

Draft Voluntary Standards of Education and Practice for Community Children's Nurses (CCN)

The Queen's Nursing Institute (QNI) and Queen's Nursing Institute Scotland (QNIS) have worked together with leading experts from across the UK to develop a set of voluntary standards, to support Community Children's Nurse education and practice across the four UK countries.

These draft standards have been systematically developed based on the findings from a literature review, surveys of universities offering CCN Nursing and Midwifery Council (NMC) approved Specialist Practice Qualification (SPQ) programmes and a range of face to face focus and on line groups in all four UK countries, as well as visits to CCNs in practice. The project has been overseen by an advisory group including expert community children's nurses and key stakeholders from across the UK. This project is the third in a series of standards setting projects that have included voluntary standards for District Nurses and senior General Practice Nurses¹.

All CCN courses leading to a recordable SPQ must meet the NMC standards for specialist education and practice. However, these standards have not been updated since 1994² and it was identified that community children's nursing services and practice had developed substantially since the standards were originally set and new standards were needed that reflect contemporary practice. The term voluntary standards was agreed in order to differentiate the QNI/QNIS standards from regulatory or mandatory standards, such as those set by the NMC.

These draft standards have been written to reflect the expectations in practice following completion of an NMC approved course, i.e. what children's nurses qualifying as a CCN should be able to do in practice.

Community Children's Nursing is complex and in visiting and speaking to many community children's nurses it has become apparent that no two CCN services are the same. However strategies in all four UK countries identify the need for services concerned with enabling

¹ District Nurse voluntary standards: https://www.qni.org.uk/wp-content/uploads/2017/02/District_Nurse_Standards_WEB.pdf

Senior General Practice Nurse voluntary standards: <https://www.qni.org.uk/wp-content/uploads/2016/09/GPN-Voluntary-Standards-for-Web.pdf>

² NMC Specialist Practice Standards: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-specialist-education-and-practice.pdf>

children, many of whom have very complex conditions and nursing needs, to be managed and supported at home and to avoid hospital admission wherever possible.

It is recognised that the voluntary sector provides some services that enhance community children's nursing. This may include voluntary funded specific roles such as Well Child nurses or care from children's hospices. Another characteristic of CCN services is the need to collaborate with a wide range of other services that are required to support the child or young person to reach their full potential. This may include social services, education, charities as well as specialist health services. Much of the role is supporting the family to learn to care for the child in their own home and be confident in recognising changes in health status and instigating appropriate action.

This consultation asks you to read the standards below which follow the domains of the Advanced Practice Toolkit that is incorporated in advanced practice documents in all four UK countries³. The standards have made the assumption that any student entering a CCN SPO programme will already have a good body of clinical expertise either gained in the community or in the acute setting. It leaves open the complex issue of prescribing as feedback from practitioners indicated an equal split between those who felt independent prescribing should be an integral part of the course and those who felt this should be completed following the course. Standard 1.13 identifies that CCNs should be able to prescribe within their scope of competence, which leaves it open for local areas to decide if this is something required.

You are asked to read the draft standards and then answer a short survey. The purpose of this is to identify if the key areas are covered or if a major area has been omitted. The survey is not concerned with changing key words or grammar as the standards will be subject to more scrutiny. We want to know if you think these standards reflect the contemporary practice of CCNs and incorporate key influences that may impact on the service in the next 5 years.

Thank you for taking the time to give us feedback. Please forward this consultation to your colleagues or professional networks so that the consultation reaches as many people as possible.

³ Advanced Nursing Practice Framework (2016) DHSSPSNI
Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales National Leadership and Innovation Agency for Healthcare
Scottish Government Health Department's Advanced Practice Toolkit (SGHD 2008)
Multi-professional framework for advanced clinical practice in England (2017) Health Education England

Domain Practice Standards

Domain One: Clinical Care

1.1 Demonstrate a broad range of specialist community children's nursing clinical expertise that supports high quality children and young people person-centred care for the caseload population in a variety of community settings.⁴

1.2 Use a broad range of skills to undertake the assessment of children and young people with complex/continuing/palliative care needs or those presenting with more acute illnesses, using a range of evidence based assessment tools and consultation models to enable accurate nursing diagnostic decision making and appropriate referral.

1.3 Assess the health related needs of children and young people's and their carers, developing therapeutic relationships and working in partnership to co-produce care plans identifying roles and responsibilities that include anticipatory and proactive care, delivery of care packages aiming to improve health and well-being and promotion of self-care in addressing short or long term health conditions.

1.4 Supervise the delivery of children and young people's care plans by the wider community children's nursing team ensuring regular evaluation of care and enabling independence for families and other siblings. Develop systems to support staff interventions and care quality.

1.5 Support all staff to use tools to identify changes in health status and maximise the skills of the Community Children's Nurse to support complex assessment, decision making and symptom management where the patient is showing signs of deteriorating health or new symptoms.

1.6 Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.

1.7. Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance.

1.8 Source and utilise information technology and technology assisted learning systems to improve efficiency and effectiveness of the community children's nursing service.

1.9 Work collaboratively with others to identify children, young people and carers who would benefit from technology, with ongoing support and management.

1.10 Promote the mental health and well-being of children, young people and carers in conjunction with mental health professionals, paediatricians and GPs, identifying needs and

⁴ The term "Children and young people" can include people up to the age of 25. The term "carers" includes formal and informal carers and families and siblings.

mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support.

1.11 Apply the principles of risk stratification and case management to enable identification of those children and young people most at risk of poor health outcomes. Apply this information to support service development.

1.12 Where appropriate, undertake the case management of children and young people with complex needs, with the support of the multidisciplinary team, to improve current and future care needs, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.

1.13 Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations that incorporates safeguarding, including staff, and children and young people and their carers within their home environments.

1.14 Develop and implement risk management strategies that take account of children, young people and carers' views and responsibilities and the need for normal child development, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff.

1.15 Work in partnership with children, young people, carers and education and social care services to promote empowerment, independence and understanding of condition(s), providing appropriate education and support to maximise health outcomes.

1.16 Explore and apply the principles of effective collaboration and professional influencing within a multi-agency, multi-professional context facilitating integration of health, education and social care services, ensuring person-centred care is co-ordinated and anticipated across the whole of the child or young person's journey.

1.17 Work collaboratively with a range of adult services to ensure effective transition.

1.18 Demonstrate advanced communication skills that engage and involve children and young people and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between children and young people, carers and members of the caring team.

1.19 Prescribe across a range of interventions within their scope of competence.

Domain Two: Leadership and Management

2.1 Contribute to public and child health initiatives and surveillance, recognising professional boundaries whilst working from an assets-based approach⁵ that enables and supports children and young people to maximise their health and well-being at home or school, increasing their self or family efficacy and contributing to community developments.

2.2 Lead, support, clinically supervise, manage and appraise a mixed skill/discipline team to provide community interventions in a range of settings to meet current and potential future care needs, appraising those staff reporting directly to the Community Children's Nurse whilst retaining accountability for the caseload and work of the team.

2.3 Enable other team members to appraise, support and develop others in the team and develop strategies for disseminating best practice and addressing poor practice.

2.4 Manage the community children's nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed. Use a range of supervision methods to support and enhance practice and support staff to explore moral dilemmas encountered in community children's nursing.

2.5 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of community children's nursing whilst establishing and maintaining the continuity of caring relationships.

2.6 Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.

2.7 Manage and co-ordinate programmes of care, for children and young people with acute, complex and long term conditions and palliative care, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care. Recognise the rights of children and young people when planning care fulfilling an advocacy role where appropriate.

2.8 Provide an advisory service where appropriate and collaborate with other agencies to evaluate public health principles, priorities and practice and participate in implementing these policies in the context of the community children's nursing service and the needs of the local community.

2.9 Participate in the collation of a community profile, through engagement with networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this.

⁵ http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf 8 2

2.10 Articulate the complexity of clinical decision making and the roles and unique contribution of the children's community nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas. Feel confident to challenge and be challenged.

2.11 Ensure all staff are able to recognise vulnerability of children and young people and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.

2.12 Use knowledge and awareness of social, political and economic policies and drivers to analyse the strategic imperatives that may impact on community children's nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for children and young people or resources.

Domain Three: Facilitation of Learning

3.1 Promote and model effective team working within the community children's nursing team and the wider multi-disciplinary team, primary care colleagues and other agencies.

3.2 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for children and young people in the community and the interdependency of integrated service provision.

3.3 Develop strategies to teach, assess and support the maintenance of competencies for non-clinical staff caring for children with additional needs.

3.4 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation and strategic leadership.

3.5 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high quality effective care.

3.6 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to community children's nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care.

Domain Four: Evidence, Research and Development

4.1 Ensure care is based on all available evidence/research or best practice and foster professional curiosity in the team.

4.3 Demonstrate an understanding of research governance and high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice.

4.3 Identify trends in the characteristics and demands on the community children's nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making.

4.4 Produce operational and business plans, supported objectively by data that identify key risks and future management strategies.

4.5 Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve care.

4.6 Participate in the development and implementation of organisational systems to enable children and young people, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.

4.7 Apply the principles of project management to enable local projects to be planned, implemented and evaluated.

End of Draft
4th June 2018