations related to the gastrointestinal status of the infant, make an assessment on these and report deviations from normal to the assistant practitioner/QIS practitioner. Understand the rationale for fluid management on the NNU and develop the ability to calculate the infant's nutritional intake requirements for enteral feeding according to guidelines. A programme of preparation and mentoring to equip the practitioner to advise and support mothers in the manual/mechanical expression of breast milk and the handling and storage of this. Develop the skills to provide other forms of enteral feeding – for example, cup, gastric and gastrostomy – according to local guidance.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP) Inclusive of the ability to perform the skills expected from a Level 2 and 3 practitioner and some overlap is acknowledged the Level 4 practitioner should undergo a programme of education and training to enable the practitioner to understand and recognise normal and abnormal gastrointestinal function, urinary tract function and bilirubin elimination. Understand how to respond to and record minor deviations for normal functioning and report these deviations to a QIS practitioner. Be equipped with the ability to explain the maturation of feeding skills in the newborn. Be able to assess the infant's enteral feeding needs, devise plan and review appropriately. Be educated, prepared and assessed on their ability to pass naso/oral gastric feeding tubes safely and monitor their positioning. Be educated as to the need for and possess the ability to advise on the need for nutritional supplements as appropriate Understand why some infants are at risk of hypoglycaemia anticipate risks and monitor infants who are at risk of hypoglycaemia. Be educated to implement preventive and where necessary corrective management strategies according to local guidance.</p>

Fluid, electrolyte, nutrition and elimination management – learning outcomes (continued)

<p>■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
<p>The learner will be able to provide for the nutritional needs of the stable neonate/well infant.</p>	<p>A programme of preparation and development to equip the practitioner to recognise typical and atypical oral feeding behaviour; record and report findings and be able to measure and weigh infants, record and report findings.</p> <p>A programme of preparation to equip the practitioner to monitor input and output, record and report findings</p> <p>A programme of preparation, support and guidance to equip the practitioner to provide care to an infant receiving phototherapy in accordance with the local policy.</p> <p>The above could be assessed formally by a vocational module at Level 2. By a portfolio of practice and have the practitioner's skill level reviewed annually during the individual performance review.</p>	<p>Sets up enteral feeding pumps and records measurements.</p> <p>In some designated areas administers oral nutritional supplements which have been checked by a registered practitioner according to local policy.</p> <p>The Level 3 practitioner will have some remit to mentor, support and supervise Level 2 colleagues in the maintenance of high standards and safe care.</p> <p>The above integrated knowledge and skills could be assessed by a portfolio of practice or module at Level 3. The practitioner's skill level could be reviewed annually during the individual performance review.</p>	<p>Understands the basics of the bilirubin pathway. In some areas may be educated and prepared to monitor and measure serum bilirubin levels and initiate phototherapy according to local guidance.</p> <p>Some units may require Level 4 to care for infants who are having IV therapy, so Level 4 students may require education and skills training on the safety of these and the importance of observing an intravenous cannula site, recognising and reporting deviations/ complications. Monitoring the functioning of the pumps documenting pressures and recording of the fluids infused.</p> <p>As a Level 4 practitioner they have some remit to mentor, support and supervise Level 2 and Level 3 colleagues in the maintenance of high standards and safe care.</p> <p>The above integrated knowledge and skill set could be assessed by a portfolio of practice or could be assessed formally by a vocational module at Level 4 or a foundation degree. The practitioner's skill level could be reviewed annually during the individual performance review.</p>

Neurological, developmental care and infant pain management – learning outcomes

<p>Levels 2-4</p>	<p>Level 2 unregistered</p>	<p>Level 3 unregistered</p>	<p>Level 4 unregistered</p>
<p>The learner would be able to enhance the wellbeing of the infant and promote normal development.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>A programme of preparation to enable the practitioner to recognise typical sleep/wake states, normal posture and movement behaviours in the newborn.</p> <p>A programme of preparation to enable the practitioner to anticipate and recognise distress/pain in the newborn and take steps to provide comfort.</p> <p>A programme of preparation, support and guidance to enable the practitioner to recognise behaviour associated with neonatal abstinence syndrome (NAS) and provide routine care to comfort the infant who has mild NAS.</p> <p>The preparation may enable the practitioner to complete assessment tools according to local practice and provide an explanation of the assessment tool(s) being used to assess the infant to the parents.</p> <p>A programme of preparation and mentorship to enable the practitioner to assist and support parents in recognising and interpreting their infant's behavioural cues.</p> <p>The attainment and retention of the above skills can be assessed by a suitable vocational module at this level. By maintaining a portfolio of practice and the skill level reviewed annually during the individual performance review.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>Inclusive of the ability to perform the skills expected from a Level 2 practitioner and some overlap is acknowledged. Level 3 practitioners should undergo a programme of preparation to enable the practitioner to recognise and report overt signs of pain.</p> <p>Be equipped to be able to use developmental care strategies to promote stability and reduce pain/distress including environmental aspects, containment, swaddling, distraction and so forth.</p> <p>Understand the importance of positioning and handling and providing opportunities for non-nutritive sucking if the parents' consent to soothers.</p> <p>Have some understanding of normal, delayed and altered development and be able to transfer this to record and report typical/atypical observations of physiology and behaviour.</p> <p>Apply this understanding to nursing actions in response to infant's cues. Assimilate basic teaching skills in order to be able to teach and support parents in applying developmentally sensitive care.</p> <p>The Level 3 practitioner has some remit to mentor, support and supervise Level 2 colleagues in the maintenance of high standards and safe care. An introduction to mentoring may be beneficial to support practitioners to function in this role.</p> <p>The above could be assessed formally by a vocational module at Level 3 by a portfolio of practice and the practitioner's skill level could be reviewed annually during the individual performance review.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Infants who are in special care.</p> <p>Inclusive of the ability to perform the skills expected from Level 2-3 practitioners and some overlap is acknowledged. Level 4 practitioners should undergo a programme of preparation to enable the practitioner to recognise and report overt signs of pain. Appropriate interpretation in the use of tools to support this.</p> <p>A programme of preparation to equip the practitioner to recognise physiological and behavioural differences between sleep/awake states, stress, distress, pain, convulsions and drug withdrawal behaviour in infants of different gestations.</p> <p>Acquisition of the skills required to enable them to anticipate potentially distressing/painful events, apply appropriate assessment and implement strategies to support stability and comfort. The practitioner should be able to evaluate the success of the strategies used to inform subsequent care planning.</p> <p>The above could be assessed formally by a vocational module at Level 4, as part of a foundation degree. Retention of these skills could be demonstrated by maintaining a portfolio of practice and the practitioner's skill level could be reviewed annually during the individual performance review.</p>

Respiratory and cardiovascular management – learning outcomes

<p>■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
<p>Learners will be able to make essential assessments of vital signs.</p> <p>Able to recognise and respond to an infant who deteriorates and respond appropriately.</p> <p>Identify those who may need resuscitation.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>All levels will require a programme of preparation and practice simulation to enable the practitioner to assess the respiratory and cardiovascular wellbeing of an infant.</p> <p>A programme of preparation to enable the practitioner to respond appropriately to an infant who has collapsed and requires resuscitation.</p> <p>A programme of preparation to enable the practitioner to assess the normal pulse and respiratory patterns of the neonate and alert the team appropriately where there is deviation from these.</p> <p>Following the period of preparation the student should be able to provide parents with an explanation of their infant's vital signs giving rationale(s) for measurements and implications of findings. Provide initial support and reassurance to parents in the event of their infant's deterioration.</p> <p>Evidence of these skills being maintained during BLS annual mandatory training. The testimony of others, direct observation, role play and reviewed during the individual performance review.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NIN)</p> <p>Inclusive of the ability to perform the skills expected from Level 2 practitioners (some overlap is acknowledged). At the end of a programme of learning and according to role and responsibilities, students will be able to measure and record temperature, heart rate, respiratory rate and oxygen saturation by intermittent and continuous methods, reporting deviations from normal.</p> <p>Be prepared to safely administer supplemental oxygen, understanding the basics on the advantages and disadvantages of such therapy. This should include the understanding of the importance of adequate humidification where appropriate according to local guidelines. The student needs to acquire confidence in reporting changes in oxygen requirements and interpretation of saturation readings to more experienced staff.</p> <p>The practitioner needs to develop skills in assessing the infant's airway for patency and develop a knowledge base to permit them to incorporate elements of the evidence base leading on to developing skills in performing safe and effective oral suction as directed.</p> <p>Using teaching skills acquired as part of this programme of preparation, the student should be able to provide to parents an explanation of the care specific to the delivery of supplemental oxygen therapy. Provide support to parents in the event of their infant's deterioration and requirement for intervention.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NIN) Associate/assistant practitioner foundation degree (AP)</p> <p>Inclusive of the ability to perform the skills expected from Level 2 and Level 3 practitioners, the Level 4 will require a programme of preparation to enable the acquisition of competencies to facilitate a greater understanding of the knowledge and skills required to facilitate the cardiovascular and respiratory care/support of the neonate.</p> <p>An in-house resuscitation programme would ensure that the practitioner could state the location of and the checking procedure for the emergency equipment and the resuscitation trolley.</p> <p>Provide the rationale for when the resuscitation equipment should be checked, be able to explain what equipment should be in the nursery for resuscitation purposes and be able to find and commission for use replacement equipment when required.</p> <p>Training will be required to enable them to provide explanation on how frequently equipment should be changed and they should be able to demonstrate correct use of:</p> <ol style="list-style-type: none"> 1. bag and mask 2. neopuff 3. oxygen and air supply 4. suction 5. alarm limits. <p>They should be prepared to a level where they can commence and assist in the basic life support of a neonate and may gain formal certification in these skills.</p> <p>They should be prepared to be able to recognise the need to request assistance in the event of deterioration and recognise a resuscitation situation and should have sufficient background knowledge to explain the rationale for the actions during this.</p>

	<p>Evidence of these skills being attained and maintained could be undertaken during a BLS annual mandatory training session, assessed by direct observation and reviewed during the individual performance review.</p>	<p>They should be prepared to interact appropriately with the family during and after a resuscitation incident. Depending on local policy, be equipped to demonstrate neonatal resuscitation to the family prior to discharge home.</p> <p>They should be educated to a level where they can recognise deviation from normal respiratory function and understand why some activities can have an effect on preterm infant's respirations.</p> <p>Develop skills in assessing and recording the respiratory rate of a neonate and the importance of correct interpretation and documentation.</p> <p>Practical preparation to equip the student with the ability to set up a respiratory monitor, including setting appropriate alarm limits. The knowledge to equip them to understand common deviations and enable them to respond to these deviations accordingly. The student should be able to demonstrate the appropriate alerting processes and report the escalation mechanisms where an infant requires more supportive care.</p> <p>Equipped with a basic understanding of apnoea of prematurity to enable them to intervene and provide appropriate stimulation in the event of a neonate becoming bradycardic and desaturating.</p> <p>Equipped to have the skills be able to administer oxygen appropriately to ensure that saturations remain within the appropriate set limits.</p> <p>Equipped to identify an infant who is apnoeic. Initiate the treatment and care of an infant who is apnoeic. Demonstrate an understanding of possible investigations following frequent apnoea.</p> <p>The programme of preparation should include essential cardiovascular assessment strategies and the practitioner should be able to state the normal range for apex rate in a preterm and term neonate.</p> <p>Educated in such a way that they can recognise deviations from normal cardiovascular function:</p> <ul style="list-style-type: none"> • demonstrate recording the apex of a neonate and correct documentation • demonstrate setting up a cardiac monitor including setting appropriate alarm limits • demonstrate cleaning techniques of stethoscope and monitoring equipment • state activities that can affect the apex beat of a preterm infant
--	---	--

Respiratory and cardiovascular management – learning outcomes (continued)

<p>■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
			<ul style="list-style-type: none"> • state the blood pressure values of a neonate taking into account their gestation • demonstrate choice of correct size cuff and application • demonstrate taking a recording a blood pressure on a preterm infant • state activities that will affect the reading • discuss and state reasons why blood pressure should be monitored • state reporting mechanism of any deviation in the cardiovascular reading of the preterm infant. <p><i>Suctioning</i></p> <p>The practitioner will be required to be able to understand and apply evidence-based practice, related to this skill and be able to assess the need to apply suctioning to the infants airways.</p> <p>The practitioner will need to be prepared to understand the reasons why there are various types and sizes of suction catheter select the appropriate one and understand the importance of using a sterile technique for suctioning.</p> <p>Select the appropriate suction pressure used for neonates and be able to identify the risks associated with suctioning. Be sufficiently skilled to safely aspirate oral and naso pharyngeal mucous safely and effectively and send for microscopy when the need arises.</p> <p>Understand the importance of documenting the characteristics, volume and ease of aspiration the secretions obtained.</p> <p>Education and skills related to saturation:</p> <ul style="list-style-type: none"> • describe the correct saturation levels for the preterm and neonate • demonstrate choice of correct size saturation wrap. <p><i>Oxygen</i></p> <ul style="list-style-type: none"> • demonstrates care of an oxygen dependent neonatal, show due regard for maintaining and weaning • knows how to use oxygen flow meters and low flow meters • be able to demonstrate the ability to provide additional oxygen via face mask when required • demonstrates the ability to care for a neonate on low flow and high flow therapy. <p>Understands some of the adverse effects of oxygen therapy including a basic understanding of retinopathy of prematurity.</p>

<p>Provides a more detailed explanation to parents of the care specific to the delivery of supplemental oxygen therapy.</p>	<p>Provides support to parents in the event of their infant's deterioration and requirement for intervention.</p> <p>Elements from the above can be formally assessed as part of a foundation degree, in-house simulation or an organised simulated clinical examination (OSCE). Retention of the skills can be assessed doing the individual's IPR.</p>			
---	--	--	--	--

Skin, hygiene and infection control management – learning outcomes

<p>■ Levels 2-4</p> <p>The learner will be able to provide essential infant care.</p> <p>The learner will comply with standard infection prevention and control precautions.</p>	<p>■ Level 2 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>A programme of preparation designed to equip the practitioner to care for the well infant; a programme of preparation, mentorship and support to enable the practitioner to examine skin, cord and eyes using assessment tool(s) if appropriate to local practice; record and report findings.</p> <p>A programme of preparation to equip the practitioner to recognise and support ways in which parents can be involved in their infant's care.</p> <p>Enabled to understand the normal process of cord separation, describe approaches to promoting healthy skin, describe types of bathing including issues around safety.</p> <p>Require relevant updates to assist the practitioner to comply with standard infection prevention and control precautions and local policies. Assessment in practitioner's compliance to perform correct hand hygiene procedure and implement other infection prevention and control measures as per local policies.</p> <p>The practitioner should be able to demonstrate and advise parents, visitors and staff about hygiene and visiting guidelines.</p> <p>The assessment of the above skills could be performed formally as part of a vocational module set at this level. Retention of the above skills can be assessed by maintaining a portfolio of practice and the skill level reviewed annually during the individual performance review.</p>	<p>■ Level 3 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>Inclusive of the ability to perform the skills expected from a Level 2 practitioner, a Level 3 practitioner will require:</p> <ul style="list-style-type: none"> a programme of preparation designed to equip the practitioner to support the care of an infant receiving special care a programme of preparation to enable the practitioner to apply strategies to maintain and manage skin integrity in the immature and vulnerable infant <p>For example, stoma care, application and removal of tapes and topical applications.</p> <p>Level 3 practitioners will be enabled to describe the signs of skin infection in the newborn, record and report observations.</p> <p>Undertake routine infection/colonisation screening appropriate to local practice.</p> <p>Participate in audit activities.</p> <p>Explain to parents their infant's susceptibility to infection and the reasons behind infection prevention and control measures in the unit.</p> <p>As a Level 3 practitioner they will have some responsibility for the support of Level 2 colleagues to ensure high standards and the maintenance of safe practice.</p> <p>The assessment of the above skills could be performed formally as part of a vocational module set at Level 3. Retention of the above could be assessed by a portfolio of practice and the practitioner's skill level could be reviewed annually during the individual performance review.</p>	<p>■ Level 4 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Inclusive of the ability to perform the skills expected from a Level 3 practitioner, a Level 4 practitioner will require a programme of preparation to facilitate a greater understanding of knowledge and skills required to ensure the hygiene and skin integrity needs of the neonate are met.</p> <p>Have background knowledge to equip the practitioner to discuss the appearance of skin depending on gestational age. Prepared to understand the importance of skin care and hygiene requirements.</p> <p>Be able to discuss the importance of family participation in the hygiene and care needs of the infant.</p> <p>States the importance of the timing of care including reasons for minimal handling.</p> <p>Discusses the importance of top and tail and bathing, perform this with confidence and safety, teach the skills to others.</p> <p>Lists the areas of particular importance to be washed and observed whilst attending to care, including oral and eye care.</p> <p>States symptoms associated with infection in the infant and discuss prevention and treatment of common infections.</p> <p>States the importance of repositioning monitoring equipment during cares, for example, SaO2 probe and the documentation associated with the changes.</p> <p>Discusses the immunisation schedule offered during the neonatal period and the importance of parental consent.</p> <p><i>Infection control</i></p> <p>Be able to discuss the importance of family participation in infection control measures, can safely promote these in practice.</p>
---	--	---	--

<p>Discusses the importance of implementing and complying with infection control measures as per local guidelines, including:</p> <ul style="list-style-type: none"> • hand hygiene • aseptic technique • universal precautions • clinical waste segregation. <p>Has the background preparation to equip the practitioner to discuss which infants would require isolation and isolation techniques. Safely perform these skills in practice.</p> <p>Demonstrates the correct procedure for undertaking swabs for infection control purposes – such as MRSA.</p> <p>Can demonstrate the correct procedure for the cleaning and storage of equipment as per infection control policy.</p> <p>Demonstrates an awareness of disinfection and sterilisation (feeding bottles/milk tanks and so on).</p> <p>The Level 4 practitioner should be equipped to be able to provide a more detailed explanation to parents their infant's susceptibility to infection and the reasons behind infection prevention and control measures in the unit.</p> <p>As a Level 4 practitioner they will have some responsibility for the support of Level 3 and Level 2 colleagues to ensure high standards and the maintenance of safe practice.</p> <p>Assessment could be part of a formal foundation degree or a vocational module set at Level 4. An OSCE could include the opportunity to demonstrate that the learner can correctly undertake hand washing procedure and can safely perform the care requirements of a neonate in their care – 'top and tail' the infant, provide infant bath demonstration or a simple aseptic technique.</p> <p>Assessment of the retention of skills related to infection control could be undertaken during the annual updates.</p>	
--	--

Infant temperature management – learning outcomes

<p>■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
<p>All learners need to be able to support the infant to maintain optimal temperature management.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>Follows a programme of preparation and supervision designed to ensure that the learner understands the means by which infant temperatures are maintained at the optimal level, depending on the environmental temperature.</p> <p>Advises and refers parents to the recommendations on safe infant sleep and prevention of overheating.</p> <p>The acquisition and retention of the above skills can be assessed by maintaining a portfolio of practice and the skill level reviewed annually during the individual performance review.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>Inclusive of the skills required in a Level 2 practitioner; the Level 3 practitioner at the end of a programme of learning and according to role and responsibilities, will be able to anticipate the infants at risk of thermal instability and proactively take steps to prevent cold/heat stress from occurring – for example, when transitioning from incubator to cot, instigating incubator phototherapy.</p> <p>Students should be able to make some adjustments to the infant's environment, clothing and nursing activities to achieve/maintain normothermia, as directed within management plan.</p> <p>Use specialist equipment – for example, incubator, radiant warmer, heated cot – to maintain thermoneutral environment as directed within management plan.</p> <p>The acquisition and retention of the above skills could be assessed formally by a relevant vocational module and reviewed annually during the individual performance review.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Inclusive of the skills required in a Level 2 and Level 3 practitioner the level 4 practitioner will need a programme of preparation to facilitate an understanding of the thermoregulation requirements of a preterm infant.</p> <p>Be able to state the normal temperature values for the preterm/term infant and the environmental factors that may affect the infant's temperature.</p> <p>Be able to assess the neonatal body temperature using appropriate method and site.</p> <p>States possible causes other than environmental that may cause temperature instability.</p> <p>Intervenes to prevent temperature deviations. State interventions that can be used.</p> <p>States possible interventions if an infant's temperature is too high. Document temperature correctly on observation chart.</p> <p>Discusses how to maintain a thermo-neutral environment for an infant being nursed in an incubator and perform the care these infants require safely.</p> <p>Knows when it is appropriate to nurse an infant in a cot and in consultation with the family can produce a care plan to move an infant from an incubator to a cot.</p> <p>Formal assessment strategies could include providing the learner with an opportunity to demonstrate how to assess an infant's temperature using a range of appropriate methods. Demonstrate how to correctly document the infant's temperature reading.</p> <p>A review of the safe use of equipment designed to maintain infant's temperature could be included in a portfolio of practice.</p> <p>Maintaining the skill level could be part of the individual performance review.</p>

Palliative care, end-of-life and bereavement management – learning outcomes

<p>Levels 2-4</p>	<p>Level 2 unregistered</p>	<p>Level 3 unregistered</p>	<p>Level 4 unregistered</p>
<p>Learners will need to be able to provide palliative care/end-of-life care and bereavement management with skills commensurate with their level of seniority.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>A programme of preparation designed to provide an introduction to the theories of loss and grief and how these may affect families who have an infant who has palliative or end-of-life care needs.</p> <p>Introduction to the definition and the philosophy of perinatal/neonatal palliative care and end-of-life care.</p> <p>Awareness of local and national neonatal palliative care and end-of-life care guidelines and frameworks.</p> <p>Learners will need to be equipped to follow a plan of care, understand the importance of and facilitate memory making.</p> <p>Programme of preparation and mentoring to enable the practitioner to understand the importance of equipment required for supporting an infant with palliative care needs.</p> <p>Ensures that resources and relevant equipment are available for memory making. Ensure the appropriate equipment is ready and available for use. If there is a designated room available, ensure that it is prepared appropriately.</p> <p>Ongoing mentorship and peer support to ensure that the optimal means of communication are used with families. Develop skills in sensitive and effective communication with families of infants who have palliative and end-of-life care needs, or when an infant has died.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>A programme of preparation to provide the practitioner with an awareness of the theories of loss and grief and an understanding of the importance of sensitive and effective communication with families.</p> <p>Understand the importance of effective communication with other professionals.</p> <p>Demonstrate awareness and understanding of the definition and philosophy of perinatal/neonatal palliative care and end-of-life care local guidelines. Knowledge and awareness of local and national neonatal palliative care and end-of-life care guidelines and frameworks.</p> <p><i>Planning of care</i></p> <p>Understand the importance and significance of memory making. Ensure that resources and relevant equipment are available for memory making. Understand the importance of having relevant equipment available and ready. Consider involving siblings, step-family and grandparents in the care of the infant in line with the parents' wishes.</p> <p>Understanding the role of a children's hospice, and what services may be available.</p> <p>If there is a designated room available, ensure that it is prepared appropriately.</p> <p>Demonstrate knowledge how to contact multi faith chaplaincy team and other support services.</p>	<p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Inclusive of the abilities expected of Level 2 and 3, practitioners at Level 4 require a programme of preparation to facilitate an understanding of the theoretical basis of bereavement management of the family, sufficiently detailed to ensure that the following outcomes can be met.</p> <p>Discusses the importance of communicating and interacting in a professional manner with parents and members of the multi-disciplinary team.</p> <p>States the importance of family-centred care and how it is implemented on the unit.</p> <p>Recognises the family's feelings of grief and loss. Can assess the individual needs of the family.</p> <p>Supports the family during bereavement.</p> <p>Is able to give families information of support mechanisms and agencies within and outside the hospital environment.</p> <p>States the importance of parent information with regarding to bereavement and support.</p> <p>Demonstrates an awareness of cultural diversity relating to attitudes and behaviours surrounding death.</p> <p>Creates memories for family members.</p> <p>Sensitively reviewed annually during the individual performance review.</p>

Palliative care, end-of-life and bereavement management – learning outcomes (continued)

<p>■ ■ ■ Levels 2-4</p>	<p>■ Level 2 unregistered</p>	<p>■ Level 3 unregistered</p>	<p>■ Level 4 unregistered</p>
	<p>Awareness of the need for a postnatal care plan and a midwifery care practitioner and should support and facilitate the mother to access this.</p> <p>Demonstrates knowledge of how to contact multi-faith chaplaincy team and other support services.</p> <p><i>End-of-life care plan</i> Demonstrates knowledge and awareness of the process of transferring an infant who has died to the mortuary.</p> <p><i>Post-death care</i> Awareness of what paperwork is required when an infant is having a cremation or post mortem examination.</p> <p>Awareness of other professionals involved in the care of the infant after death – mortuary technician, pathologist, coroner.</p> <p>Develops self-awareness and recognises own needs of stress and discomfort. Seeks support from colleagues or support organisations.</p> <p>Identifies further learning needs. Awareness of own support needs and where to get support from.</p> <p>The above level of skills and awareness can be provided by the practitioner's ability to give verbal confirmation of their understanding of their neonatal palliative care pathway and identify where this information can be found.</p> <p>Demonstrate method of maintenance of cleanliness and supply of equipment.</p>	<p>Identifies which infants are appropriate for referral for continuing care.</p> <p><i>Communication</i> Demonstrates ability to provide appropriate practical support for the family.</p> <p>Demonstrates the ability to communicate with the family sensitively and empathetically.</p> <p><i>Parallel care planning</i> Demonstrates clinical skills required to care for the infant with palliative and/or end-of-life needs and their family with senior support if appropriate.</p> <p>Advises mother regarding suppression of milk supply or option of donating EBM.</p> <p><i>Postnatal care</i> Advises mother regarding her own health needs and refers appropriately to continuing midwifery care.</p> <p>Awareness that parents will be exhausted with lack of sleep, worry and travelling.</p> <p><i>End-of-life care planning</i> Supports the parents in caring for their infant at the end of life.</p> <p>Delivers care which focuses on the infant's comfort and emotional and practical support for the family.</p> <p>Advises parents how to provide comfort for the infant, cuddling, containment, suckling, responding to cues, music.</p> <p>Knowledge of the process in transferring a infant to the mortuary. Knowledge of the paperwork required to accompany the infant to the mortuary.</p>	

	<p>Describes their responsibilities with regards to communication with colleagues and the wider team around an infant receiving palliative/end-of-life care.</p> <p>Describes the attitudes and behaviours necessary when dealing with a family whose infant is receiving palliative/end-of-life care.</p> <p>Sensitively reviewed annually during the individual performance review.</p>	<p><i>Post-death care</i></p> <p>Identifies the correct process for families viewing an infant after death. Awareness that bereaved families may visit the unit or return for follow up appointment.</p> <p>Develops self-awareness in stressful circumstances. Recognise own needs regarding stress and discomfort in caring for an infant with palliative and end-of-life care needs. Seek support from colleagues and other support organisations.</p> <p>Identifies further learning needs.</p> <p>The above could be assessed by a portfolio of practice and the practitioner's skill level could be reviewed annually with sensitivity during the individual performance review.</p>	
--	---	--	--

Investigations, tests and procedures – learning outcomes

<p>■ ■ ■ Levels 2-4</p> <p>The learner will be equipped to support infants who need investigations or to undertake a defined range of investigations and procedures which are required by the infant.</p>	<p>■ Level 2 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>Follows a programme of preparation in order to equip the practitioner to assist the ANP/medical team in support of infants who are undergoing investigations and procedures, for example, venepuncture, cannulation.</p> <p>Recognises normal and abnormal vital signs and colour – cross referenced to cardiovascular and respiratory skills set.</p> <p>Provides parents with an explanation of the investigations and procedures the infant is receiving.</p> <p>Undertakes measurements of vital signs (temperature, heart rate, respiratory rate and oxygen saturation), records and reports results.</p> <p>Anticipates and recognises deterioration in the newborn and takes steps to request assistance and initiate basic life support measures.</p> <p>Performs/assists with routine diagnostic and therapeutic procedures according to local guidelines; for example, newborn blood spot screening, MRSA screening, swabs, blood glucose monitoring, serum/transcutaneous bilirubin estimation, administration of phototherapy. Records and reports findings of procedures.</p> <p>Be aware of potential adverse reactions to investigations and procedures; implement safety procedures and take steps to provide comfort.</p>	<p>■ Level 3 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>Inclusive of the skills of Level 2, the Level 3 practitioner will require a programme of preparation to equip the practitioner to measure and record vital signs by intermittent and/or continuous methods, reporting deviations.</p> <p>Educated and equipped with the ability to adjust supplemental oxygen according to local guidelines, reporting changes in oxygen concentration delivery.</p> <p>Educated and equipped with the ability and skills required to perform oral suction as directed.</p> <p>Assists with and/or performs routine screening including obtaining consent, according to role description; for example, hearing screening.</p> <p>Assists with routine investigations, such as X-ray, according to local guidelines.</p> <p>Implements prescribed management plans in response to findings; for example, blood glucose estimation.</p> <p>Escorts infants undergoing non-invasive procedures outside the neonatal unit, for example, ultrasound.</p> <p>Assessed by peer review of performance, the maintenance of a portfolio of practice and ongoing skills level retention can be reviewed annually during the individual performance review.</p>	<p>■ Level 4 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Inclusive of the skills of Level 2 and 3, the Level 4 practitioner will require a programme to equip them to care for the infant receiving special care who may have undergone routine diagnostic procedures; they may be required to implement treatment strategies according to instruction/local guidelines.</p> <p>Assists with, and as directed undertakes specific complex procedures such as wound care, long-term tracheostomy care, urinalysis.</p> <p>Be able to measure blood pressure using non-invasive techniques, evaluate the results and report deviations from normal as appropriate.</p> <p>Recognises the need for and/or modify vital sign monitoring including blood pressure according to infant's condition and local guidelines.</p> <p>Implements strategies to maintain and normalise vital signs within accepted parameters.</p> <p>Initiates safe and effective oral and nasal/pharyngeal suction as clinically indicated.</p> <p>Administers drugs via oral and topical routes according to local policies.</p> <p>Formal assessment could be undertaken as part of a foundation degree. Peer review and evidence of skill retention examined by an annual maths and safe medication administration assessment where this is appropriate. There is also the opportunity to review competence during the IPR.</p>

	<p>Records and reports physiology and behaviour responses to investigations and procedures.</p> <p>Recognises and supports ways in which parents can be involved in the care of their infant during an investigation/procedure; for example, talking to their infant, offering skin-to-skin care, breastfeeding/bottle feeding.</p> <p>Assessed by maintaining a portfolio of practice and ongoing skills level can be reviewed annually during the individual performance review.</p>		
--	--	--	--

Equipment and monitoring – learning outcomes

<p>■ ■ ■ Levels 2-4</p> <p>All learners will be required to use the equipment the infant requires safely, preserve infant safety and monitor the stability of the infant.</p>	<p>■ Level 2 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW)</p> <p>Follows a programme of preparation to raise awareness of the potential risks to infant and family safety.</p> <p>Control of substances hazardous to health (COSHH), manual handling and reporting clinical incidents.</p> <p>The practitioner should be able to locate and check emergency equipment.</p> <p>Demonstrates appropriate use of cot side infant baths and other type of changing equipment.</p> <p>Knows how to trigger alarms in the clinical area; fire alarms, emergency alarms.</p> <p>Demonstrates familiarity with evacuation policy.</p> <p>Cleans and stores equipment necessary for the care of an infant in accordance with local guidelines and manufacturer's instruction.</p> <p>Efficiently and safely uses equipment necessary for the care of well infants in accordance with local guidelines and manufacturer's instruction.</p> <p>States the frequency that equipment should be checked and changed and be able to find replacement equipment.</p> <p>Verifies 'expiry'/service' date for consumables/equipment and processes for replacement/repair of same.</p>	<p>■ Level 3 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse certificate (NN)</p> <p>At the end of a programme of learning and according to role and responsibilities, students will be able to perform the skill set expected of a Level 2 practitioner and also act in a supervisory capacity to ensure safe use, storage and the cleaning of the equipment necessary for the care of infants requiring special care, in accordance with local guidelines and manufacturer's instruction.</p> <p>Efficiently and safely uses equipment necessary for the care of infants requiring special care in accordance with local guidelines and manufacturer's instruction.</p> <p>Sets up and checks equipment alarms for infants requiring special care.</p> <p>Provides an explanation to parents of the equipment/monitoring their infant is receiving.</p> <p>The above skill set could be formally undertaken as part of a Level 3 vocational programme. The above skill set can be reviewed during mandatory training and during the individual performance review.</p>	<p>■ Level 4 unregistered</p> <p>Health care assistant (HCA) Maternity support worker (MSW) Health care support worker (HCSW) Nursery nurse diploma (NN) Associate/assistant practitioner foundation degree (AP)</p> <p>Follows a programme of preparation to allow acquisition of competences designed to facilitate an understanding of the equipment used on the neonatal unit which will incorporate the skills required for practice at Level 2 and Level 3.</p> <p>Demonstrates the correct procedure for the cleaning and storage of equipment as per infection control policy.</p> <p>Demonstrates an awareness of disinfection and sterilisation techniques.</p> <p>States location of and the checking procedure for resuscitation and procedure equipment.</p> <p>States how to check oxygen, air and suction equipment.</p> <p>Demonstrates how to prepare equipment in readiness for clinical use.</p> <p>Demonstrates when equipment needs servicing or repairing.</p> <p>Safe use of a range of monitoring equipment.</p> <p>Provides parents with a more detailed explanation of the equipment/monitoring their infant is receiving.</p> <p>The above skill set could be formally undertaken as part of a Level 4 vocational programme or be assessed as a component of a foundation degree.</p> <p>The assessments of learning and proficiencies could involve a demonstration that the practitioner can clean and store equipment correctly, can check equipment prior to use and can demonstrate how to use equipment for example how to make best use of the equipment designed to maintain an infant's temperature.</p>

	<p>Locates and checks equipment required for resuscitation purposes.</p> <p>Provides parents with a basic explanation of the equipment/monitoring that their infant is receiving.</p> <p>The above skill set could be formally undertaken as part of a Level 2 vocational programme. These skills can be reviewed during mandatory training and during the individual performance review .</p>		
--	--	--	--

Fluid, electrolyte, nutrition and elimination management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>The learner will be equipped to provide skilled care to the infant who has more complex fluid, electrolyte, nutritional and elimination support needs.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>Theoretical and practical preparation in order to develop knowledge and skills in understanding the neonatal fluid regimes. Accurately calculate daily fluid requirements for term and preterm neonates used in the registrant's clinical area.</p> <p>Assessment of the ability to calculate total daily volume and individual feed requirements. Understand why daily feeding volumes are increased, using unit guidelines.</p> <p>Demonstrates ability to weigh and measure infants, document changes in weight using centile chart.</p> <p>Supports breastfeeding with correct positioning and attachment.</p> <p>Develops skills in supporting mothers with hand expression and with the use of breast pumps.</p> <p>Safely able to store expressed breast milk.</p> <p>Identifies the reasons for using breast milk fortifier.</p> <p>Knowledge of the different artificial feeds and identifies indications for use.</p> <p>Safely makes up feeds when required and demonstrates how to make up artificial feeds to families in line with local and national policies.</p> <p>Safely inserts, tests and uses a feeding tube. Assess length of tube to be inserted. Insert tube safely.</p> <p>Tests pH of aspirate. Secure tube and document insertion. Identify when not to use a feeding tube.</p> <p>Feeds infant via tube in line with unit guidelines and document. Support families in tube feeding their infants.</p> <p>Safely feeds infants enterally using a variety of oral strategies. Ability to identify signs and symptoms of reflux and follow a prepared reflux management plan.</p>	<p>Follows a programme to provide the theoretical and practical preparation to enable the neonatal intensive care nurse to initiate following assessment the management for sustaining the infant's homeostatic requirements. This should include detailed embryology, anatomy, physiology and pathology of the gastrointestinal tract, renal tract and a range of excretory mechanisms and pathways. This should include understanding and interpretation of normal and abnormal values and their management, the normal maturational development of infant reflexes and infant growth trajectories.</p> <p>Accurately calculates and prepares the fluid and electrolyte requirements for term and preterm neonates in the high dependency area.</p> <p>Theoretical awareness of a range of congenital and acquired conditions which result in altered gut physiology. Skilled, informed administration of transparental nutrition.</p> <p>Theoretically review the evidence on gut priming and apply this to infants in the high dependency area.</p> <p>Understands the use of centile charts. Using evidence, based on the principles of nutrition, promotes the use of mother's own milk and monitor the development of the infant's reflexes as an indication of the emerging ability to co-ordinate suck and swallow.</p> <p>Supports breastfeeding with correct positioning and attachment, consolidate skills in supporting mothers with hand expression and with the use of breast pumps. Analysis of breastfeeding problems and working with the families develop the formulation of solutions to resolve these.</p> <p>With appropriate reference to microbiology safe storage and usage of expressed breast milk.</p> <p>With reference to the evidence evaluate the requirement for enteral additives to enteral feeds such as sodium and breast milk fortifier.</p>	<p>Follows a programme of preparation to review the complexities of transepidermal water loss and the nursing strategies to reduce these. There should also be preparation on the requirements for fluid restriction and complex fluid and electrolyte calculations. The administration of these fluids is likely to include multiple lines and skills to manage these lines need to be acquired accordingly.</p> <p>The neonatal intensive care nurse should be equipped and prepared to assess infant's stability for gut priming, skilled and informed to administer TPN as a means of nutrition until the infant is sufficiently stable to tolerate enteral feeds. They should be committed to a practice and culture designed to promote breastfeeding.</p> <p>Where infants are nil by mouth for prolonged periods, working with others collegially the neonatal nurse should be equipped to provide a plan of care for oral stimulation.</p> <p>Where infants are sufficiently stable to tolerate enteral feeds the nurse should be prepared with a suitable background of preparation to skilfully administer a range of nutritional supplements. Be well informed of the specialist formulas suitable for the preterm and the infant who has intolerance, malabsorption or a requirement for metabolic management.</p>

	<p>Undertakes a blood glucose analysis.</p> <p>Demonstrates pain management strategies.</p> <p>Selects appropriate sampling device. Sample from correct area of heel.</p> <p>Disposes of sharps and contaminated material appropriately.</p> <p>Uses unit guidelines to discuss abnormal values.</p> <p>Anatomical and physiological understanding of the renal tract to identify normal neonatal urine output in mls/kg/hour. Assess and document urinary output. Perform urinalysis and identify abnormal values.</p> <p>Understanding of the principles of laboratory processes to obtain urine sample using sterile bag.</p> <p>Anatomical and physiological understanding of the gastrointestinal tract to apply to normal newborn bowel output in the first week of life.</p> <p>Physiological understanding of the elimination pathway of bilirubin in order to provide informed care of a neonate receiving phototherapy in special care. Theoretical and practical preparation in order to be able to commence neonatal phototherapy.</p> <p>Prepares equipment for phototherapy and justifies the choice of equipment used.</p> <p>Identifies nursing interventions to minimise side effects of phototherapy.</p> <p>Appreciation of the importance of using charts and documentation in the recording of serum bilirubin levels.</p> <p>The learner and mentor may agree to other learning outcomes which enhance the level of competence such as gastrostomy feeding but all core learning outcomes must be signed off by a QIS neonatal nurse.</p>	<p>Comprehensive knowledge of proprietary brands of artificial feeds and the acquisition of knowledge of specialist formula. Identify indications for use.</p> <p>The ability to safely make up feeds when required and demonstrate how to make up artificial feeds to families in line with local and national policies.</p> <p>Using guidelines safely insert, test and use a feeding tube. Teach and support the novice neonatal nurse the importance of assessing tube length and to test the pH of aspirate. Acquisition of the ability to recognise abnormal characteristics in character and volume in gastric aspirates. Safely calculate gastric loss replacement if required.</p> <p>Identifies infants suffering from reflux and design a stepped and staged individual plan for the management of these infants. Evaluate the infant's response to the effectiveness of the steps taken to alleviate.</p> <p>Based on the understanding of homeostasis understand the requirements for blood glucose analysis, justify and promote pain management strategies. Teach the requirement and importance of using the appropriate sampling device and accessing the correct area of heel.</p> <p>Anatomical and physiological understanding of the renal tract to assess the infant's neonatal urine output in mls/kg/hour. Understand the range of altered states which may impact on urinary output. Pass urinary catheters, accurately weigh nappies. Support and teach others to perform urinalysis and identify abnormal values. Support and teach others to obtain urine samples.</p> <p>Anatomical and physiological understanding of the gastro intestinal tract to apply to normal newborn bowel output in the first week of life. Develop understanding of a range of conditions which may result in deviations from this.</p>	<p>Where infants are sufficiently stable to tolerate enteral feeds the nurse should be suitably prepared to manage a range of feeding tubes, oral, nasal or gastrostomy. Where there are re-feeding or replacement 'feeding/fluid' management strategies, the neonatal nurse needs to be able to manage the calculations and the process effectively.</p> <p>Neonatal intensive care nurses will be prepared with the theoretical background to identify infants with abnormal gut functioning and set of skills to equip them to care for the unstable infant with NEC. In some units this will include a requirement for acute surgical nursing skills.</p> <p>The neonatal intensive care nurse will require a theoretical background on assessing renal output and management strategies to address poly/oliguria. Be skilled to pass urinary catheters and manage when required supra-pubic catheters. In some units there may be a requirement to have skills in managing peritoneal dialysis or extracorporeal renal support strategies to manage deranged electrolyte values or renal failure. Units who require these skills will need to have an in-service training and assessment strategy.</p> <p>Some units may provide in-service training and assessment on molecular adsorbent recirculating systems (MARS).</p> <p>The nurse working in neonatal intensive care needs to be prepared and skilled in assessing bilirubin levels, providing a range of light therapies as required and in participating in exchange transfusion.</p> <p>The neonatal intensive care nurse should be prepared and equipped to be able to nurse critically unstable infants and support neonatal expert nurses in monitoring the effectiveness and currency of unit guidelines related to fluid, electrolyte, nutritional and elimination management.</p>
--	---	---	---

Fluid, electrolyte, nutrition and elimination management – learning outcomes (continued)

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>Assessment of the above skills could be based on a formal structured assignment/examination/multiple choice questions (MCQs), poster presentation provided by recognised educational establishments or provided in-house using direct observation from mentor to complete a skills and performance log. A blend of the above could be used.</p> <p>Skill levels reviewed annually during the individual performance review.</p> <p>Evidence from families could be gathered to support the claim to continued expertise in some elements of these skills.</p>	<p>Identify characteristics of abnormal neonatal faeces, ability to assess an infant at risk of necrotising enterocolitis. Acquisition of the theoretical basis required to competently care for an infant being managed conservatively for mild necrotising enterocolitis in the high dependency area.</p> <p>Understanding the requirement for and the ability to perform rectal washouts.</p> <p>Physiological understanding of the elimination pathway of bilirubin in order to provide evidence-based care of a neonate receiving phototherapy in the high dependency area. Theoretical and practical preparation in order to be able to commence neonatal phototherapy, promote the use of nursing interventions to minimise potential side effects of phototherapy.</p> <p>Theoretic and practical skills in the process of exchange transfusion.</p> <p>The high dependency neonatal nurse should be sufficiently skilled to have undertaken and completed a programme of mentorship so that they can support their more junior colleagues.</p> <p>Assessment of the above skill set and knowledge could be based on a formal theoretical assignment or examination by essay/MCQ and so forth, as part of a pathway based within an institution of higher learning.</p> <p>Assessment of competency – direct observation of infants care, diary reflections, literature critiques and a case study. Evidence that the skill set is being maintained can be reviewed during the annual individual performance review.</p>	<p>The nurse working in neonatal intensive care units needs to be compassionately supportive of the parents and families of the infants in their care and seek to provide opportunities to consult and involve them.</p> <p>Assessment and administration of drugs and specialist feeds diary – reviewing the use of diuretics and specialist formulas.</p> <p>Specialist assessment strategies for dialysis, MARS or complex re-feeding strategies.</p> <p>The neonatal QIS should be sign off mentors so that they can develop, support and take professional responsibility in making value judgements as to the competence of their more junior colleagues and endorse their progression.</p> <p>Assessment of the skills and knowledge considered above could be formal under the auspices of an HEI and could include case studies, OSCE, MCQs. The acquisition of clinical skills can be confirmed by the completion of practice assessment documents or enhanced skills clusters. The ongoing assessment of practice and the evidence that the QIS skills are being maintained could be ascertained by the line manager during the individual performance review.</p>	

Neurological, developmental care and pain management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>The learner will be able to provide care to support an infant's neurological wellbeing.</p> <p>All learners to provide care which is developmentally appropriate and can provide infant pain management.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>Follows a programme of theoretical and practical skills to equip the student to be able to assess an infant's state of comfort and wellbeing. Identify the pharmacological and non-pharmacological methods of pain management.</p> <p>Anatomical and physiological understanding of the infants muscular skeletal system to aid the understanding the importance of supportive positioning for sick and premature infants – side lying, prone, supine.</p> <p>Theoretical epistemology to aid the teaching of parents to give skin-to-skin care, position their infants and to provide a level of sensory stimulus appropriate to the stability of their infant.</p> <p>Awareness of the literature on the adverse effects on the infant because of the neonatal environment and what can be done to ameliorate this.</p> <p>Infant psychology and the requirement for stimulation, the use of play to promote physical and psychological development.</p> <p>Theoretical acquisition of family and relationship studies and the transference of these to the neonatal unit.</p> <p>Be equipped to understand the consequences of neonatal abstinence syndrome (NAS) and the rationale for the pharmacological and non-pharmacological management strategies. The use of tools to assess and support the infant.</p> <p>Assessment may be formally completed by participation in a programme offered by an HEI, perhaps including an assignment based on the care of a case.</p>	<p>Theoretical and practical preparation in the anatomy and physiology of the central nervous system in order to develop knowledge and skills in understanding and caring for infants with more complex neurological conditions. Develop the ability to undertake a holistic and comprehensive neurological assessment of the infant in high dependency care.</p> <p>Ability to recognise a range of neonatal convulsions and respond appropriately. Theoretical understandings of how the common anti-convulsing therapies work and what their side effects are. Monitor infants who are at risk of seizure and support their families.</p> <p>With reference to the literature, demonstrate skills in the assessment of neonatal pain in high dependency area. Critique a range of a pain assessment tools, have comprehensive familiarity with the one used in their own clinical area and the ability to support other team members in the consistent use of such tools.</p> <p>Understand and demonstrate the use of pharmacological and non-pharmacological methods of pain and distraction management in the high dependency area.</p> <p>Working with parents, teach them to recognise the behavioural differences between stress, distress and discomfort in their infant and how to respond to these cues.</p> <p>Recognise and respond to the effects of NAS. Formulate on the basis of evidence an individualised plan of care for such infants taking into account the infant and family's unique social requirement for support. Ability to work inter-collegially across the professional disciplines for the ongoing care of these infants.</p>	<p>Follows a programme of theoretical and practical preparation to enable the neonatal intensive care nurse to provide an assessment of the infant's neurological status and stability. This should include detailed embryology, anatomy and physiology of the nervous system and an understanding of the potential for pathology.</p> <p>This should include, among other things: the antenatal/perinatal/postnatal risk factors which may contribute to brain injury; for example, maternal infection, terminal apnoea, intranatal asphyxia/post natal hypoxia, deranged blood gasses and haemodynamic instability.</p> <p>The neonatal QIS nurse should be prepared to manage brain sparing fluid restriction, understand the theoretical risks of poor perfusion and reperfusion injuries and take steps to ameliorate the risk of physiological instability on the neonatal brain. This would include, among other things: care strategies to prevent fluctuations of cerebral blood flow by careful midline head positioning, avoidance of tight fixation and strapping. Setting the pressures of suction to the lowest for functional efficacy.</p> <p>Some units will require skills related to monitoring cerebral functioning, cerebral blood flow and therapeutic hypothermia. This will require in-house training and assessment. Some units will require nurses to have knowledge and skills to manage intracranial pressure monitoring and shut management. This will require in-house training and assessment.</p> <p>Neonatal nurses working in intensive care will be prepared to identify signs of hypoxic ischaemic encephalopathy, intraventricular haemorrhage and seizure activity. They will need to be knowledgeable about anticonvulsant management.</p>

Neurological, developmental care and pain management – learning outcomes (continued)

<p>Levels 5 +</p>	<p>Novice/advanced beginner: new entrant</p>	<p>High dependency neonatal nurse</p>	<p>Neonatal intensive care nurse</p>
<p>Clinical assignment could be through the use of direct observation of clinical care by the students mentor. Completion of neurological workbook. Skill levels reviewed annually during the individual performance review.</p>	<p>Have the theoretical background required to justify and select supportive positioning for neonates in the high-dependency area:</p> <ol style="list-style-type: none"> 1. side lying 2. prone 3. supine 4. receiving supplementary oxygen 5. receiving continual positive airways pressure (CPAP) 6. assessment of suitability to sit in infant chair. <p>Understands the theoretical benefits and be able to initiate skin-to-skin care between infant and parent in high-dependency area. Support families during this.</p> <p>Demonstrates other nursing interventions to reduce parental and neonatal stress in the high dependency area. Promote and demonstrate the use of play to enhance physical and psychological development in the high dependency area.</p> <p>Understands the importance of supporting the optimal development of a neonate with complex needs by:</p> <ul style="list-style-type: none"> a. play specialist b. physiotherapist c. occupational therapist d. speech and language therapist. <ul style="list-style-type: none"> • Supports growth of parenting skills: <ol style="list-style-type: none"> a. identifies family support services available in clinical area and on-line resources for parents b. co-ordinate the transfer or discharge of a neonate with complex needs to home or another clinical setting. <p>Assessment of knowledge and competency could be undertaken using a blend of theoretical assessment and direct observation of infants care, diary reflections, literature critiques and case study.</p>	<p>Nurses working with the preterm will require preparation to understand and prevent retinopathy of prematurity – vascularisation, risk factors, causes and consequences of damage to retina and corrective management.</p> <p>Neonatal nurses need to be informed on the impact of short and long term pain and stress on immature systems. They will need skills in the assessment of pain in infants who are sedated and have muscle relaxant infusions in progress. They will need preparation and skill to care for the more severely affected NAS infant. Their programme of preparation should include understanding the development of infant reflexes and deviations. Neonatal nurses should be sufficiently well informed to promote the use of developmental care strategies.</p> <p>Depending on local policies, the student may need to be prepared to prescribe a range of analgesics and other therapeutic agents. This will require in-house training and assessment.</p> <p>Assessment could be part of a formal module on neonatal intensive care as offered by a recognised HEI. The student could be required to complete a practice assessment document related to these themes.</p> <p>Evidence of PREP could include a student's anticonvulsant drugs diary a case study and have evidence of being directly observed performing care. Evidence that the skills are being maintained could be ascertained during the individual performance review.</p>	<p>Nurses working with the preterm will require preparation to understand and prevent retinopathy of prematurity – vascularisation, risk factors, causes and consequences of damage to retina and corrective management.</p> <p>Neonatal nurses need to be informed on the impact of short and long term pain and stress on immature systems. They will need skills in the assessment of pain in infants who are sedated and have muscle relaxant infusions in progress. They will need preparation and skill to care for the more severely affected NAS infant. Their programme of preparation should include understanding the development of infant reflexes and deviations. Neonatal nurses should be sufficiently well informed to promote the use of developmental care strategies.</p> <p>Depending on local policies, the student may need to be prepared to prescribe a range of analgesics and other therapeutic agents. This will require in-house training and assessment.</p> <p>Assessment could be part of a formal module on neonatal intensive care as offered by a recognised HEI. The student could be required to complete a practice assessment document related to these themes.</p> <p>Evidence of PREP could include a student's anticonvulsant drugs diary a case study and have evidence of being directly observed performing care. Evidence that the skills are being maintained could be ascertained during the individual performance review.</p>

Respiratory and cardiovascular management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>The learner will be able to assess, support and manage infants who have respiratory and cardiovascular function care needs.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>Using knowledge developed from understanding the physiology of the preterm respiratory system, identify the clinical signs of respiratory distress and work towards the ability to distinguish between cyanosis of respiratory and cardiac origins.</p> <p>Instruction on the oxygen dissociation curve and identify oxygen saturation levels which would indicate the need to administer supplemental oxygen as prescribed for premature infants/term infants.</p> <p>Theoretical and practical understanding of safe and competent nursing management of a neonate receiving supplementary oxygen.</p> <p>Identifies the risks and benefits of oxygen therapy for premature and term infants</p> <p>Identify nursing interventions to minimise the risk of adverse effects of supplementary oxygen therapy.</p> <p>Understands altered airways and evidence-based care of the tracheostomy. Support parents in the management of their infant with a tracheostomy.</p> <p>Demonstrates some physiological understanding, review the normal parameters of the neonatal heart rate and blood pressure for the term and preterm neonate.</p> <p>Defines bradycardia and tachycardia in the term and preterm neonate and demonstrates accurate documentation.</p> <p>Performs blood pressure and assesses perfusion.</p> <p>Theoretical and practical application of skills and knowledge of neonatal resuscitation.</p>	<p>Theoretical and practical preparation in order to develop the knowledge and skills in assessing and monitoring the highly dependent (HD) infant's cardiorespiratory and circulatory status. Have a physiological knowledge of the expected parameters and detect deviations from these. Theoretical understanding of embryological, developmental and maturational circumstances which may impact on the neonate in HD care. Theoretical understanding of a range of respiratory and cardiac conditions which may affect the neonate.</p> <p>Justify nursing interventions to restore/maintain cardiorespiratory stability according to local guidelines. Analysis and sampling of blood and use of theoretical knowledge skilfully detect deviations from normal values.</p> <p>Justify levels of monitoring and observation commensurate with the infant's status. Educate and inform the family as to the requirement for these.</p> <p>Initiate and perform basic life support, skilful assistance with intubation, advanced resuscitation and stabilisation.</p> <p>Theoretical understanding of the physiological basis of the benefits of CPAP, biPAP or other forms of positive pressure. Safe set up and usage of these (see equipment and monitoring). Ability to lead infant led weaning from respiratory support.</p> <p>Understanding of the anatomy of the infant's airways and thorax and how prone positioning can be used to enhance oxygenation.</p> <p>Theoretical understanding of the requirement for oxygen and humidification therapy and familiarity with the variety of methods used to supply this support.</p>	<p>Follows a programme of theoretical and practical preparation to enable the neonatal intensive care nurse to provide an assessment of the infant's respiratory function and cardiovascular stability. This should include detailed embryology, anatomy and physiology of the heart, circulation and lungs and an understanding of the more common cardiovascular and respiratory pathologies.</p> <p>Neonatal QIS nurses need to be equipped and have the confidence to make quick and effective decisions on airway stability and respiratory management as well as be able to interpret trends and evaluate the effectiveness of the selected management. They will need to be prepared to deal appropriately with infants who have apnoea, bradycardia and desaturations.</p> <p>They will require understanding of the principles of basic and advanced life support and the priorities of action in the management of sudden collapse.</p> <p>The preparation should be designed to enable to neonatal nurse to safely nurse an infant who is intubated. Review the clinical indications for ET intubation, review ventilation, oxygenation and respiratory support strategies.</p> <p>Be equipped with the knowledge and skills required to prepare intubation drugs and prepare intubation equipment. Prepare surfactant in line with local policies. Be able to identify the side effects of intubation medication and surfactant.</p> <p>Be able to identify the correct size of ET tube and introducer, correct use of laryngoscope and be able to auscultate breath/ventilator sounds with stethoscope.</p>

Respiratory and cardiovascular management – learning outcomes (continued)

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>Resuscitation practice using infant mannequin:</p> <ul style="list-style-type: none"> • demonstrate the initial assessment • call for help • assess tone, colour, heart rate, breathing • initial stimulation • competent chest inflation • head in neutral position • apply correct sized mask • demonstrate five inflation breaths (lasting two seconds each) • check for chest movement and HR. <p>Troubleshoots poor/hon-inflation competent jaw thrust</p> <ul style="list-style-type: none"> • recheck head position/apply jaw thrust • repeat inflation breaths • check HR and chest movement • competent chest inflation after airway manoeuvre. <p>Demonstrates two-person jaw thrust or insert correct size Guedel airway using laryngoscope. Repeat inflation breaths. Check HR and chest movement.</p> <p>Performs cardiac massage:</p> <ul style="list-style-type: none"> • head in neutral position • commence appropriate cardiac massage (HR<60 bpm, ratio 3:1, rate 120bpm, correct position and depth of compressions). <p>Discusses options and the need for vascular access and drugs.</p> <p>Able to review the oxygen controversy.</p> <p>Able to contribute to the management of the infant of borderline viability.</p> <p>Skills assessed by OSCE, anonymous critical reflections on resuscitations witnessed and evidence that these are being retained by annual mandatory training and during the individual performance review.</p>	<p>Understands the anatomy of the infant's airways and thorax and how prone positioning can be used to enhance oxygenation.</p> <p>Theoretical understanding of the requirement for oxygen and humidification therapy and familiarity with the variety of methods used to supply this support.</p> <p>Theoretical understanding of the anatomy of the upper airways and the requirement for suction of respiratory secretions. Citing literature review the safe and effective endotracheal tube/tracheostomy suction techniques.</p> <p>Applies theoretical knowledge of chest physiology to the development of a pneumothorax, chest auscultation and skilfully perform chest physiotherapy.</p> <p>Theoretical understanding of airway and pulmonary mechanics and the use of tracheostomy. Citing the relevant literature skilfully provide care to the infant with a tracheostomy. Teach and support parents who have an infant with a tracheostomy to care for their child.</p> <p>Assessment of or maintenance of competency OSCE or other simulation of resuscitation/infant collapse. Evidence that the skill set is being maintained and can be reviewed during mandatory training and during the individual performance review.</p>	<p>Demonstrates nursing interventions to optimise intubation procedure, supplies OP suction as required, observes vital signs during procedure and informs team of abnormal values, has ability to check placement of tube. Able to secure tube, decompression of stomach. Demonstrate strategies to promote airway patency in line with local policies, optimum positioning of neonate, justifies appropriate interval of ET tube suctioning, technique of ET tube suctioning review the evidence base on ET tube lavage.</p> <p>Involves, informs and supports parents whose infants are critically unwell.</p> <p>Be able to set up the ventilators and humidifiers most frequently used in their clinical area to standard settings. In some areas nitric oxide is in use and there should be an in-house education and training provision to equip the neonatal nurse for safe use.</p> <p>Demonstrates safe and competent nursing management of the ventilated neonate. Explain the difference between the modes of ventilation available in their clinical area and identify clinical indications for the use of these.</p> <p>Justifies the frequency and type of nursing observations required for a ventilated neonate. Review the results of a blood gas analysis and use them to explain medical and nursing management of the ventilated neonate. Identify the blood gas analysis as normal/abnormal. Identify the blood gas analysis as compensated/uncompensated.</p> <p>Identifies the blood gas analysis as respiratory or metabolic or mixed acidosis/alkalosis</p> <p>Identifies the most likely medical and/or nursing intervention.</p> <p>Neonatal nurses may need to care for infants who are ventilated via a tracheostomy so will require education and skills with regards to this form of management.</p>	

<p>In some units extracorporeal circuits are used to support infants who do not respond to conventional or enhanced therapies. An in-house training and assessment programme will need to be provided.</p> <p>The neonatal intensive care nurse should be prepared to provide optimum chest care. Be skilled in identifying abnormal air entry and review the most likely nursing and medical intervention to manage this, and make referral to physiotherapist.</p> <p>Describes common characteristics of neonatal chest x-rays for the following clinical conditions:</p> <ol style="list-style-type: none"> respiratory distress syndrome transient tachypnoea of the newborn pneumothorax pulmonary interstitial emphysema infection. <p>Ability to identify nursing interventions which can minimise the risk of common complications of long term ventilation:</p> <ol style="list-style-type: none"> chronic lung disease arched palate oral aversion opiate dependency infection. <p>Describes safe and competent nursing management of pneumothorax in line with local policies:</p> <ol style="list-style-type: none"> identify clinical signs of pneumothorax identify risks of neonatal pneumothorax locate cold light source identify equipment for management of pneumothorax assemble chest drain circuit describe fixation of chest drain identify emergency equipment kept at the cot side of a neonate with a chest drain in situ describe frequency and type of nursing observations required for a neonate with a chest drain in situ. 	
---	--

Respiratory and cardiovascular management – learning outcomes (continued)

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
			<p>Demonstrates safe and competent nursing management of ET extubation:</p> <ol style="list-style-type: none"> prepare neonate and equipment for procedure describe nursing observations required for the recently extubated neonate. <p>Be able to demonstrate assessment, care and management of infants with multiple lines including UVC, UAC and peripheral arterial lines. This should include the ability to identify indications for the insertion of arterial lines, knowledge of the risks associated with indwelling central and peripheral arterial lines, ability to correctly secure the arterial lines in use, ability to recognise the correct placement of lines.</p> <p>Prepares transducer circuit for use. Calibrates transducer and sets alarm limits. Positions neonate correctly in relation to transducer and connection. Identifies and reads a satisfactory trace, identifies need for recalibration and changes circuit in accordance with unit policy.</p> <p>Identifies short and long term risks associated with neonatal hypotension.</p> <p>Identifies risks associated with the medical management of neonatal hypotension using the following examples:</p> <ul style="list-style-type: none"> normal saline bolus blood transfusion dopamine dobutamine. <p>Assessment of safe and competent nursing management of the hypotensive neonate.</p>

<p>Demonstrates safe and competent nursing management of the insertion of a central venous line in line with local policy. Identifies indications for insertion of a central venous line. Prepares equipment for use. Prepares neonate and family for procedure. Optimal positioning. Identifies risks associated with an indwelling central venous line. Identifies correct method for fixation of central venous line. Identifies nursing actions to promote patency of line while position is confirmed by X-ray. Describes frequency and type of nursing observations for a neonate with a central venous line in situ.</p>	<p>A neonatal nurse may be required to care for infants with congenital cardiac defects and should be able to review the more common anomalies. Patent ductus arteriosus (PDA), atrial septal defect (ASD), ventricular septal defect (VSD), transposition of the great arteries and so forth. They will require preparation to care for infants who are in acute cardiac compromise, they should be able to review the indications for use of intravenous prostaglandin, understand the potential risks and benefits associated with the use of this medication.</p> <p>Assessment of theory and practice could be undertaken by maintaining a relevant drugs diary, OSCE, MCQs, a case study and direct observation of care. Evidence that the skills are being maintained could be ascertained during the individual performance review.</p>

Skin, hygiene and infection control management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>All learners will be able to maintain skin, integrity, manage an infant's hygiene and promote effective infection control.</p> <p>All learners will understand the importance of involving the family in the infant's care planning.</p>	<p>Anatomical, theoretical and practical preparation in order to develop knowledge and skills in assessing an infant's skin and providing:</p> <ul style="list-style-type: none"> • mouth care • nappy area care • care of stoma • immersion bath • eye care and taking an eye swab. <p>Supports the parents in the acquisition of parenting skills to undertake the essential care of their infant.</p> <p>Healing physiology, wound care and the application of research to the choice of dressings.</p> <p>Using selected literature review the appropriate dressings for vascular access devices, fixation and insertion site. Risk assess the need for, and the use of, splint and limb restraints as the use of these are controversial.</p> <p>Theoretical and practical demonstration of the importance of using personal protection clothing and the use of gloves. Theoretical and practical considerations of the risks of infection and containing infection in neonates.</p> <p>Rationale and evidence used to justify the components of the infection screen.</p> <p>Ability to locate and apply local policy for antibiotic safe storage and usage.</p> <p>Ability to review the management of a neonate receiving antibiotics.</p> <p>Demonstrates understanding of the common antibiotics used and their common side effects.</p> <p>Assessments of these skills during the programme of preparation could be by an observation of the nurse in practice in the clinical area.</p>	<p>A theoretical and practical preparation in body defence mechanisms, the immune response and inflammatory cascade, to enable the competent care of infected neonates and prevent spread. Integrated knowledge and skills in all aspects of infection prevention. Ability to identify signs and symptoms of sepsis.</p> <p>Will have the skills required to teach, mentor and supervise new entrants to neonatal nursing, new families and colleagues from the NMT in ensuring that they uphold the infection prevention and control strategies.</p> <p>Competent in the care of infants who require barrier nursing.</p> <p>With reference to underpinning microbiology, demonstrate competence in a range of aseptic techniques and management of sterile lines.</p> <p>A theoretical understanding of the anatomy and physiology of the newborn premature skin with understanding of the keratinisation and reducing need for humidification as skin maturity progresses.</p> <p>Theoretical understanding of the wound healing processes. Perform therapeutic wound cleansing techniques, ability to select as appropriate and correctly apply therapeutic and prophylactic skin dressings.</p> <p>Ability to critique a range of skin assessment tools and familiarity with the units own selected tool.</p> <p>Competent in the use of this tool and ability to teach others to assess skin and implement strategies to prevent iatrogenic damage and potential injury. Teach others to observe and understand the stages of wound healing.</p> <p>Understand a range of conditions which may lead to altered skin care requirements.</p>	<p>Nurses who care for infants in intensive care will require a theoretical and practical preparation in the embryology, anatomy, physiology and maturation of the skin. They will need a theoretical grounding in healing. They will need to have some understanding of microbiology and be skilled in harvesting a range of specimens. They will need to understand the body defence mechanisms, the immune response, the inflammatory cascade to enable the competent care of extremely preterm infants, infected neonates and understand the strategies used to prevent the spread of infection.</p> <p>Nurses working in intensive care will be required to comply with and monitor the compliance of their unit's infection control guidelines.</p> <p>Nurses working in intensive care will be caring for infants who are sedated and have their muscles relaxed and are at risk of iatrogenic skin damage and will need to be skilled in assessing the skin and performing essential skin care. They will be able to critically review a range of skin assessment tools and be particularly familiar with the tools that are used in their unit.</p> <p>Working in partnership with the parents agreeing the balance between the need for care with the requirement for minimal handling. Support the infant's parents to make informed choices about neonatal skin care in line with local policies by discussing the use of nappy wipes, infant skin cleansing and skin lotions/oils.</p> <p>Infants who are muscle relaxed may lose their swallow and gag and have special requirement for skilled mouth care.</p> <p>Integrated knowledge and skills in all aspects of infection prevention including ventilator associated pneumonia. Ability to review the signs and symptoms of local infection and systemic sepsis.</p>

	<p>Safe care assessment for a neonate with a vascular access device in situ, theoretically review how the nurse would identify clinical signs of local infection, clinical signs of systemic infection.</p> <p>Risk assessment exercise. Storage of EBM, the use of non-sterile water on extremely preterm skin. Use of non-sterile additives in preterm feeds.</p> <p>Able to apply the principles of infection control and asepsis to the neonatal area. Understand the rationale for barrier nursing.</p> <p>Review and critique local infection control policies.</p> <p>Assessment parental teaching pack, reflective diary.</p> <p>Assessment by parents.</p> <p>Skill base could be reviewed annually during the individual performance review.</p>	<p>Competent in the care of newly formed stoma and in the observation and early detection of stoma complications.</p> <p>Mentors and supports new entrant into neonatal nursing and parents to perform safe essential infant care of the eyes, mouth, behind the ears when wearing CPAP cap, skin creases, nappy area, skin, umbilical stump other pressure areas. Identify fungal infection of the gastro-intestinal tract.</p> <p>Assessment of competency, literature critiques and observation of clinical teaching opportunities.</p> <p>Evidence that the skill set is being maintained can be provided during annual mandatory training and reviewed as part of the individual performance review.</p>	<p>Assessment of skills and knowledge could be via MCQs the provision of a case study and ongoing assessment in practice. Once qualified, neonatal nurses who function at this level of proficiency will support the wider MDT in evaluating the unit guidelines for best practice.</p> <p>Evidence that the skill set is being maintained could be examined during the annual performance review.</p>
--	--	---	--

Infant temperature management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>All learners will be able to maintain the optimal temperature required for the infant.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>Anatomical and physiological differences impact on the infant's ability to sustain thermoneutrality.</p> <p>The mechanisms of heat loss.</p> <p>The normal neonatal temperature values identify neonatal hypothermia and pyrexia and relate the significance of these to a range of conditions.</p> <p>Risks assessment on the threats to neonatal thermoneutrality, from birth to discharge.</p> <p>Use of plastic containment at birth, cot warmer, overhead heater, incubator.</p> <p>Exposure for phototherapy/other procedures.</p> <p>Kangaroo care.</p> <p>Humidification. Recap the energy triangle.</p> <p>Practical application and clinical assessment on taking the neonate's temperature.</p> <p>The acquisition and retention of the above skills can be assessed by the use of clinical scenarios. Skill base could be reviewed annually during the individual performance review</p>	<p>A theoretical and practical preparation in the infant's thermoregulation, appreciation of the difference between the preterm and the IUGR. This preparation should focus on the risks to the neonate of heat loss, inefficient heat production and lack of brown fat reserves and reasons behind the temperature gap.</p> <p>Ability to assess neonatal body temperature using appropriate methods and sites for infants who require high dependency care. Detect and respond to deviations from normal.</p> <p>Mentors and supervises the new entrant to manage effectively the infant's temperature, teaches the signs, symptoms and risks of hypothermia. Identifies the infants most at risk of temperature deviations, use strategies to prevent temperature deviations for infants who require high dependency care:</p> <ul style="list-style-type: none"> • incubator/overhead heater (OHH) • prepare equipment for use • discuss frequency of temperature assessment • provide reasons for choice of temperature assessment equipment • discuss options for bedding and clothing • discuss with parents nursing interventions available to minimise heat loss during handling. <p>Ability to assess infant's suitability for transfer into a cot. Discuss frequency of temperature assessment.</p> <p>Provide reasons for choice of temperature assessment equipment. Discuss options for bedding and clothing. Teach parent to assess neonatal temperature.</p> <p>When caring for HIE infants who are to be transferred to centres for cooling, safely commence passive cooling strategies according to protocol.</p> <p>Care and management of infants recovering from events which lead to the requirements of therapeutic hypothermia. Ongoing thermal monitoring of these infants according to local protocols during step down care.</p>	<p>Nurses who care for infants in intensive care will require a theoretical and practical preparation in supporting the neonate to maintain an optimum temperature. They will need to understand the mechanisms of heat loss and the energy triangle.</p> <p>Reviews a range of nursing interventions available to minimise heat loss during handling/medical procedures such as intubation and insertion of a chest drain. Be able to identify the indications for using incubator humidity and familiar with the unit policy for weaning incubator humidity and temperature.</p> <p>They will be required to demonstrate safe and competent nursing management of thermal instability for a neonate receiving intensive care. Take appropriate steps at delivery to prevent heat loss. Review the indications for the use of the plastic bag. Justify their choice of temperature assessment probes and equipment and the merits of continual versus intermittent monitoring.</p> <p>In conjunction with the family, review the options for bedding and clothing and explain to the parents how incubator humidity helps to maintain neonatal temperature.</p> <p>For infants who need transportation for investigations, surgical interventions or removal to another unit the neonatal nurse should be able to review the strategies used to sustain and monitor the infant's temperature in the transport incubator and minimise the risk of heat loss during handling and transport.</p> <p>Neonatal nurses working at this level should be able to support the development of auditing the success of nursing strategies in maintaining infant's temperatures and review nursing guidelines for temperature monitoring.</p> <p>In units where therapeutic hypothermia is practiced, an in-house programme of preparation and assessment will be required.</p>

		There should be continual assessment of clinical competences, which could include successful completion of clinical scenarios, simulation or other evidence that the skill set is being retained/maintained and this can be reviewed during the individual performance review.	

Palliative care, end-of-life care and bereavement management – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>All learners will be required to provide optimal palliative care/end-of-life care and bereavement management.</p> <p>All learners will understand the importance of including the extended family in the infant's care plan and other agencies of support to provide ongoing care.</p>	<p>Follows a programme of preparation to equip the novice to understand how the theories of loss and grief can inform their practice.</p> <p>Learners should be able to demonstrate a working understanding of the definition and philosophy of perinatal/neonatal palliative care and local guideline and translate into clinical practice.</p> <p>Follows a programme of preparation to prepare the practitioner to work within palliative care guidelines and frameworks.</p> <p>Following this the practitioner should be able to plan care which recognises and respects the preferences and beliefs of families.</p> <p>Learners should be able to initiate opportunities for memory making from the time of admission.</p> <p>If there is a designated room available, ensure that it is prepared appropriately and ready for use, if facilities are more limited private space within a unit identified and used when needed.</p> <p><i>Communication</i> Demonstrates the ability to communicate effectively and efficiently with colleagues.</p> <p>Demonstrates effective communication strategies to work in partnership with families, give them all information necessary to assist informed choice, to meet the needs of the infant with palliative and end-of-life care needs.</p> <p>Identifies ways/styles in which you communicate and the impact of your communication on families and other professionals.</p> <p>Initiates discussions with the family regarding accessing the multi faith chaplaincy team and other support services.</p>	<p>Follows a programme to provide theoretical developmental, maturational understanding of viability and borderline viability.</p> <p>Understanding of parental stress and pressure and the theories of grief and mourning.</p> <p>Appreciates and respects cultural ritual and religious practices surrounding the death of the infant.</p> <p>Ability to perform emergency naming and baptism if the parents would like this.</p> <p>Translating the philosophy of perinatal/neonatal palliative care into clinical practice.</p> <p>Demonstrates ability to apply the theories of loss and grief when caring for and supporting families of infants with palliative and end-of-life care needs.</p> <p>Demonstrates appropriate use of local and national neonatal palliative care guidelines and frameworks.</p> <p>Understands the importance of having relevant equipment available and ready. Ensure resources and relevant equipment are available for memory making. Initiate opportunities for memory making from time of admission.</p> <p>Facilitates opportunities for memory making as a family – privacy, going for a walk with a pram.</p> <p>Contributes to, and develops, local clinical and practical guidelines.</p> <p>Demonstrates the ability to communicate effectively and efficiently with colleagues.</p> <p>Demonstrates the ability to communicate sensitively and empathetically with families.</p> <p>Identifies which infants are eligible for palliative care and initiate discussions on the ward round.</p>	<p>Follows a programme of preparation to equip the neonatal nurse to support and guide staff who are caring for the dying infant.</p> <p>Supports and guides staff caring for the infant and parents after the infant's death. Devises bereavement protocol. Support and guide staff.</p> <p>Demonstrates knowledge and understanding of the key theories of loss and grief.</p> <p>Initiating care pathways in accordance with local and national guidance.</p> <p>Leads clinical care according to the needs of infants.</p> <p>Initiates discussions with families regarding choice, options and decision-making. Leading discussions with the team and families.</p> <p>Receives and process complex, sensitive and contentious information, initiating actions required.</p> <p>Works closely with specialist palliative care providers in delivering high standards of care.</p> <p>Comprehensive knowledge of symptom control and management; may include prescribing appropriate medication.</p> <p>Leads meetings, give presentations and influence a wide range of individuals and groups at strategic level to take action and make changes.</p> <p>Instigates and facilitates research and audit.</p> <p>Proactively fosters a culture of enquiry and facilitate change to integrate best evidence into neonatal care.</p> <p>Ensures there is effective communication between professionals.</p> <p>Ensures there is effective and sensitive communication between staff and families.</p>

<p><i>Parallel care planning</i> Sensitively cares for the infant who is life limited or dying and their family.</p> <p>Provides appropriate practical skills and support for the infant with palliative care needs and their family.</p> <p>Actively involves siblings, grandparents and step family, wider family and friends in the care of the infant in accordance with the parents' wishes.</p> <p><i>Antenatal care</i> Awareness of the antenatal plan for the infant who is life limited.</p> <p>Considers advanced care planning with regards to end-of-life care plan.</p> <p>Communicates with the family sensitively and empathetically. Understand the principles of the law and ethics in relation to withholding and withdrawing life sustaining treatment.</p> <p><i>Postnatal care</i> Identifies which infants are eligible for palliative care in a timely manner and initiates discussions on the ward round with colleagues.</p> <p>Knowledge of which palliative care/continuing care service is most appropriate for the infant's specific needs and their family.</p> <p>Understands the role of a children's hospice, and what services are available. Following discussions with the multidisciplinary team, commence the referral process.</p> <p>Supports the family with difficult discussions, decision-making and choice.</p> <p>Knowledge and understanding of appropriate symptom control-different routes (buccal/subcut) and how to administer appropriately.</p>	<p>Identifies eligible infants for referral to palliative care/continuing care services and commence the referral process.</p> <p>Knowledge of the most appropriate palliative care/continuing care service for the infant with palliative care/end-of-life care and their family.</p> <p>Maintains robust working relationships with professionals for continuing care in the community.</p> <p>Sensitively cares for the infant with palliative care and end-of-life care needs and their family. Initiates discussions with parents related to involving siblings, grandparents and step family in care planning for the infant.</p> <p>Recognises the needs of siblings, grandparents and step family. Identify specific ongoing needs of the family and be flexible with the care plan.</p> <p>Discusses end-of-life care plan as part of advanced care plan with parents and family. Provides appropriate practical support for the family with a infant with palliative care needs.</p> <p>Actively involves siblings, grandparents and step family in the care of the infant with the parents' wishes.</p> <p>Facilitate parallel planning within infant's multidisciplinary care plan. Consider advanced care planning with regards to end-of-life care plan.</p> <p>Understands the role of a children's hospice, and what services are available.</p> <p>Ability to communicate with the family sensitively and emphatically use more advanced communication strategies.</p> <p>Knowledge and understanding of appropriate symptom control-different routes (buccal/subcut) and how to administer appropriately.</p> <p>Defines the principles of collaborative MDT working.</p>	<p>Provides effective professional leadership, facilitating change.</p> <p>Allocates, delegates, co-ordinates, monitors and assesses the work of the team and individuals.</p> <p>Demonstrates ability to support and contribute to educating staff on caring for infants with palliative care and end-of-life care needs, continuing once an infant has died.</p> <p>The skills and knowledge required to provide high standards of care for the infant and their family.</p> <p>Devises local guidelines and guidance, participate with national guidance.</p> <p>Establishes and maintain communication with individuals and groups about complex and difficult matters, overcoming any problems.</p> <p>Collaborates and work closely with relevant national organisations.</p> <p>Critically reviews legal and ethical issues that arise in the practice of neonatal palliative care.</p> <p>Influences strategic policy making at local and national level.</p> <p>Demonstrates organisational skills to facilitate the smooth transfer of an infant for post mortem examination.</p> <p>Demonstrates knowledge of legal requirements for the family after death.</p> <p>Demonstrates knowledge of registering a death when the family live outside the area local to the organisation.</p> <p>Demonstrates skills to maintain continuing support for the family after their infant has died.</p> <p>Demonstrates knowledge regarding alternative places of rest for the infant after death and how to facilitate transfer of the body.</p>
---	---	---

Palliative care, end-of-life care and bereavement management – learning outcomes (continued)

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>Defines the principles of effective collaborative MDT working.</p> <p><i>End-of-life care planning</i></p> <p>Demonstrates the benefits of an individualised advanced care plan and limitations of resuscitation guidance/document.</p> <p>Knowledge of the process for transferring an infant for a post mortem examination and the paperwork required.</p> <p><i>Post death care</i></p> <p>Demonstrates supportive measures enabling parents to care for their infant post death.</p> <p>Demonstrates understanding of post mortem consent and supports families with their decision.</p> <p>Demonstrates knowledge of legal requirements for parents once an infant has died, such as registering the infant's birth and death</p> <p>Is aware of and identifies limitations of skills, scope of professional practice.</p> <p>Exercises accountability and seeks advice and support accordingly.</p> <p>Supports and supervises junior staff in caring for infants with palliative care needs, clinical supervision and reflective practice.</p> <p>Recognises own feelings about death and develops a greater self-awareness.</p> <p>Demonstrates a commitment to continuous professional development.</p> <p>Actively participates in teaching programmes and facilitate learning of junior staff.</p> <p>Recognises signs of own negative stress and seeks appropriate support.</p>	<p>Supports parental choice.</p> <p>Understands the principles of the law and ethics in relation to withholding and withdrawing life sustaining treatment.</p> <p>Supports the family with difficult discussions and decision-making.</p> <p>Demonstrates understanding of post mortem process and support families with their decision.</p> <p>Knowledge of paperwork required and the process for post mortems.</p> <p>Develops leadership potential within the clinical environment, acting as a role model for staff and peers.</p> <p>Participates in partnership, working with individuals, groups and others within the neonatal unit and across organisations.</p> <p>Identifies areas for practice development.</p> <p>Demonstrates skills and understanding of audit methodology, principles and evidence-based practice.</p> <p>Develops rapport and communicates effectively within the neonatal team and other HCP.</p> <p>Demonstrates and promotes effective communication with families and colleagues.</p> <p>Within the realm of allocated responsibility influences and teaches others.</p> <p>Ability to communicate with the family sensitively and empathetically – uses more advanced skills.</p> <p>Knowledge and understanding of appropriate symptom control-different routes (buccal/sub-cutaneous/rectal) and how to administer appropriately.</p>	<p>Ensures that families receive appropriate information, both verbal and written regarding support organisations, and what will happen now.</p> <p>Demonstrates knowledge of organisational funeral procedures.</p> <p>Informs parents of follow-up appointments and remembrance days.</p> <p>Awareness of own feelings about death and develop self-awareness.</p> <p>Develops own knowledge, skills and practice and contribute to the development of others.</p> <p>Acts as a resource of specialist knowledge and clinical practice for caring for infants with palliative/end-of-life care needs or when an infant has died.</p> <p>Assessment would be via sensitive review of skill base during annual performance review.</p>	

	<p>Identifies further learning needs and seeks opportunities.</p> <p>Acts as a role model for junior colleagues and learners; ensures you provides a supportive learning environment.</p> <p>Sensitively reviewed annually during the individual performance review.</p>	<p>Defines the principles of collaborative MDT working.</p> <p>Understands the principles of the law and ethics in relation to withholding and withdrawing life sustaining treatment.</p> <p>Supports the family with difficult discussions and decision-making.</p> <p>Identifies self-coping mechanisms and is aware of support available.</p> <p>Demonstrates understanding of what services are provided by a children's hospice and must seek opportunities to visit the service.</p> <p>Knowledge of all other interdisciplinary professionals involved in the infant's care and how to transition and transfer care.</p> <p>Be part of the care team facilitating compassionate extubation in a variety of settings (including home and hospice) as per local guidelines.</p> <p>Must have the knowledge and the ability to offer palliative care options (such as location of care).</p> <p>Supports choices and decision making for families and offer realistic options.</p> <p>Able to recognise and explain to junior staff and parents the expected physical changes when an infant dies.</p> <p>Liaises with mortuary staff and perinatal pathologist regarding transfer of the infant for post mortem examination.</p> <p>Demonstrates knowledge of legal requirements for the family once a infant has died.</p> <p>Identifies own limitations and/or knowledge and skill deficits, formulates a plan of action and organises development opportunities to enhance continuous professional development.</p>	
--	--	---	--

Palliative care, end-of-life care and bereavement management – learning outcomes (continued)

■ Levels 5 +	■ Novice/advanced beginner: new entrant	■ High dependency neonatal nurse	■ Neonatal intensive care nurse
		<p>Demonstrates increased confidence in own skills for developing and sustaining robust interdisciplinary working relationships.</p> <p>Recognises signs of negative stress in others, offer support and works towards alleviation of tension.</p> <p>Supports and supervises junior staff, by providing 1:1 support, clinical supervision, reflective practice.</p> <p>Recognises own feelings of death and develops a greater self-awareness.</p> <p>Recognises own emotional needs and seeks support.</p> <p>Identifies and seeks further learning opportunities.</p> <p>Ensures skills base is sensitively reviewed during the annual individual performance meeting.</p>	

Investigations, tests and procedures – learning outcomes

<p>■ Levels 5 +</p>	<p>■ Novice/advanced beginner: new entrant</p>	<p>■ High dependency neonatal nurse</p>	<p>■ Neonatal intensive care nurse</p>
<p>All learners will be required to support the infant undergoing investigations and procedures safely and with due regard to their dignity and comfort.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>Follows a programme of preparation to provide an anatomical and theoretical review of a range of common investigations.</p> <p>Refers to cardiovascular/respiratory section for vital signs skill preparation.</p> <p>Refers to hydration, nutrition and electrolytes section for blood sampling skill preparation. Considers value obtained glucose/bilirubin and responds appropriately.</p> <p>Theoretical review of the actions to be taken when altered values are obtained.</p> <p>Understands the principles of x-ray and interpretation of standard films.</p> <p>Clinical assessment of the infant's chest and abdomen.</p> <p>Passage of an enteral tube may be either oral or nasal.</p> <p>Performs nasopharyngeal aspirates, and correctly processes these so they go to the laboratory in optimum condition.</p> <p>Assists with lumbar punctures, observes for complications afterwards and responds appropriately.</p> <p>Skills and knowledge base could be assessed by OSCE.</p> <p>Evidence of the maintenance of the skills could be by the development of a skills log and reviewed annually during the individual performance review.</p>	<p>Follows a programme of preparation to acquire the ability to safely perform routine, diagnostic and therapeutic procedures according to protocols and guidelines and develop competence in preparing the infant, assisting with procedures such as supra pubic aspiration, lumbar puncture and retinal examination.</p> <p>Monitors infants undergoing procedures and recognises when there needs to be a pause in proceedings to allow the infant to recover. Ability to read the results of common investigations such as x-ray and recognise the significance of deviations from normal results and seek appropriate management.</p> <p>Competent in the care of infants requiring high dependency and intensive care, undergoing blood sampling cannulation of veins and arteries. Set up arterial blood pressure transducer measure arterial blood pressure.</p> <p>Competent in calculating and the administration of drugs via IV route according to professional and local policies. Ability to assess the therapeutic response and the ability to identify side effects and act appropriately within local guidelines. Mentor and support the more experienced entrant in the safe administration of IV medications.</p> <p>Competent in the care of infants receiving exchange and partial exchange transfusion.</p> <p>Teaches, mentors and supports new entrant in the safe harvesting of capillary blood samples.</p> <p>Assessment could be performed by mentors providing supervised practice. The completion of a skills log. Evidence that the skills set are being maintained could be provided by the maintenance of a diary of investigations and procedures and during the annual individual performance review.</p>	<p>Follows a programme of preparation to prepare the QIS nurse to respond to infant's requirements for investigation.</p> <p>Performs arterial and central line sampling. Interpret blood pressure recordings. Education of staff to equip them to safely care for infant receiving blood transfusion, exchange and partial exchange transfusion.</p> <p>Develops the skills required to perform, audit and review nursing guidelines for the management of infants requiring such transfusions.</p> <p>Reviews therapeutic response and acts accordingly within local guidelines.</p> <p>Devises, audits and reviews nursing guidelines for the administration of medicines. Manage medication incidents.</p> <p>Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>

Equipment and monitoring – learning outcomes

<p>■ Levels 5 +</p> <p>All learners are required to use equipment and monitoring devices safely and in accordance with the manufacturer's instructions.</p> <p>All learners will understand the importance of including the family in the infant's care plan.</p>	<p>■ Novice/advanced beginner: new entrant</p> <p>Follows a programme of preparation to enable the registrant to monitor and be vigilant about risk.</p> <p>Locates and checks emergency equipment.</p> <p>Safe use of OHH, incubators and other equipment used in the clinical area.</p> <p>Alarms in the clinical area: fire alarms, emergency alarms, equipment alarms.</p> <p>Working familiarity with COSHH, manual handling policies and the requirements of reporting clinical incidents.</p> <p>Makes links to the relevant systems undertake clinical assessment of vital signs observation.</p> <p>Makes links to infection control, demonstrates in the clinical area the ability to clean and store equipment necessary for the care of infants requiring special and high dependency care in accordance with local and manufacturer's instructions.</p> <p>Following demonstration, education and support undertakes assessment to efficiently and safely use equipment necessary for the care of infants requiring special care in accordance with local and manufacturer's instruction.</p> <p>Makes links with the normal parameters of the respiratory and cardiovascular system demonstrates in the clinical area the ability to set safe parameters and interpret the significance of equipment alarms in infants requiring special care and provide a theoretical account of the appropriate responses.</p> <p>Observes blood glucose, monitors calibration.</p> <p>Theoretical consideration of decommissioning faulty equipment and elementary trouble shooting common equipment.</p> <p>The above skills could be assessed by OSCE during the programme and evidence that the skill set is being maintained can be reviewed during mandatory training and during the individual performance review.</p>	<p>■ High dependency neonatal nurse</p> <p>Competent in cleaning and ensuring safe storage of equipment necessary for the care of infant's requiring high care in accordance with local and manufacturer's instruction.</p> <p>Supports and supervises the new entrant in developing skills required for the safe use of equipment.</p> <p>Competent to set up and test equipment necessary for the care of infants requiring high dependency and intensive care in accordance with local and manufacturer's instruction.</p> <p>Competent to efficiently and safely use equipment necessary for the care of infants requiring high dependency and intensive care in accordance with local and manufacturer's instruction.</p> <p>Competent in the interpretation of the significance of equipment alarms in infants requiring high dependency and intensive care and respond appropriately.</p> <p>Troubleshoot equipment problems.</p> <p>Assessment could be by the direct clinical observation of the safe set up of equipment by the mentor. The learner could design a teaching package for new entrants in the safe setting up of equipment.</p> <p>Maintaining an equipment log.</p> <p>The evidence that the skill sets are being maintained could be reviewed during the annual individual performance review.</p>	<p>■ Neonatal intensive care nurse</p> <p>Follows a programme of preparation to prepare the QIS nurse to anticipate, or respond to infants requirements for supportive equipment and for monitoring.</p> <p>Develops the skills to assess the infant's requirements and selects the monitoring equipment that the infant requires, demonstrates safe and competent use of the equipment. Continually monitors infant's needs and requirements and removes the components of monitoring when no longer required.</p> <p>Audits and monitors compliance with unit guidelines and protocols in the safe use and cleaning of equipment.</p> <p>When new equipment is being introduced, arranges demonstrations, education and training of staff.</p> <p>Devises guidelines for the setting up and testing of equipment.</p> <p>Devises guidelines for the safe use of equipment.</p> <p>Educates new entrants in the safe use of equipment.</p> <p>Monitor compliance with unit policies.</p> <p>The assessments of learning and proficiencies could include an equipment passport which provides detail of the equipment on the unit and the practitioner could log the dates that they were educated to safely use each piece of equipment and dates equipment was used.</p> <p>The evidence that the skill sets are being maintained could be reviewed during the annual individual performance review.</p>

Fluid, electrolyte, nutrition and elimination management – learning outcomes

<p>Qualified in speciality Bands 6-8+</p>	<p>Enhanced practice nurse/ specialist nurse</p>	<p>Advanced neonatal nurse practitioner (ANNP)</p>	<p>Consultant nurse</p>
<p>Knowledge and skills required to skilfully manage an infant's fluid, electrolyte, nutritional and elimination needs.</p> <p>All practitioners will understand and promote the importance of including the family in the infant's care plan</p>	<p>May be clinically supported and prepared to develop an enhanced set of clinical skills building on those of the QIS and working towards those of the ANNP.</p> <p>May be QIS with a specialist interest in or for example actively researching aspects of neonatal nutrition and growth.</p> <p>Likely to be a bespoke role but the professional would require preparation on the ethical and theoretical aspects of performing research on this cohort of subjects.</p> <p>Likely to be educated to a master's level with additional qualifications to provide insight into qualitative and quantitative methodologies.</p> <p>May perform research as part of a research team or as an individual, perhaps in part fulfilment of doctoral research but proposal will have been screened and ongoing work will be monitored by research ethics committees and others.</p> <p>Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>	<p>Requirements include a programme of preparation designed to equip the ANNP to undertake an appropriate history, examination, assessment, and perform investigation to support the development of differential diagnosis, so allowing the delivery of appropriate first line and continuing conservative, supportive or active management and treatment for any suspected GI problem, or problem with urinary tract function and bilirubin elimination.</p> <p>The programme will provide the theoretical basis for the development of practical skills required in order to support effective infant's fluid, electrolyte, nutrition and elimination function. This will include embryology, anatomy and physiology of the renal, gastrointestinal, and hepatic systems and common congenital anomalies.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with a GI, urinary or fluid-related condition.</p> <p>This programme will include the specific content for non-medical prescribing to the accepted professional standard, to support prescribing of intravenous/ intra-arterial fluids, total parenteral nutrition and fluid/nutrition supplementation.</p> <p>The operation of the ANNP programme will ensure that the student progresses along a continuum towards competence in fluid, electrolyte, nutrition and elimination, by direct support through clinical mentoring (fellow ANNP/consultant) and practice supervision (senior ANNP/registrars or consultant) to maintain patient safety and enable confidence within the changing paradigm of practice.</p>	<p>Post holders should be educated to PhD level.</p> <p>The role of the nurse consultant within this area would include their ability to assess, plan and manage infants.</p> <p>With increasing awareness of the importance of neonatal nutrition, the role of consultant neonatal nurse nutritionist could be developed.</p> <p>This would be likely to be a bespoke role and the programme of preparation would include elements from dietetic programmes. Where the role included responsibility for prescribing TPN, some pharmaceutical preparation would enhance the quality of care offered to the infant.</p> <p>Mothers of neonatal infants are in a uniquely vulnerable position with regards to establishing lactation and successful breastfeeding. Many units have developed the role of consultant nurse to oversee, develop and support the success of the unit's breastfeeding agenda.</p> <p>Assessment of the retention of the practitioner's skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review. In the case of infant feeding, there is likely to be updated evidence from UNICEF and/or ESPGHAN (European Society for Paediatric Gastroenterology, Hepatology and Nutrition) which the clinician would need to keep updated with, and as such would need to be able to cite this as evidence.</p>

Fluid, electrolyte, nutrition and elimination management – learning outcomes (continued)

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse / specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
		<p>The development of competence in practical skills (intravenous and intra-arterial access, umbilical lines and so forth) will be supported by a clear rationale which identifies the theoretical underpinning, supervised simulated practice (where possible), supervised practice, development of practical and theoretical competence, and subsequently self-reflective ongoing assessment of competence. This latter element will be supported by annual updates as defined within the organisation, and will include reverting to supervised practice in the event of skill deterioration in line with professional expectations.</p> <p>Specifically, the ANNP programme will provide opportunities and prepare the student to:</p> <ul style="list-style-type: none"> • assess nutritional status deviations in growth trajectory and review the need for supplementation and prescribe these • assess the stability of the infant to prescribe tropic feeding and take the lead on tailoring the progression of this process to increase feeds • assess the function of the gut, diagnosis of NEC, prescribe management of NEC • prescribe TPN and electrolyte supplementation according to the infant's unique needs • diagnose hyperbilirubinaemia perform measurement of this and prescribe as appropriate the correct strategy to manage this according to the unique needs of the infant • perform exchange transfusions, initially under supervision progressing towards autonomous practice • assess the infant's sucking ability, plan a strategy to be followed when infants cannot be fed orally • perform emergency and routine replacements of gastrostomy tubes. <p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p>	

		<p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression.</p> <p>Neonatal staff development educators required to co-ordinate the education and development of the neonatal nursing team. Must be skilled and equipped to lead expert educational sessions in HEIs.</p> <p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>Retention of competences can be assessed by maintaining a skills log and reviewing it annually during the individual performance review.</p>	
--	--	---	--

Neurological, developmental care and pain management – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse/ specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>All practitioners are required to skilfully assess and promote the care required to meet optimal neurological wellbeing.</p> <p>All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>Enhanced practice roles may involve training and development designed to build on the QIS skill set and be working towards the skills identified within the ANNP section.</p> <p>Neonatal nurses may develop specialist nursing roles to manage the holistic care of infants who have neurological care requirements, a need for ongoing developmental care and nurses who specialise in infant pain management. These are likely to have bespoke roles reflecting the requirements of the units in which they work.</p> <p>For example nurses who manage development care follow-ups may hold qualifications in psychology, hospital play therapy or physiotherapy.</p> <p>Assessment of the retention of the practitioner's skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>	<p>Follows a programme of preparation designed to equip the ANNP to undertake an appropriate history, examination, assessment, and perform investigation to support the development of differential diagnosis, so allowing the delivery of appropriate first line and continuing conservative, supportive or active management and treatment for any suspected common neurological, developmental and sensory condition.</p> <p>The programme will provide the theoretical basis for the development of practical skills required in order to support appropriate neurological function. This will include embryology, anatomy and physiology of the neurological, muscular-skeletal, and nervous systems and common congenital anomalies.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>This programme will include the specific content for non-medical prescribing to the accepted professional standard, to support prescribing of medication to manage/alleviate symptoms and provide comfort.</p> <p>The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant with neurological, developmental or sensory anomalies and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence as previously stated.</p>	<p>Nurse consultants working within the specialist area of developmental care may have undergone training such as NIDCAP (Newborn Individualized Developmental Care and Assessment Programme) training or/and Brazelton NBAS training (neonatal behavioural assessment scale) or similar.</p> <p>There will therefore be a requirement to keep this up to date and retrain as required within each individual training programme. NIDCAP training, for example, has encompassed clinical supervision within it and this helps support subsequent performance management.</p> <p>Specific skills in relation to neurology such as nurse consultant will be taught as and when the ultrasound scanning will be taught as and when the and is not a skill that all will possess. In the future, however, the ability to undertake a 'functional' scan may be part of the role in this particular area. This would then be assessed as appropriate, but may be by pairing scans with another practitioner and comparing results.</p>

	<p>The development of competence in practical skills (lumbar puncture, cerebral functioning monitoring, inter-cranial taps, inter-cranial pressure devices, therapeutic cooling) will be supported by a clear rationale which identifies the theoretical underpinning), supervised simulated practice (where possible, supervised practice, development of practical and theoretical competence, and subsequently self-reflective ongoing assessment of competence. This latter element will be supported by annual updates as defined within the organisation, and will include reverting to supervised practice in the event of skill deterioration in line with professional expectations.</p> <p>Specifically the ANNP programme will provide opportunities and prepare the student to:</p> <ul style="list-style-type: none"> • take the lead on assessing the infant's pain and the pharmacological and non-pharmacological methods of pain management • assess and manage the infant with NAS • assess and manage infants who have a range of neurological pathology and potential deficits; for example, the infant who is convulsing, has experienced haemorrhage and infants who are developing hydrocephalus. 	
	<p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances within neurological, developmental and sensory conditions.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression in this area.</p> <p>It is recognised that not all units have the acuity to ensure that skills are attained or retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure development and retention of competences.</p>	
	<p>Retention of competences can be assessed by the maintaining of a skills log and reviewed annually during the individual performance review.</p>	

Respiratory and cardiovascular management – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse / specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>All practitioners are required to maintain the optimal respiratory and cardiovascular functioning of the infant.</p> <p>All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>Enhanced clinical practice.</p> <p>The UK may follow the example of some American neonatal units and consider the role of the respiratory therapist to enhance the care of infants who are oxygen dependent or have ventilation requirements which would fall under a designated scope within practice.</p> <p>Such individuals would be educated to master's level and hold additional qualification reflecting their expertise in advanced physiology.</p> <p>Neonatal nurses may perform research in areas related to respiratory and cardiovascular systems management. This may either be as part of a research team or as an individual, perhaps in part fulfilment of doctoral research under the guidance of a supervisory team. Such research will have been screened and ongoing work will be monitored by research ethics committees and so forth.</p> <p>Assessment of the retention of the practitioner's skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>	<p>Follows a programme of preparation designed to equip the ANNP to undertake an appropriate history, examine, assess, and perform investigation to support the development of differential diagnosis, so allowing the instigation and delivery of appropriate first-line and continuing conservative, supportive or active management and treatment for common suspected respiratory or cardiovascular problems.</p> <p>The programme will provide the theoretical basis for the development of practical skills required to support effective respiratory and cardiovascular function. This will include embryology, anatomy, physiology and maturational development of the respiratory and cardiovascular systems, and common congenital anomalies.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>This programme will include the specific content for non-medical prescribing to the accepted professional standard, to support prescribing of medications for effective respiratory and cardiovascular function such as sedation/analgesia and muscle relaxation to maintain infant comfort and compliance with supportive ventilation.</p> <p>The programme will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant with respiratory of cardiovascular problems and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence, as previously stated.</p> <p>Specifically the ANNP programme will provide opportunities and prepare the student to:</p> <ul style="list-style-type: none"> perform and lead advanced resuscitation and ongoing stabilisation recognise deviations from normal respiratory and cardiovascular function 	<p>Nurse consultants may lead a team of people in performing within the roles required in the neonatal transport services. They would usually follow a career pathway from ANNP and specialist to nurse consultant but could have careers which have included paramedical pathways and neonatal qualifications.</p> <p>There is no specific training which is recognised for nurse consultants in transport, though there are some courses which would support their needs. These may be likely to have been undertaken as staff nurses/sister roles. This includes PaNSTaR (Paediatric and Neonatal Safe Transfer and Retrieval Course) and the STABLE programme, concentrating on stabilisation prior to transport. There may be some others which may help to assist practitioners with the difficult and serious nature of undertaking complex cases such as the ARNI course (advanced resuscitation of the newborn infant) but they are not specific to transport. Others may undertake in-house training with their medical counterparts or may also get some training from overseas.</p> <p>Assessment and retention of skills would need to be reviewed at annual review or again via OSCEs or peer review.</p> <p>The nurse consultant would need skills of x-ray interpretation as well as some basic skills of ultrasound scan for function.</p> <p>Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individuals annual performance review.</p> <p>Assessment of scan reading abilities for example could be by pairing scans and X-rays and comparing the diagnosis and findings of the practitioner with another clinician.</p>

	<ul style="list-style-type: none"> • initiate, interpret and respond to trends in the results of blood gas analysis • diagnose respiratory pathology interpretation of chest radiography and prescribe and instigate supportive interventions and therapies following infant assessment • perform intubation, administer surfactant • assess the infant's individual and ongoing respiratory requirements and initiate a range of non-invasive and invasive ventilation modalities (TVV, PTV, PSV, HFOV), including the subsequent management of chronic lung disease • demonstrate understanding and application of adjunctive respiratory support, for example nitric oxide inhalation (iNO), systemic pulmonary vasodilators • emergency management of pneumothorax and insertion, securing and remove chest drains • assess the need for and prescribe inotropic support • assess respiratory and cardiac sounds, and examine the infant to support diagnosis of underlying cardiorespiratory disease or defect • lead in the management of complex case discharge planning.
	<p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression.</p>
	<p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>It is also recognised that some specialist areas of employment will result in additional competence requirements such as pace-making, ECMO (including rescue ECMO) or ventricular assist devices. Appropriate in-house or specialist training must be undertaken outside of the ANNP programme to support this.</p>
	<p>Retention of competences can be assessed by the maintaining of a skills log and reviewed annually during the individual performance review.</p>

Skin, hygiene and infection control management – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse/ specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>Knowledge and skills outcomes. Skin, hygiene and infection control management. All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>There would be scope when developing a comprehensive career framework for neonatal nurses to consider specialist roles in tissue viability and in infection control and management. The programme of preparation would be likely to be bespoke but the post holder would ordinarily be educated to master's level in physiology or microbiology. Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>	<p>The programme of preparation is designed to equip the ANNP to undertake an appropriate history, examine, assess, and perform investigation to support the development of differential diagnosis, so allowing the instigation and delivery of appropriate first line and continuing conservative, supportive or active management and treatment for common suspected skin, hygiene and infection related problems. The programme will provide the theoretical basis for the development of practical skills required to support infection control. This will include embryology, anatomy, physiology and maturational development of the immune system and integumentary systems, and common congenital anomalies. The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area. This programme will include the specific content for non-medical prescribing to the accepted professional standard, to support prescribing of medications for effective management of infections, and support for maintaining skin integrity. The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant with infection or skin anomaly and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence as previously stated.</p>	<p>Tissue viability consultants and infection control consultants are invariably centrally held roles. However, with increasing centralisation and neonatal units of 50-60 cots there could be merit in considering bespoke roles in order to meet individual unit's requirements. Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>

	<p>Specifically, the ANNP programme will provide opportunities and prepare the student to:</p> <ul style="list-style-type: none"> • lead in managing infusion injuries, surgical wounds and potential other iatrogenic wound care • perform infection screening • prescribe and monitor the effect of the therapeutic agents required to manage neonatal infections. <p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff in this area who have limited experience of neonatal care and other nursing grades to help role progression.</p>	
	<p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>Retention of competences can be assessed by the maintaining of a skills log and reviewed annually during the individual's performance review.</p>	

Infant temperature management – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse/ specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>All practitioners will understand and promote the importance of including the family in the infant's care plan</p>	<p>Some specialist units use procedural hypothermia as part of a surgical process and in NNUs the benefits of therapeutic hypothermia as part of the management strategies for HIE seem to be clear. Infants who have a requirement for this therapy could benefit from the expertise of a specialist nurse with expertise in this area. The role of cooling and re-warming infants is likely to be bespoke and the preparation required equipping a nurse to function in this area likely to be an in house programme.</p> <p>Research nurses into the use of therapeutic hypothermia. Such nurses would ordinarily be prepared to the educational level of a master's degree, with additional qualifications to provide insight into qualitative and quantitative methodologies.</p> <p>May perform research as part of a research team or as an individual perhaps in part fulfilment of doctoral research but proposal will have been screened and ongoing work will be monitored by research ethics committees.</p> <p>Assessment of the retention of the practitioners skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>	<p>Follows a programme of preparation to enable the understanding of the effects that deviations from the normal temperature can have on the infant's metabolism.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area. The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant with poor thermal control and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence as previously stated.</p> <p>As an experienced neonatal nurse, the ANNP will already have the theoretical basis and practical skills to support thermal control, but will extend these to the new areas of work. The ANNP will:</p> <ul style="list-style-type: none"> act in a supportive capacity to guide effective strategies of attaining and sustaining optimal thermal control for the infant in units where therapeutic hypothermia is used the ANNP could take the lead in the re-warming process maintain the optimal temperature of an infant who is in transit. <p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression.</p>	<p>All nurse consultants have an element of research in their role; it is part of their job descriptions. However, in order to be prepared for this they should have an academic programme of preparation route. The coordination of the TOBY trial could be cited as an example.</p>

		<p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>Retention of competences can be assessed by the maintaining of a skills log and reviewed annually during the individual performance review.</p>	
--	--	---	--

Palliative care, end-of-life care and bereavement management – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse / specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>Infants and families who have requirements for palliative care or end-of-life care would benefit considerably if their care was co-ordinated or performed by nurses equipped to practice in this area. Such specialists are likely to be educated to a master's degree level and hold recognised postgraduate specialist qualifications in this field. Their programme of preparation would include bereavement management and counselling.</p> <p>Assessment of the retention of the practitioner's skills are likely to reflect the learning outcomes and skills acquired during the postgraduate programme of preparation or be negotiated in such a way as to meet the requirements of professional revalidation. The maintenance of the skills and expertise can be monitored by peers and considered with sensitivity during the individual's annual performance review.</p>	<p>Follows a programme of preparation to enable the acquisition of knowledge and in-depth understanding of the key theories of loss and grief. This will include development of the ability to critically analyse how families may be present in relation to the above.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant who requires palliative or end-of-life care and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence, as previously stated.</p>	<p>A consultant specialist in end-of-life care is likely to have a bespoke role in order to meet individual unit's requirements and will have engaged in a development plan to equip them to function in this role.</p> <p>Assessment of the retention of the practitioner's skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>
<p>Research nurses would require a programme of preparation to equip them to advance neonatal evidence. This programme would include modules on ethics, research methods and data management to equip them to work as lone researchers, lead nursing research teams or function as part of a multidisciplinary team.</p>	<p>Although a sensitive area to research, neonatal research nurses who have a focus on bereavement would greatly add to the body of knowledge which is required to support this aspect of care.</p>	<p>The ANNP will:</p> <ul style="list-style-type: none"> • develop advanced communication skills and the confidence to initiate and facilitate sensitive discussion with parents and senior medical staff • lead the clinical care according to the needs of the infant and family; these situations initiating discussions with families regarding choices, options and support their decision making • lead meetings, give presentations and influence a wide range of individuals and groups at strategic level to take action and make changes to enhance the care of the infant and the family • lead poly pharmaceutical discussions with the MD team and families, prescribing medications appropriately to aid comfort prior to death • receive and process complex, sensitive and contentious information, initiating actions required • arrange and lead debriefs for staff as required after the death of an infant • participate in parallel planning and advanced care planning (including requests for post mortem examination and the potential for organ donation) 	<p>The ANNP will:</p> <ul style="list-style-type: none"> • develop advanced communication skills and the confidence to initiate and facilitate sensitive discussion with parents and senior medical staff • lead the clinical care according to the needs of the infant and family; these situations initiating discussions with families regarding choices, options and support their decision making • lead meetings, give presentations and influence a wide range of individuals and groups at strategic level to take action and make changes to enhance the care of the infant and the family • lead poly pharmaceutical discussions with the MD team and families, prescribing medications appropriately to aid comfort prior to death • receive and process complex, sensitive and contentious information, initiating actions required • arrange and lead debriefs for staff as required after the death of an infant • participate in parallel planning and advanced care planning (including requests for post mortem examination and the potential for organ donation)

	<ul style="list-style-type: none"> • develop, sustain and evaluate partnership working with individuals, groups, agencies and others involved in the provision of neonatal care • support the development of a culture in which individuals are valued and inter-professional learning is encouraged • identify and deliver strategies to ensure the provision of education and development programmes to meet the needs of the neonatal service • identify own feelings about death and develop self-awareness, recognise own triggers for stress and be proactive in seeking support for self. 	
	<p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression.</p> <p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>Sensitively reviewed annually during the individual performance review.</p>	

Investigations, tests and procedures – learning outcomes

<p>■ ■ ■ Qualified in speciality Bands 6-8+</p>	<p>■ ■ ■ Enhanced practice nurse/ specialist nurse</p>	<p>■ ■ ■ Advanced neonatal nurse practitioner (ANNP)</p>	<p>■ ■ ■ Consultant nurse</p>
<p>All practitioners will ensure that the infant requiring investigations and procedures receives the care, attention and supervision commensurate with their needs.</p> <p>All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>In many units, audiometry and retinal examinations are carried out. The care of infants undergoing retinal imaging could be enhanced if there were specialist nurse roles developed to support the ophthalmic/medical team. Such ophthalmic nurses are likely to be educated to master's level and undertake some inter-professional education.</p> <p>Assessments of the retention of the practitioner's skills levels are likely to be negotiated in such a way as to meet the requirements of professional revalidation. The maintenance of the skills and expertise can be monitored by peers and considered during the individual's annual performance review.</p> <p>There are specialist programmes of preparation to equip practitioners to perform a range of audiometry assessments.</p> <p>Assessment and retention of the practitioner's skill level would be likely to reflect the learning outcomes and skills acquired during the specialist programme of preparation or are negotiated in such a way as to meet the requirements of professional revalidation.</p>	<p>Follows a programme of preparation to enable the acquisition of knowledge and in-depth understanding of the key theories of loss and grief. This will include development of the ability to critically analyse how families may be present in relation to the above.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant who requires palliative or end-of-life care and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence as previously stated.</p> <p>The ANNP will:</p> <ul style="list-style-type: none"> • develop advanced communication skills and the confidence to initiate and facilitate sensitive discussion with parents and senior medical staff • lead the clinical care according to the needs of the infant and family these situations initiating discussions with families regarding choices, options and support their decision-making • lead meetings, give presentations and influence a wide range of individuals and groups at strategic level to take action and make changes to enhance the care of the infant and the family • lead poly pharmaceutical discussions with the MD team and families prescribing medications appropriately to aid comfort prior to death • receive and process complex, sensitive and contentious information, initiating actions required • arrange and lead debriefs for staff as required after the death of an infant • participate in parallel planning and advanced care planning (including requests for post mortem examination and the potential for organ donation) 	<p>The role of the neonatal nurse consultant in relation to investigations and procedures is likely to be generally similar to that of the ANNP and the programme of preparation could be similar.</p> <p>Where there are specific role requirements, a bespoke programme would need to be designed.</p> <p>For example, if ultrasound scanning were part of the consultant's role then training in that would have to be included and these skills assessed to ensure these remain at a satisfactory level.</p> <p>Nurse consultants may also become involved in arranging innovation for which there is no precedent; for example developing the pathways for ANNPs to prescribe blood, or arrange the MDT management of a complex airway or respiratory requirement.</p> <p>Assessment of the retention of the practitioner skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p>

	<ul style="list-style-type: none"> • develop, sustain and evaluate partnership working with individuals, groups, agencies and others involved in the provision of neonatal care • support the development of a culture in which individuals are valued and inter-professional learning is encouraged • identify and deliver strategies to ensure the provision of education and development programmes to meet the needs of the neonatal service • identify own feelings about death and develop self-awareness; recognises own triggers for stress and is proactive in seeking support for self. 	
	<p>Consolidation of critical analysis skills will enable the ANNP to research, audit and revise guidelines and evidence to promote best practice with medical and nursing colleagues, and develop practice in line with technological advances.</p> <p>Experienced ANNPs will take the lead in the teaching and supervision of medical staff who have limited experience of neonatal care and other nursing grades to help role progression.</p> <p>It is recognised that not all units have the acuity to ensure that skills are retained at an advanced level. Strategies such as peer review, simulation or rotation to other more acute units will ensure retention of competences.</p> <p>Sensitively reviewed annually during the individual performance review.</p>	

Equipment and monitoring – learning outcomes

<p>Qualified in speciality Bands 6-8+</p>	<p>Enhanced practice nurse/ specialist nurse</p>	<p>Advanced neonatal nurse practitioner (ANNP)</p>	<p>Consultant nurse</p>
<p>All practitioners will provide care, supervision or direction to ensure that the infants requiring supportive equipment and monitoring receive this commensurate with their needs.</p> <p>All practitioners will understand and promote the importance of including the family in the infant's care plan.</p>	<p>As part of a clinical educational role, a neonatal specialist nurse would be responsible for the teaching and preparation for the staff to ensure the safe use of the range of equipment used on the unit.</p> <p>Preparation for such a role is likely to involve close relationships with manufacturers and attending the educational opportunities provided by them to make best use of the equipment. They may benefit from a clinical teaching programme of preparation to ensure that their teaching strategies are effective and there are several HEIs who offer such modules.</p> <p>Assessment of the retention of the practitioner's skills are likely to be negotiated in such a way as to meet the requirements of revalidation and can be monitored during the individual's annual performance review.</p> <p>Some units use ECMO and other extracorporeal circuits or use specially trained nurses as perfusionists. The programme of preparation may be similar to some theatre specialist roles.</p> <p>Assessment and retention of the practitioner's skill level would be likely to reflect the learning outcomes and skills acquired during the specialist programme of preparation, assessed by simulation and by peers.</p>	<p>The programme of preparation facilitates the acquisition of theoretical knowledge to underpin the ability of the ANNP to perform a range of investigations and procedures.</p> <p>The programme will provide the theoretical basis for the development of any specific practical skills required, including embryology, anatomy, physiology and maturational development of any system involved.</p> <p>In addition, the programme must ensure that students meet any statutory/legal radiological requirements to support the request and interpretation of x-rays and the safe management of the micro and macro environment.</p> <p>The expectation is that the developing or experienced ANNP will utilise local unit and national guidelines as a benchmark for expected practice in this area.</p> <p>The programme of study will include content on multidisciplinary working, collaboration and leadership to promote positive outcomes for infants and their families when faced with an infant requiring the procedure and will use the same operational support, supportive competence development strategy, and ongoing maintenance of competence as previously stated.</p> <p>The ANNP will be required to:</p> <ul style="list-style-type: none"> • gain skills in assessing the requirement of specimens and samples, the interpretation of results and the initiation of appropriate management • prescribe blood and blood products • perform a range of investigations such as supra pubic aspiration, insertion of lines to monitor pressures, infusions etc by means of arterial, percutaneous central venous catheter and central lines and so forth • request a range of x-rays and interpret the same • undertake suturing and stabilising chest drains and chest drain wounds when required • check for hip stability and take the lead in the ongoing management of identified infants. <p>Evidence of the maintenance of the skills could be by the development of a skills log and reviewed annually during the individual performance review.</p>	<p>As NICU is one of the specialised services, NICU nurses must be equipped so they can represent the service at both local trust board and network board levels. Many of these nurses will be highly experienced and have had career pathways taking them through ANNP and senior management roles.</p> <p>Nurse consultants may be responsible for capital budget and procurement plans for essential equipment.</p> <p>How nurse consultants are educated and equipped for this role likely to be bespoke but could include MBA.</p> <p>Maintaining and retaining these skills will require the individual to have insight and awareness of personal development and the autonomy to develop a meaningful personal development plan.</p>

Delivering and supporting the neonatal nursing curriculum

<p>NVs, nursery nurse curricula, associate/assistant practitioners training may be prepared in-house and delivered in colleges of further or higher education. The flexible learning and blended approach could include modules from skills for health. See www.skillsforhealth.org.uk</p>	<p>Neonatal clinical educators will be experienced neonatal nurses and required to educate, supervise and support the unregistered neonatal workforce, novice neonatal nurses and students on neonatal pathway programmes in clinical practice.</p> <p>They need to have personal insight and awareness that they have the skills required to make them exemplary role models, update and retain their skills commensurate with their role.</p>	<p>ANNPs may be prepared using a combination of experienced ANNPs or medical consultants to equip them to function in their clinically advanced roles.</p> <p>Programmes are validated against an HE educational framework.</p>	<p>Neonatal lecturers and pathway leaders will be required to develop the curriculum and competences required reflecting the developing and advancing specialism.</p> <p>Programmes are validated against an HE educational framework.</p>
--	---	---	--

References and key documents of interest

- British Association of Perinatal Medicine (2010) *Service standards for hospitals providing neonatal care (3rd edition)*, London: BAPM. Available from: www.bapm.org (Accessed 1 May 2014).
- British Association of Perinatal Medicine (2012) *Matching knowledge and skills for qualified in speciality (QIS) neonatal nurses: a core syllabus for clinical competency*, London: BAPM. Available from: www.bapm.org (Accessed 1 May 2014).
- Bliss (2013) *Bliss baby charter audit tool: helping to make family-centred care a reality on your neonatal unit*, London: Bliss. Available from www.bliss.org.uk (Accessed 1 May 2014).
- The Cavendish Review (2013) *An independent review into healthcare assistants and support workers in the NHS and social care settings*, London: DH. Available from: www.gov.uk (Accessed 1 May 2014).
- Centre for Workforce Intelligence (2010) Recommended workforce models, London: CfWI. Available online only from: www.cfwi.org.uk (Accessed 1 May 2014).
- Council of Deans of Health (2013a) See www.councilofdeans.org.uk (Accessed 1 May 2014).
- Council of Deans of Health (2013b) *Healthcare support workers in England: five proposals for investing in education and development to deliver high quality, effective and compassionate care*, London: Council of Deans of Health. Available from: www.councilofdeans.org.uk (Accessed 1 May 2014).
- Department of Health (2004) *The NHS knowledge and skills framework (NHS KSF) and the development review process*, London: DH. Available from: www.webarchive.nationalarchives.gov.uk (Accessed 1 May 2014).
- Department of Health (2009) *Toolkit for high quality neonatal services*, London: DH. Available from: www.webarchive.nationalarchives.gov.uk (Accessed 1 May 2014).
- Department of Health (2012) *Compassion in practice: nursing, midwifery and care staff – our vision and strategy*, London: DH. Available from: www.england.nhs.uk (Accessed 1 May 2014).
- Department of Health (2013) Education outcomes framework indicators: technical guidance 2013/14, London: DH. Available from www.gov.uk (Accessed 1 May 2014).
- Department of Health (2013a) *Hard truths: the journey to putting patients first. Volume one of the government response to the Mid Staffordshire NHS Foundation Trust public inquiry*, London: DH. Available from www.gov.uk (Accessed 1 May 2014).
- Department of Health (2013b) *Hard truths: the journey to putting patients first. Volume two of the government response to the Mid Staffordshire NHS Foundation Trust public inquiry: response to the inquiry's recommendations*, London: DH. Available from www.gov.uk (Accessed 1 May 2014).
- Health Education England (2013) See www.hee.nhs.uk (Accessed 1 May 2014).
- Institute for Patient and Family Centred Care (2013) *Changing the concept from families as visitors to families as partners* (toolkit), Bethesda: IPFCC. Available from: www.ipfcc.org (Accessed 1 May 2014).
- Kain V (2013) An exploration of the grief experience of neonatal nurses, *Journal of Neonatal Nursing*, 19 (2), pp.80-87.
- The Law Commission (2012) *Regulation of health care professionals; regulation of social care professionals in England: summary of joint consultation paper*, London: Law Commission (LLP 2020/SLCDP 153/NILC 12 (2012)). Available from: www.lawcommission.justic.gov.uk (Accessed 1 May 2014).
- Mancini A, Uthaya S, Beardsley C, Wood D and Modi N (2014) *Practical guidance for the management of palliative care on neonatal units*. 1st Edition. London: Royal College of Paediatrics and Child Health and Chelsea and Westminster Foundation Trust
- National Audit Office (2007) *Caring for vulnerable babies: the reorganisation of neonatal services in England*, London: NAO. Available from: www.nao.org.uk (Accessed 1 May 2014).

National Assembly for Wales (2012a) *Children and Young People Committee: neonatal capacity review January 2012 – overview summary*, Cardiff: NAW. Available from: www.senedd.assemblywales.org (Accessed 1 May 2014).

National Assembly for Wales (2012b) *Children and Young People Committee: inquiry into neonatal care*, Cardiff: NAW. Available from: www.assemblywales.org (Accessed 1 May 2014).

National Assembly for Wales (2013) *Neonatal capacity review: January 2013*, Cardiff: NAW. Available from: www.senedd.assemblywales.org (Accessed 1 May 2014).

Neonatal Services Working Group Northern Ireland (2006) *Position Paper on Specialist Neonatal Services in Northern Ireland*, Northern Ireland: NSWG. Available from: www.dhsspsni.gov.uk/neonatalservicesinni.pdf (Accessed 13 November 2014).

Northern Ireland Department of Health, Social Services and Public Safety (2012) *Maternity Strategy 2012-2018*, Northern Ireland: DHSSPSNI. Available from: www.dhsspsni.gov.uk (Accessed 13 November 2014).

Northern Ireland Department of Health, Social Services and Public Safety (2011) *Quality 2020*, Northern Ireland: DHSSPSNI. Available from: www.dhsspsni.gov.uk (Accessed 13 November 2014).

Picker Institute Europe (2011) *Parents' experiences of neonatal care: a report on the finding from a national survey*, Oxford: Picker Institute Europe. Available from: www.bliss.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2009) *Integrated core career and competence framework for registered nurses*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2010) *Principles of nursing practice: principles and measures consultation. Summary report for nurse leaders*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2012) *Becoming and being a nurse consultant: towards greater effectiveness through a programme of support*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2012a) *Advanced nurse practitioners: an RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2012b) *Competence, education and careers in neonatal nursing: RCN guidance*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2012c) *Response of the Royal College of Nursing to the law commission consultation on the future regulation of health care professionals*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2013) *First steps for health care assistants* (website of resources). See www.rcnhca.org.uk (Accessed 1 May 2014).

Royal College of Nursing (2013b) *Defining staffing levels for children and young people's services: RCN standards for clinical professionals and service managers*, London: RCN. Available from: www.rcn.org.uk (Accessed 1 May 2014).

Scottish Neonatal Nurses' Group (2005) *The competency framework and core clinical skills for neonatal nurses*, Edinburgh: SNNNG. Available from: www.snnng.org.uk (Accessed 1 May 2014).

Scottish Neonatal Nurses' Group (2012) *Career and development framework for healthcare support workers providing neonatal care in hospital settings in Scotland: career framework levels 2-4*, Edinburgh: SNNNG. Available from: www.snnng.org.uk (Accessed 1 May 2014).

Skills for Health and Skills for Care (2013) *National minimum training standards for healthcare support workers and adult social care workers in England*, Leeds and Bristol: joint publication by Skills for Care and Skills for Health. Available from: www.skillsforcare.org.uk (Accessed 1 May 2014).

Skills for Health (2014) *Employability skills matrix for the health sector*, Bristol: SfH. Available from: www.skillsforhealth.org.uk (Accessed 1 May 2014).

The Mid Staffordshire NHS Foundation Trust (2013) *Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary*, London: The Stationery Office (Chairman: R Francis), Available from: www.gov.uk (Accessed 1 May 2014).



Royal College
of Nursing

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

November 2014

Review date: November 2016

RCN Online

www.rcn.org.uk

RCN Direct

www.rcn.org.uk/direct

0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code: 004 641

ISBN: 978-1-910672-10-5