Royal College of Nursing

A Right to Care – A position statement on neonatal nurse staffing

1.0 Introduction

1.1 The RCN represents over 390,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets in the UK. This makes the RCN the largest professional union of nursing staff in the world. The College promotes patient and nursing interests on a wide range of issues by working closely with government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

2.0 Position Statement

2.1 The demand for care within special care and neonatal units has risen over the last 20 years due to medical and technological advances resulting in improved survival rates of premature and low birth weight babies.

2.2 The UN Convention on the Rights of the Child clearly highlights a child’s right to life, maximum development and access to the highest attainable standard of health and health care services. Access to appropriate specialist nurse staffing is a crucial element in the provision of good quality services for premature and low birth weight babies.

2.3 Across the UK there are 226 neonatal units. Units are divided into three levels to denote the type and intensity of care provided:

- **Level 1**: unit provides special care, but does not undertake continuing High Dependency or Intensive Care.
- **Level 2**: unit provides High Dependency Care and some short-term Intensive Care as agreed across the network.
- **Level 3**: unit provides the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery.

2.4 Over the last 18 months there have been numerous reports expressing concern about neonatal nurse staffing levels required to support the different levels of provision. Studies by Bliss for example indicate that many units are often closed due to a lack of specialist nursing staff, with only 4% achieving recommended staffing levels.

2.5 Professional nursing bodies reinforce the nurse staffing standards outlined by the British Association of Perinatal Medicine (BAPM), with the ratio of registered nurse to infants varying according to defined clinical categories as cited below:

- special care 1:4
- high dependency 1:2
- intensive care 1:1.
2.6 While nursing establishments should be based on the level of clinical care each baby requires, The Royal College of Nursing (RCN) recommends that a 25 per cent time allowance should be incorporated to allow for staff absences (sickness, annual leave and training and development), with additions also being made for nurse practitioner or specialist nursing responsibilities such as infection control, professional leadership, education and training or community nursing support. Staffing requirements for neonatal transport services should also be separate from the clinical inpatient service so that care of babies is not compromised by unpredictable staffing requirements.

2.7 Overall there is a tendency amongst many managers to focus upon the ratio of cots to staff numbers. We strongly believe that there needs to be a refocus to match staffing requirements to activity levels and dependency, ensuring that the overall knowledge, skills and competencies within the nursing team meet the needs of babies on the unit at any time. In this respect the RCN has clearly stated that 70 per cent of the nursing establishment in intensive care environments should demonstrate knowledge, skill and competency attained via specialist post-registration education in neonatal nursing care. Various studies highlight a direct correlation between the quality of care and outcomes of care and a higher number/ratio of skilled experienced nurses. A recent study provides validation of the BAPM dependency categories, highlighting high levels of nursing time accorded to babies in more dependent categories.

2.8 The RCN and others recognise that nursery nurses and health care assistants, who are educated to the level of S/NVQ 3 with additional specific skill and competency-based training, are able to provide support to registered nurses as part of the nursing team in special care areas. Consideration should be given to the other support worker roles that may be required to address the needs of the baby and their family. Examples include family support workers and lactation/breast feeding specialists.

2.9 We appreciate that there are difficulties related to the recruitment and retention of highly skilled and specialist nursing staff within neonatal services. Many units have overcome such difficulties by ensuring pre-registration students have neonatal placements, post-registration development opportunities to enhance knowledge and skills, including the introduction of rotation schemes and mentorship, as well as secondment to gain additional qualifications in the speciality. Of concern is the lack of an identified UK-wide educational and competency framework for neonatal nursing. It should be noted that the Scottish Neonatal Nurses Group has led the way towards the establishment of an agreed UK-wide framework.

It is recognised that in Scotland in particular there are many midwives working within neonatal units as ‘neonatal nurses’. Work is currently in progress to agree a UK-wide framework based on work undertaken in Scotland.
2.9.1 We believe that neonatal networks and specialist commissioning have an important role in ensuring the achievement of standards of practice, education and staffing to achieve access to good quality services for premature and low birth weight babies.

3.0 We are calling for:

3.1 A clear strategy to address the current deficiency in the number of neonatal nurses in England, Scotland, Wales and Northern Ireland.

3.2 Standardised approach to funded staffing levels across England, Scotland, Wales and Northern Ireland.

3.3 Recognition of an agreed education and competency framework for neonatal nursing which encompasses core competencies.†

3.4 Clear career pathway and role descriptions for neonatal nursing roles, including Advanced Neonatal Nurse Practitioners.

References

1 UN Convention on the Rights of the Child
4 BLISS (200a) Too little, too late?, London: BLISS
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