



The QNI/QNIS Voluntary Standards for Community Children's Nurse Education and Practice

2018

Introduction

The Queen's Nursing Institute (QNI) and the Queen's Nursing Institute Scotland (QNIS) worked together with leading experts from across the UK to develop a set of voluntary standards to support Community Children's Nurse (CCN) education and practice. The standards make explicit the practice expectations of Community Children's Nurses on completing a Specialist Practice Qualification (SPQ) programme and they offer a basis for education programmes preparing for a new era. This project followed the successful launch and implementation of the QNI/QNIS Voluntary Standards for District Nurses in 2015 and in 2017 for Senior General Practice Nurses¹.

The specialist expertise of the Community Children's Nursing service is central to the provision of health and care in the UK for children, young people and their carers. There is a clear policy shift to community based, integrated health and social care in all UK countries and an enhanced focus on admission avoidance, early discharge and greater support for families and others caring for children and young people with complex needs in the home and other community settings. The number of school children living in the UK with complex needs has increased dramatically by over 50% since 2004 from 49,300 to around 73,000 today. It is thought however that this figure is an underestimation of the true picture².

Community Children's Nursing service provision is variable throughout the UK with some areas having very little access to this specialist nursing expertise. There are also a number of charitable organisations providing community children's nursing services, usually in collaboration with statutory services such as WellChild (a national charity for sick children) and Roald Dahl Marvellous Children's charity and a range of children's hospice services providing inpatient and community nursing support. In some areas all community children's nursing is provided as an outreach service from the hospital, while in others there are specialist children's nurses who support children at home with complex care only.

Educational provision for community children's nursing is also variable. The Community Children's Nurse Specialist Practice Qualification (SPQ) is a Nursing and Midwifery Council (NMC) recordable qualification based on standards set in 1994. However, the provision of NMC approved courses is sparse across the UK and data collated for this project showed only 9 Higher Education Institutions (HEIs) across the UK offering the CCN SPQ during 2017-2018 with no CCN SPQ provision in Scotland. Feedback from HEIs has indicated that most universities are running the course with very low numbers (often less than 6 students per cohort).

1. The term "voluntary standards" differentiates them from regulatory or mandatory standards, such as those set by the NMC.

2. Understanding the Needs of Children with Complex Needs or Life-limiting Conditions. What can we learn from national data? ' Exploratory analysis commissioned by the Council for Disabled Children and the True Colours Trust, Anne Pinney, 2016

2 QNI / QNIS Voluntary Standards for CCNs

Community Children's Nurses

The Community Children's Nurse role is highly complex and requires skills in negotiating, coaching, teaching and supporting children and young people and their carers, whilst effectively collaborating with a range of other agencies and services involved in enabling children and young people to remain safely in the community and transition to adult services in due course. There are four groups of babies, children and young people that have been identified as needing services³:

- Those with acute and short term conditions;
- Those with long term conditions;
- Those with disabilities and complex conditions, including those requiring continuing care;
- Those with life-limiting and life-threatening illness including those requiring palliative and end of life care.

The project has identified many different models of CCN service provision and universal support for the CCN SPQ among nurses working within CCN teams. Support to attend SPQ courses is very variable however and affected by access to funding, poor geographical cover of course provision and staff shortages.

Using the QNI/QNIS Standards

The standards have been developed to reflect generic community nursing teams where CCNs have leadership responsibilities and are designed to serve as a starting point to support discussion and planning as localities, regions, countries and HEIs look to further develop Community Children's Nursing services.

CCN services are a small but a vitally important resource for the growing number of children and young people needing expert nursing care in the community. The QNI and QNIS hope to highlight the risks to CCN education and facilitate further discussion about how best to raise the profile of CCN services and the preparation of nurses to work in CCN teams to ensure the highest quality of care for children, young people and their families.

During this project the NMC has announced an evaluative review of standards for Specialist Community Public Health Nursing and the Specialist Practice Qualifications (SPQ). The outcome of this review will not be known until 2019. In the interim period it is anticipated that HEIs will adopt these voluntary standards as best practice, to demonstrate that their programmes will equip practitioners to lead and manage current and future models of children's community nursing services. If universities wish to gain NMC approval (subject to the outcome of the review), it is expected that these standards will enhance the regulatory standards.

If the NMC standards are to be reviewed and updated, these voluntary standards will inform any new regulatory

3. Department of Health NHS at Home: Community Children's Nurses March 2011

standards. The QNI/QNIS standards reflect the current and future expectations of CCN practice and there is an expectation that educational programmes for CCNs will continue to encompass the educational principles of protected practice time and assessed practice throughout the course.

The QNI/QNIS Voluntary Standards aim to:

- Provide children, young people, their carers and the public with a contemporary description of a Community Children's Nurse;
- Identify the key aspects of the Community Children's Nurse role, grouping them under the four key domains that reflect the breadth of competence needed for safe, high quality, personalised and person-centred care for children and young people and their families;
- Support and guide HEIs in developing education programmes which are focused on agreed best practice;
- Enable CCNs to articulate their role and its value within children and young people's services in the community;
- Provide a framework for service commissioners and other providers in planning community nursing services for children and young people.

Community Children's Nurse – Practice Standards.
At the end of a programme mapped against the QNI/QNIS Voluntary Standards the CCN will be able to:

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 settings⁴.

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 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, well-being and the promotion of self-care in addressing short or long term health conditions.

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

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 maximising 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 or signposting to other specialist services, including those offered by the third sector, is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for nursing 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. Ensure there are effective systems for safeguarding supervision for all staff in the CCN team.

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 appropriate 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 assessing 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, children and young people and 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. Understands the continuing care framework and its application locally.

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 anticipated and co-ordinated across the whole of the child or young person's life course.

1.17 Work collaboratively with a range of adult services to ensure effective transition, also recognising that transition may also occur from neonatal services to children's services.

1.18 Demonstrate advanced communication skills that engage and involve children and young people and their carers and which 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

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

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 nursing 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 initiate 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, build resilience and support staff to explore moral and ethical 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 and therapeutic 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.

2.10 Articulate the complexity of clinical decision making and the roles and unique contribution of the children's community nursing service in meeting the 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 understanding 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 unregulated 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 the 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 and 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, published research and best practice and foster professional curiosity in the team.

4.2 Demonstrate an understanding of research governance and high level skills in discerning between different forms of evidence and their application in managing uncertainty in decision making in clinical practice.

4.3 Identify trends in the characteristics of 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 service 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.

Appendix 1 Project, Background and Methodology

In 2017 the QNI carried out a survey of nurses working in community children's nursing services in 2017. The survey had 348 responses from the four UK countries. 38% of respondents identified that their organisation required team leaders to have the NMC approved CCN Specialist Practice Qualification. Half of respondents identified that their organisation supported nurses to undertake a CCN SPQ course at a university. However, many identified problems in accessing such courses citing lack of availability, geographical distances, erratic funding and lack of distance learning. One third of respondents said they had had to take annual leave in order to engage in professional development. Many identified the growth in workload, due to the growing number of children and young people needing care in the community setting and the increasing complexity of the care required.

Subsequently the project was approved and funded by the Trustees of the QNI (covering England, Wales and Northern Ireland) and the Trustees of the QNIS – enabling the project to cover the four UK countries. The CCN standards project is the third project in the voluntary standards series and follows on from voluntary standards for District Nurses (2015) and voluntary standards for Senior General Practice Nurses (2017). A project advisory group was assembled with representation from the four UK countries reflecting perspectives from education commissioners, service and education providers, third sector providers, the Royal College of Paediatrics and Child Health, clinical commissioners and the Royal College of Nursing. The professional regulatory body, the Nursing and Midwifery Council (NMC), was in attendance. The advisory group met three times during the project and the list of stakeholders is given in Appendix 3.

The project commenced in October 2017 and was scheduled to report in September 2018. A part-time project manager, who had led the previous two projects was appointed. The development of the project is identified in Diagram 1. The project used the same methodology as that for the District Nurse voluntary standards project. The project manager went out with CCN teams in practice in all four UK countries, but following data collection it became apparent that there were only about 9 HEIs offering the programme in England, Wales and Northern Ireland and no NMC approved courses in Scotland. The project collated data from face to face and on-line focus groups, telephone interviews with CCN educators and an on-line consultation of draft standards.

The QNI/QNIS project did not set out to prescribe the academic level, the structure of the course or its length. However these voluntary standards are intended to build on and enhance the NMC Standards of Specialist Practice. These new voluntary standards for Community Children's

Nurses clearly articulate the requirements of Community Children's Nurses leading teams in community settings and have been written to identify practice expectations of CCNs. During 2018, the NMC announced new standards for pre-registration nurse training and the outcome of the review of Specialist Practice standards is expected in early 2019, so it is hoped that these new standards, drawing on the views of CCN clinicians and educators, will provide the basis for future educational development to support Community Children's Nursing teams.

Development of the standards

- October 2016 – Literature search
- Review of policies linked to CCN development in each UK country
- Identification of HEIs offering CCN courses
- Identification of competency frameworks for CCNs
- Analysis of results for QNI CCN survey
- Development of role descriptors for CCNs and focus group questions
- Shadowing of CCNs in all four UK countries
- Face to face focus groups in four countries and on-line focus groups with practitioners, managers and educators
- Survey to HEIs offering CCN courses and then telephone interviews
- First draft of Standards reviewed by educators and clinicians from the Advisory Group
- June 2018 online consultation
- 131 responses representing all four countries
- 95% said 'yes' when asked if the standards reflected their expectations of the future role of a CCN
- 96% said 'no' when asked if any standards were unnecessary
- Qualitative survey feedback incorporated into standards where appropriate
- Final draft of standards approved by chief executives of QNI/QNIS
- September 2018 Publication.

Appendix 2 QNI/QNIS Project Advisory Group

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| John Unsworth | QNI Chair and Trustee, Head of Learning and Teaching Enhancement, University of Sunderland |
| Mary Saunders | Project Manager, QNI |
| Clare Cable | Chief Executive, QNIS |
| Crystal Oldman | Chief Executive, QNI |
| Anne Trotter | Assistant Director – Education and standards. Nursing and Midwifery Council |
| Julie Bliss | Chair, Association of District Nurse Educators |
| Dr David Colin-Thomé | QNI Trustee, Chair – Primary Care Commissioning |
| Anne Pearson | Director of Programmes QNI (till February 2018) |
| Gill Coverdale | Professional Lead – Education standards and professional development. Royal College of Nursing (RCN) |
| Liz Marland | RCN Chair of CYP Continuing and Community Care forum |
| Julia Egan | Professional Adviser Public Health Early Years and Children’s Services, Scottish Government |
| Kath Evans | NHS England’s Experience of Care Lead, Maternity, Newborn, Children & Young People |
| Danielle Fullwood | Senior Nurse – Professional Development, Health Education England |
| Sian Thomas | Consultant Nurse Child Health, Wales |
| Dr Juliet Court | Consultant Community Paediatrician (representing Royal College of Paediatrics and Child Health) |
| Jola Forys | Team Leader - Community Children’s Nursing Team, Walsall |
| Mark Whiting | WellChild Professor of Community Children’s Nursing, University of Hertfordshire |
| Donna Hunter | Strategic Paediatric Educationalists and Nurses in Scotland (SPENS) |
| Caroline Mearns | Educational Projects Manager, NHS Education for Scotland |
| Karen Murray | Senior Professional Officer, Northern Ireland Practice and Education Council for Nursing (NIPEC) with responsibility for Children’s services |
| Verena Wallace | Midwifery Officer (Midwifery & Children’s Nursing) Nursing, Midwifery & AHP Directorate, Northern Ireland |



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